



USAID
FROM THE AMERICAN PEOPLE



coregroup

POLIO
Project



CCRDA

THE CORE GROUP POLIO PROJECT ETHIOPIA SECRETARIAT QUARTERLY NEWSLETTER

ETHIOPIA CONDUCTS POLIO VACCINATION CAMPAIGNS



Social mobilization and vaccination at the CGPP implementation areas

Ethiopia conducted two rounds of polio campaigns targeted under-5 children. The 1st and 2nd rounds of the mOPV2 campaigns were conducted in October 7 to 10, 2020 and November 13 to 16, 2020 respectively targeted to reach 7.1 million children and attain 97% coverage during each campaigns. Both campaigns were held in four regions and two city administrations Harari, Oromia, SNNP and Somali regions, and Addis Ababa and Dire Dawa city administrations. The Monovalent type 2 oral polio vaccines were used in both campaigns.

The bOPV 1st round campaign which was conducted the entire zones of Somali Region from December 25 – 28, 2020, about 1.4 million under five years of age children were targeted using house to house vaccination strategy. Somali region was selected due to that cVDPV1 cases were found in Yemen and Somaliland as the region is sharing borders with Somaliland, Somali and refugees also

come from Yemen; which makes the region a high risk area. This campaign achieved 101% coverage. CGPP Ethiopia supported the campaign in six implementation zones (Siti, Dolo, Shebele, Afder, Liban and Daro).

CGPP Ethiopia has delivered logistic supports; and staff members assigned from the Secretariat and partners field offices were provided technical supports throughout the two rounds of mOPV and one round of bOPV campaigns.

All the campaigns were conducted with special precautions to COVID-19 that vaccination teams were received orientations and awareness on how to protect themselves and the community from COVID-19 exposure. Furthermore, all vaccinators and supervisors wore facemasks and used hand sanitizers at all times during the vaccination sessions.

THE NEWSLETTER

INSIDE THIS ISSUE

EDITORIAL:
Page 2

ACTIVITY UPDATES:
Page 1, 3, 5, 8

POLIO CORNER:
Page 4

RESEARCH CORNER:
Page 6 - 7

**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



EDITORIAL —

Will poor countries access the COVID-19 vaccines in a short time?

By Filimona Bisrat (MD, MPH),

CGPP Ethiopia Secretariat Director and Senior Regional Technical Advisor

The current COVID 19 pandemic is affecting all nations all over the world. Since the confirmation of the first case on December 31, 2019, in China Wuhan province, it is continuing to distress health systems, economic and social integrities throughout the world.

As of 31 December 2020, globally, over 1.9 million people have died from COVID-19 disease, many more have suffered from significant clinical illness, and over 93 million SARS CoV-2 infection cases have been reported.

Vaccines are one of the most effective means to protect people from the diseases, and it minimizes the risk of infection from coronavirus. In some countries, vaccines against COVID are being produced by several manufacturers. Developed nations have already started dealing with Western pharmaceutical companies to buy up enough vaccines by the end of 2021. Developing countries fear that they may have to wait many years to access the vaccines, and funding to immunize their populations.

A strong coordination platform is needed to coordinate the effort to access the vaccine to all eligible target groups in developing countries. In this connection, COVAX is established to bring governments, global health organizations, manufacturers, scientists, the private sector, civil society, and philanthropy together to provide innovative and equitable access to COVID-19 diagnostics and treatments, vaccines for poor and middle-income countries around the world.

Recently, the national level COVID 19 Vaccine Access and Delivery Coordination Platform has been established in all poor countries and started the necessary preparation at the country level. So far, Britain and European Union

countries are the main donors to COVAX. The World Bank and other multilateral financial institutions offer cheap loans to poor countries to help them buy and deploy vaccines through COVAX.

