



USAID
FROM THE AMERICAN PEOPLE



THE CORE GROUP POLIO PROJECT ETHIOPIA SECRETARIAT QUARTERLY NEWSLETTER

Ethiopia continues polio SIAs in risk areas: *CGPP Supports the SIAs in its implementation areas*



First round polio campaign at a nursery school in Gambella Town
Photo credit Abwola Dingur EECMY Gam-

In a bid to respond to the recent Circulating Vaccine Derived Polio Virus (cVDPV) outbreaks detected in the Somali region, Ethiopia has been conducting a series of polio immunization campaigns at the outbreak affected areas. Similarly, supplemental immunization campaigns were conducted in Gambella region and selected woredas of the Southern Nations and Nationalities Peoples (SNNP) and Oromiya regions. In the conduct of the SIAs, CGPP has extended its technical supports in both regions.

In Gambella region, the campaign was held from December 6 to 9, 2019 in 13 woredas and one city administration of Agnua, Nuer and Magang zones; where 76,263 under 5 children were vaccinated with the bOPV doses. In SNNP Region, CGPP has supported the mOPV campaign which was held from December 18 – 26, 2019 in four Woredas of Alaba Zone; 55,147 under 5 Children were vaccinated. CGPP program Officer Mr. Asrat Assress and GAVI program Officer Mr. Melaku Tsehay provided technical support throughout the pre intra and post-campaign activities in Gambella and Somali regions respectively.

THE NEWSLETTER

INSIDE THIS ISSUE

EDITORIAL:
Page 2

NEWS:
Page 1, 2, 3, 5, 7, 8

POLIO CORNER:
Page 4

RESEARCH CORNER:
Page 6

We wish you
a happy, prosperous and successful
Year

2020

HAPPY NEW YEAR



EDITORIAL —

The Threat of Circulated Vaccine Derived Polio Virus Outbreak in Ethiopia

By Filimona Bisrat (MD, MPH), CGPP Ethiopia Secretariat Director and Senior Regional Technical Advisor

Poliovirus is found in the world in three different strands: i.e. type 1, 2, and 3. Global efforts to immunize children with the oral polio vaccine (OPV) have reduced wild poliovirus cases by 99.9% since 1988, and of the three strains of wild poliovirus, only one remains in circulation i.e. the wild poliovirus type 1 (WPV1).

Until 2015, over 90% of circulated Vaccine Derived Polio Virus (cVDPV) cases were due to the type 2 component in OPV. With the transmission of wild poliovirus type 2 already successfully interrupted since 1999, in April 2016 a switch was implemented from trivalent OPV to bivalent OPV in routine immunization programs. The removal of the type 2 component of OPV is associated with significant public health benefits, including a reduction of the risk of cases of cVDPV2.

However, the current global experiences showed that VDPV has shown increased trends in areas with low immunization coverage of both routine and Supplemental Immunization Activities (SIAs). The incidence of type 2 strain of the VDPV is disproportionately higher than the other types.

Circulating VDPVs in the past have been rapidly stopped with 2–3 rounds of high-quality immunization campaigns. The solution is the same for all polio outbreaks: immunize every child several times with the oral polio vaccine to stop polio transmission, regardless of the origin of the virus.

The repeated detection of cVDPV cases in Ethiopia is very worrisome that a total of five cases were identified in 2019. In May and August 2019, three cases reported from Somali region Dollo and Erere zones and most recently cases of cVDPV2 were detected in Siraro Woreda, West Arsi Zone in Oromia Region with the date of onset of paralysis of 9th

September 2019. Moreover, in the capital city Addis Ababa, Kalitiy treatment plant Environmental site, one positive sample found which is genetically linked to the cVDP2 case detected in Siraro Woreda

Circulating VDPVs occur when routine or SIAs are poorly conducted and a population is left susceptible to poliovirus. cVDPVs are not related to, or indicative of a re-emergence of wild poliovirus; they are emerged as a key challenge in the final stage of eradication efforts; however, outbreaks can be stopped using the same proven tactics that stop wild poliovirus: strengthening polio surveillance systems and ensuring high vaccination coverage.

As indicated in the DHS and other surveys, the routine immunization coverage in Ethiopia is below the expected level. Also, the campaign coverage indicated that the number of unimmunized children is high and the quality campaign is always questionable. Therefore, more emphasis should be given to improve the quality and coverage of routine immunization and SIAs through proper planning, data quality, and management, strict supervision and follow up.

The Ethiopian surveillance system is weak and many parts of the country are silent and not strong enough to detect cases. Active case searching should be strengthened by providing support across the border areas, and strengthen community-based surveillance with the strong linkage of local community network and community volunteers.

Furthermore, it is essential to intensify cross border efforts by significantly improving coordination at the national, regional and local levels to substantially increase vaccination coverage of travelers crossing the border and of high-risk cross border populations.

Prepared by: CORE Group Polio Project, Ethiopia

Contact: Tel. 251 114 39 31 33 (Office); 251 911 42 78 91 (Mobile)

E-mail: bethelehema.cgpp@gmail.com

CGPP Secretariat, Ethiopia

Website: www.coregroup.org



coregroup

2019 REGIONAL
Global Health Practitioner Conference

LEVERAGE | LINK | LEARN
FOR COMMUNITY HEALTH



The CORE Group 2019 Regional Global Health Practitioner Conference

CORE Group organized its Regional Global Health Practitioner Conference under a theme **“Leverage, Link, Learn for community health”** on October 14-16 in Nairobi, Kenya at the Safari Park Hotel. The event welcomed 253 implementers, academics, Ministry of Health, donors, private sector, and other community health advocates from over 21 countries representing over 108 organizations.

The conference focused on enabling stakeholders to share progress and identify solutions to persistent community health challenges; strengthening the role of community health workers in line with the SDGs and Universal Health

Coverage; and informing global, national and local policies and plans through evidence, success, and adaptive learning.

At the event, the CGPP countries team has also participated and shared ideas in different conference sessions; and launched the 14 new article supplements published in the American Journal of Tropical Medicine and Health (AJTMH) entitled “Impact, Innovation and Inclusion of Civil Society Organizations in Polio Eradication”. Besides, CGPP Headquarters, Ethiopia, India and Kenya has displayed and shared their works and materials to the conference attendees at the exhibition site of the conference.

CGPP Headquarters gathers countries staff for writers workshop

The CGPP writing workshop was organized by the CGPP HQ team Mr. Lee Losey CGPP Global Deputy Director, Mrs. Lydia Bologna, Communications Advisor, Mrs. Kathy Stamidis M & E Advisor and Dr. Sarah Paige Senior GHSA Advisor.

The workshop aimed to provide the participants with basic techniques on how to write successful journal articles, program and budget plan writing and annual report writing. It was also aimed at discussing general issues with individual country-specific cases. The workshop was attended by 27 participants from all CGPP country teams from CGPP Headquarters, Ethiopia, The HOA team Kenya & Somalia, India, Nigeria, South Sudan, and Uganda.

At the end of the workshop, certificates of excellence were handed over to all participants for their contribution towards polio eradication and for the success of CGPP programs. The workshop was held at Amboseli Serena Safari Lodge in Kenya on October 17 – 21, 2019.



Group picture of the CGPP Team before departure to the workshop



POLIO CORNER

The latest on the battle to eradicate polio

Summary of AFP Surveillance indicators by Region, Ethiopia Jan 01 –Dec 13, 2019

Region	Expected Cases (2019)	Reported (this period 2019)	Reported (same period 2018)	Reported this Week	NP-AFP Rate (annualized) 2019	NP-AFP Rate (annualized) 2018	Stool Adequacy (%)	Stool Cond. (%)	NPENT (%)	Compatibles	VDPV Cases	WPV Cases
A ABABA	17	25	25	1	3.1	2.7	100	96	8.3	0	0	0
AFAR	21	29	29	1	2.9	3.4	79	100	1.9	0	0	0
AMHARA	182	193	193	3	2.3	2.4	92	96	3.6	0	0	0
B/GUMUZ	12	21	21	1	3.7	5.3	90	100	0.0	0	0	0
D/DAWA	4	2	2	0	1.1	2.8	100	100	0.0	0	0	0
GAMBELLA	7	25	25	2	7.6	5.8	80	88	6.7	0	0	0
HARERI	2	3	3	0	3.2	1.1	100	100	0.0	0	0	0
OROMIA	380	410	410	9	2.3	1.9	88	95	4.0	0	1	0
SNNPR	191	213	213	6	2.4	2.4	95	96	3.4	0	0	0
SOMALI	60	139	139	2	4.7	3	91	97	6.5	1	6	0
TIGRAY	48	45	45	1	2	1.5	93	100	2.8	0	0	0
NATIONAL	924	1105	1105	26	2.5	2.3	91	96	4.1	1	6	0

Week 49, 2019



Polio Hero of our time!