Pfizer's vaccines cost about \$18.40-\$19.50 per dose, while Moderna's costs \$25-\$37. COVAX has no supply deals with either of those firms as they are expensive and require more conventional cold storage. However, COVAX is negotiating the average cost of \$5.20 per dose. COVAX aims to deliver at least 2 billion vaccine doses by the end of 2021 to cover 20% of the most vulnerable people in 92 poor and middle-income countries, mostly in Africa, Asia, and Latine America. And it requires \$4.9 billion, but \$2.1 billion it has already raised. Still, COVAX struggles from lack of funds, supply risks, and complex contractual arrangements, making it impossible to achieve its goals. Even with the vaccines in hand, many developing countries face serious logistical challenges that will add to delays.

The wealthiest countries account for about 14% of the world population, while the low-income countries are over 85%. It means the majority of poor countries will only be able to vaccinate their population against COVID-19 in 2021 unless governments and the pharmaceutical industry take urgent action to make sure enough doses are produced and willing to reduce the vaccine's cost.

The rich countries have already started vaccination for their citizens, and there is no single dose of COVID-19 vaccine reached the poor. Still, developing countries are out of reach for the vaccine. No one knows when it reaches and how much will get to vaccine their people. Therefore, strong advocacy and campaign have to be done to push the vaccine owners to share the technology and products to the needy at affordable prices and urgently.

Designed and Printed by: Bethelehem Asegedew

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, Website: www.coregroup.org



Success Stories from the field

Dore Dulo, the father of two children, is serving as a CGPP Community Volunteer (CV) at Gead-Back Kebele in Hammer Woreda South Omo Zone of SNNP Region for the past 4 years. CGPP in collaboration with Amref Health Africa is implementing immunization and surveillance activities in Hammer Woreda. Dore attended the CGPP CBS training on key information on Vaccine Preventable Diseases and Priority Zoonotic disease. According to Dore, before he joined the CGPP CBS program as a CV, he was struggling with many problems that “I was facing difficulties in access to health information on immunization, personal hygiene, environmental sanitation, vaccine preventable disease and was unable to protect myself and my family until I become a CV”.

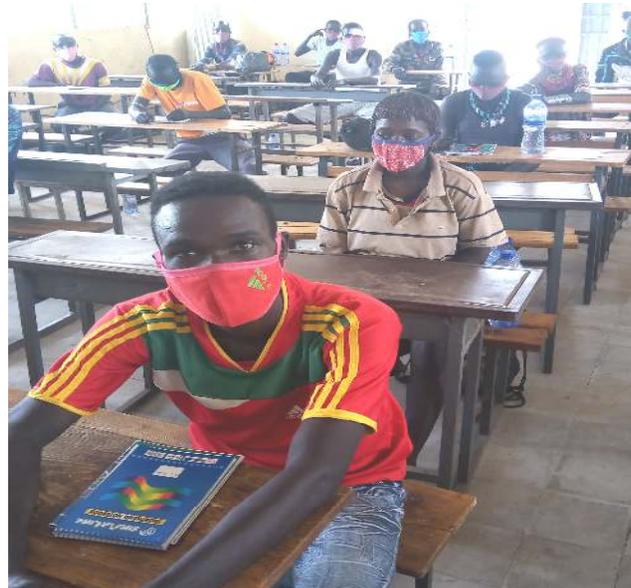
How does he benefited?

Dore added, “However, thankfully, after I attended the CBS training, I felt confident about the information I have to protect myself, my family and the community in my village.” He said, “I would like to thank Amref, the Woreda Health Office, Health Extension Workers and the Kebele Leaders for selecting me as a Community Volunteer. I took a three days long CBS training. It gives me satisfaction for getting the opportunity to serve the community as well as myself. Now I know the advantages of immunization and both my children are fully immunized.

Dore Dulo is regarded as “an ambassador”, some of the community member said “Dore is a very important person to our village, he dedicated and contributes a lot without any payment. He is our problems solver regarding health related issues.”

Dore’s contribution during SIAs, RI...

During Routine Immunization sessions and Supplemental Immunization Campaigns, Dore’s contribution is immense that he perform the leading role in social mobilization, facilitating the crowds at the immunization sessions, and recording the vaccinated. He was an active participant during the pre, intra and post campaign activities in his Kebele.



Dore Dule (at the front) attending CBS training organized by CGPP/AMREF

How the CGPP/Amref project improved the health conditions?