Mr. Agegnehu Mekonen: who served as the CGPP Field Officer at the Ethiopian Evangelical Church Mecaneyesus at Dima district in East Gambella Region has passed away with a flood accident in October 2019. This fatal accident happened while he was returning from his outreach immunization support program at Gedu Health Post which is 32 km away from Dima District. Agegnehu has been serving the CGPP project in Dima District since 2012. He was riding a motorbike while crossing the river and accidentally drowned.

Mr. Agegnehu was a man of great commendation and committed to serving the community. He has a significant contribution to eradicating polio and increasing the immunization coverage for the Dima district.

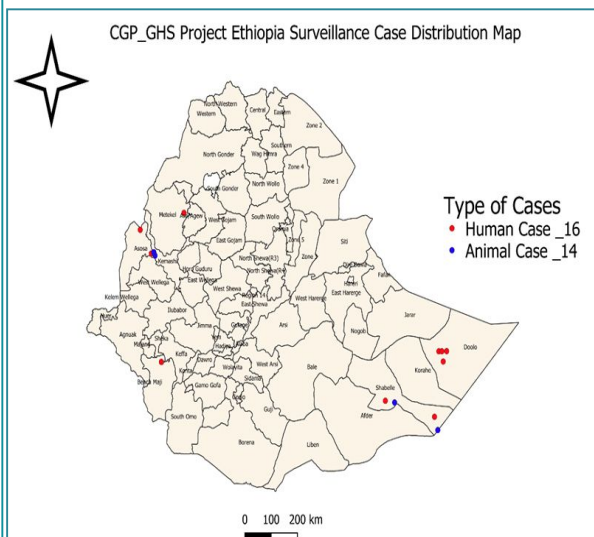
The CGPP family extended condolences for his family and colleagues for the deep sorrow. May God help his family and friends and give strength at this difficult time.



UPDATES ON THE GHS PROJECT

Progress on CGPP community based surveillance activities

As the world is coming closer to achieving polio eradication and with the direction of USAID to integrate polio eradication initiatives with Global Health Security Agenda (GHS), CGPP Ethiopia revised its Community Based Surveillance (CBS) training manual and training guide by including the three priority zoonotic diseases (Rabies, Anthrax, and Brucellosis).



In this connection, the project provided a three days training of trainers (ToT) to 168 human and animal health experts from the Government offices and CGPP partners' staffs working at regions, zones and woredas.

Following the ToT, CGPP and its

implementing partners are cascading the CBS training and a total of 340 HEWs, CVs/HDALs and Animal Health Technicians were trained so far. Furthermore, starting November 2019, the online reporting format is also integrated into one reporting format to report using ODK web-based reporting system through the CGPP server. Hence, as of January 15/2020, 16 human and 14 animal cases were reported by project staffs and CVs/HDALs.

CGPP-GHS Senior Technical Advisor visits Ethiopia

Dr. Sarah Paige, Senior Advisor to the CGPP-GHS visited Ethiopia from December 1 – 6, 2019. Also, Mr. Abdirahman Ibrahim, the CGPP Kenya Global Health Security (GHS) Advisor accompanied the visit.

In their visit, they had a meeting with CGPP Secretariat staff members and visited project implementing partners, offices of the USAID, FAO and Africa CDC and other GHS allies organizations at the head offices level and discussed the progress and future collaborations of the GHS project in Ethiopia. They have also visited the CG-GHS field activities in Gambella region on December 3-4, 2019 and observed the CBS training cascade in Gambella Zuria Woreda; visited CGPP's project in Abobo woreda and held a discussion with Mender 14 Health Post HEWs, CVs and the Gambella Region Animal and Fishery Health Director.

Mr. Muluken Asress, CG - GHS Advisor to Ethiopia reported that all the visits and meetings were fruitful in which future collaborations on the GHS activities were discussed with partner organizations and the progress of CG-GHS observed.

CGPP presents at the 2019 American Public Health Association (APHA) annual conference and expo

Every year, The American Public Health Association (APHA) hosts its Annual Meeting and Public Health Expo; which is the largest gathering of over 13,000 public health professionals, academics, and students. This year's theme is "Creating the Healthiest Nation: For science. For action. For health." The event took place in Philadelphia, Pennsylvania from November 2 – 6, 2019. In this relation, five technical teams of CGPP Secretariat Ethiopia traveled to Philadelphia to deliver PowerPoint and poster presentations at APHA Conference. As a result, the team delivered one oral and five poster presentations; attended other relevant oral and poster sessions; attended job-related trainings and participated in different sessions of the conference.

continued on page 8



RESEARCH CORNER

Experiences from the field

Polio Birth Dose Vaccination in Pastoralist and Semi-pastoralist Communities: Evidence from CORE Group Polio Project Implementation Districts (*Woredas*) in Ethiopia

By Legesse Kidanne, Deputy Director, CGPP Secretariat Ethiopia

BACKGROUND: Estimates of immunization coverage rates in Ethiopia varied widely, but were consistent in that polio birth dose coverage is much lower than other antigens, particularly in semi-pastoralist and pastoralist areas.

STUDY OBJECTIVE: Examine polio birth dose vaccination status and maternal factors affecting polio birth dose in CORE Group Polio Project implementation districts.

METHODS: A community based cross sectional study using Modified WHO EPI 30 cluster procedure, with 10 interviews per cluster and considering the pastoral and semi-pastoral strata, the total sample size was 672 mothers/caretakers with children 12-23 months of age.

RESULTS: Of the sampled households, 582 (86.6%) were rural residents. More than 93% of the respondents were mothers' of the index child and 51.6% were Muslims by religion. Based on the child immunization card, only one-fourth (23.7%) of children received polio birth dose (OPV0) in the study area.

The proportion of children vaccinated for OPV0 based on both card and history was 54.2% for OPV0.

Mothers with four or more number of ANC visit (25.7%) during pregnancy showed relatively higher percent of OPV0 vaccinated children followed by those with less than 4 times ANC visits (14.3%). Similarly, children born

in health facilities (Health center or Hospital) showed a higher rate (27.7%) of full vaccination whereas those born at home had only 10.8% OPV0 vaccination coverage rate (Table 1). Mothers who decided on child vaccination, the OPV0 coverage reached at a higher rate (20.4%) compared if decision was made by others (5.0%).

Characteristics respondents,	Not Received OPV0		Received OPV0		Total	p-value
	No.	%	No.	%		
Residence						< 0.001
Urban	37	41.1	53	58.9	90	
Rural	476	81.8	106	18.2	582	
Total	513	76.3	159	23.7	672	
Ever attended formal school						< 0.001
Yes	156	65.3	83	34.7	239	
No	357	82.4	76	17.6	433	
Total	513	76.3	159	23.7	672	
Mother/Caretaker religion						0.014
Muslim	276	79.5	71	20.5	347	
All Christians	210	73.4	76	26.6	286	
Traditional	27	69.2	12	30.8	39	
Total	513	76.3	159	23.7	672	
ANC visits during index pregnancy						< 0.001
None	63	78.8	17	10.0	80	
< 4 Visits	212	82.2	46	14.3	258	
4+ Visits	238	71.3	96	25.7	334	
Total	513	76.3	159	23.7	672	
Place of delivery of the index child						< 0.001
Home	267	84.8	48	10.8	315	
HC/Hospital	239	68.3	111	27.7	350	
Total	506	76.1	159	23.7	665	

CONCLUSION: Ensuring quality of antenatal care services could improve the uptake of polio birth dose. Newborn tracking beginning from pregnancy up to the administration of the polio birth dose is crucial. Community awareness raising using locally sound communication interventions is magic bullet to increase coverage of polio birth dose.



Ethiopia Marks the 2019 World Polio Day

The 7th World Polio Day was organized on October 24th by the Federal Ministry of Health (FMOH) together with Polio Eradication Initiative Partners under the theme ‘Let’s sustain the gain to End Polio Now’.



Right to Left : Dr. Filimona Bisrat, WHO Representative, Dr. Liya Tadesse, UNICEF and Rotary representatives delivering speech at the WPD

At the event, Dr. Lia Tadesse, State Minister of Health, Representatives from: Rotary International, CORE Group Polio Project, WHO, UNICEF, USAID, CDC and Bill & Melinda Gates Foundation were attended and delivered their speeches. Dr. Filimona Bisrat, CGPP Secretariat Director and Senior Regional Technical Advisor; have also attended the event. On her remark, Dr. Lia Tadesse said, “Ethiopia has taken bold action in the fight against polio”. She added that the government of Ethiopia has been working with partners towards making the country free

from polio, and there is a need to sustain the polio-free status through continuous collaboration and commitment”. She added that, realizing the full coverage of vaccination, consecutive campaigns and surveillance systems are among the main area of methods being used by the government to prevent and sustain the achievements in polio eradication.

In his speech, Dr. Filimona said that “CORE Group is one of the major polio eradication actors in the country; in establishing community-based VPD surveillance, Polio SIAs, strengthening routine immunization and initiating cross border collaboration along the international borders. CGPP will continue its collaboration with the national, regional, zonal woreda and community level polio actors in the country.”

In this special celebration, it was announced by polio partners that wild poliovirus type 3 has been eradicated worldwide. Following smallpox and wild poliovirus type 2, this is the only third infectious human disease to be eradicated from the world. Ethiopia has declared its polio-free status in July 2017. Since May 2019, 4 cases of cVDPV have been detected in the country. Following the detection, outbreak response activities have been implemented.

The event was held at Entoto Qusqam Polio Park with the presence of members of the nearby community, parents, and children.

HIGHLIGHTS FROM THE FIELD

Harsh roads in our project areas



Somali Region Bare Woreda
Photo credit—Hassen Nur Garane , CGPP-SC



Somali Region Galadi Woreda
Photo credit—Mohamed Abdinaser Sayed, CGPP-OWDA

CGPP discloses its presence at the 2019 APHA annual conference and expo continued from page 5

The papers presented at the conference were; “Providers’ readiness on immunization service at primary health care units in pastoralist and semi-pastoralist regions in Ethiopia: CORE Group Polio Project implementation areas” (Oral), by Dr. Filimona Bisrat; “Evaluate polio birth dose vaccination in pastoralist and semi-pastoralist communities: Evidences from CORE Group polio project implementation” (Poster), by Legesse Kidanne “CommunityVolunteers and their knowledge and practice related to immunization, vaccine-preventable diseases and disease surveillance in hard to reach areas and pastoralist community of Ethiopia” (Poster), by Bethelehem Asegedew; “Use of dedicated volunteers community mobilizers for polio eradication program in pastoralist hard to reach and bordering part of Ethiopia” (Poster), by Tenager Tadesse; “Health care providers practice of adverse events following immunization and factors and challenges affecting it in pastoral zone of Ethiopia” (Poster) by Muluken Asress; and “Assessment of immunization service availability and readiness in pastoralist and semi-pastoralist community (health post level) in CGPP Ethiopia implementation districts” (Poster) by Tenager Tadesse.

The secretariat team who attend the conference affirmed that the conference was a success in terms of learned lessons and new experiences from people all over the world. The event was also created opportunities to promote the works of CGPP.

CORE Group presents its achievements at the GAVI Joint Appraisal Meeting

The Federal Ministry of Health (FMoH), with support from the Global Alliance for Vaccines and Immunizations (GAVI), held a workshop to review the progress of implementation and performance of the immunization program in Ethiopia. The review specifically focused on GAVI’s support to the immunization programs and its contribution to immunization outcomes in Ethiopia.

Officials from the FMoH, GAVI representatives and partners induced extensive discussions about the 2018 progress of EPI program implementation, bottlenecks, and challenges; collaboration among GAVI implementing partners; accountability among implementing partners, Agenesis, RHBs, addressing the equity gap and the unvaccinated children; sharing lessons on immunization program implementation and prioritization and plan for 2020 GAVI programs. The review was held on November 13– 15, 2019 at Ellili Hotel in Addis Ababa.



Guests visiting the CGPP booth

Mr. Legesse Kidanne, CGPP Secretariat Deputy Director and Mr. Melaku Tsehay, GAVI coordinator attended the three days long meeting. As CCRDA/CGPP is one of the expanded Target Country Assistance (TCA) partners of GAVI, the CGPP secretariat presented the GAVI project activity implementation status, success, challenge of data quality and demand generation in the project implementing woredas and the 2020 work plan. The Secretariat also displayed different materials at the Gallery section of the meeting. The CGPP Gallery was visited by the State Minister of Health, other higher officials of the FMoH, GAVI officials and other immunization partners.

THE NEWSLETTER

Thank you for your contribution

Your contribution to this newsletter is highly appreciated. Without your valuable contribution, it is hard to reach our audiences with messages that are worth reading. We need to collaborate and exert more efforts together.

CCRDA/CORE GROUP POLIO PROJECT (CGPP)

TEL+

251-11-4393133

251-11-4393332

E-MAIL

coreethiopia@crdaethiopia.org

P.O. BOX

5674

ADDIS ABABA, ETHIOPIA

WEBSITE:

www.coregroup.org