Dore said that, the CGPP/Amref project helped him to develop the necessary knowledge and changed his and the communities behavior positively in health seeking behavior towards quality health services; and created awareness of animal health essentials.

Hostile topography of the woreda

Gead-back Kebele is one of the most difficult places where there is no road and other important infrastructures. To perform his duty as a CV and to transport vaccines to the health posts, Dore has to travel long distances and climb the challenging hills for over two hours. Despite the fact that there are many CVs to serve over five villages in the Kebele, Dore is the only active and dedicated person who travelled all this difficult places. He practically applied all the essentials that he learned at the training, he prepared his plans to conduct the disease surveillance, household visits and defaulter tracing. Dore is one of the best CVs who served beyond his assignment and has a good communication with HEWs and the Woreda Health Office.

Story and picture credit: Mekit Ketema, Amref Health Africa

Edited by: Bethlehem Asegedew



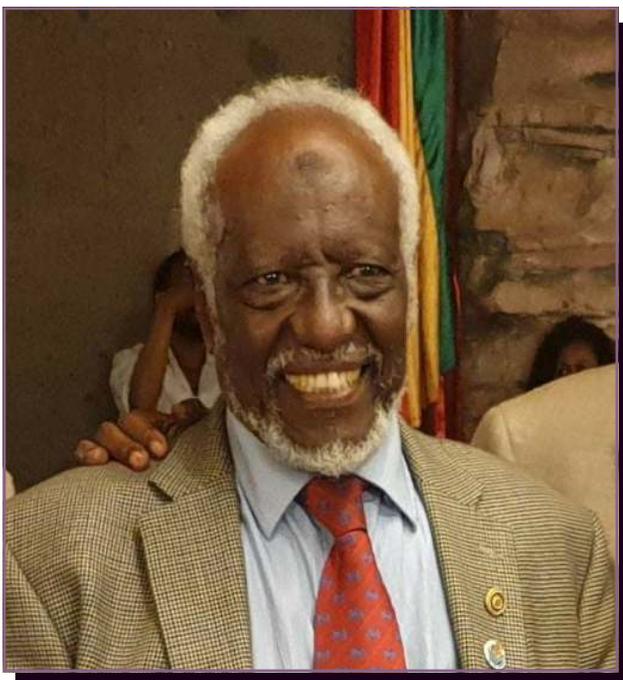
POLIO CORNER

The latest on the battle to eradicate polio

Summary of AFP Surveillance indicators by Region , Ethiopia Jan 01 – Dec 18, 2020

Region	Expect ed Cases (2020)	Report ed (this period 2020)	Report ed (same period 2019)	Report ed this Week	NP-AFP Rate (annual ized) 2020	NP-AFP Rate (annual ized) 2019	Stool Adequac y (%)	Stool Cond. (%)	NPENT (%)	Compati bles	VDPV Cases	WPV Cases
A ABABA	17	27	26	0	3.2	3.1	81	96	4.8	0	0	0
AFAR	21	28	30	1	2.7	2.9	100	96	5.1	0	0	0
AMHARA	182	212	195	15	2.3	2.1	94	99	3.5	0	1	0
B/GUMUZ	12	15	23	1	2.5	3.8	80	100	11.1	0	0	0
D/DAWA	4	8	2	0	3.5	1	88	100	0.0	0	1	0
GAMBELLA	7	5	24	1	1.4	6.9	100	100	0.0	0	0	0
HARERI	2	2	3	0	2	3	100	100	0.0	0	0	0
OROMIA	380	557	417	15	2.9	2.2	85	98	4.0	1	14	0
SNNPR	191	266	221	6	2.7	2.3	92	97	4.0	0	5	0
SOMALI	60	126	139	3	4.2	4.4	93	99	8.3	0	0	0
TIGRAY	48	31	49	0	1.3	2	97	100	8.1	0	0	0
NATIONAL	924	1277	1129	42	2.7	2.4	89	98	4.4	1	21	0

Week 52, 2020



Mr. Mohamed Idris

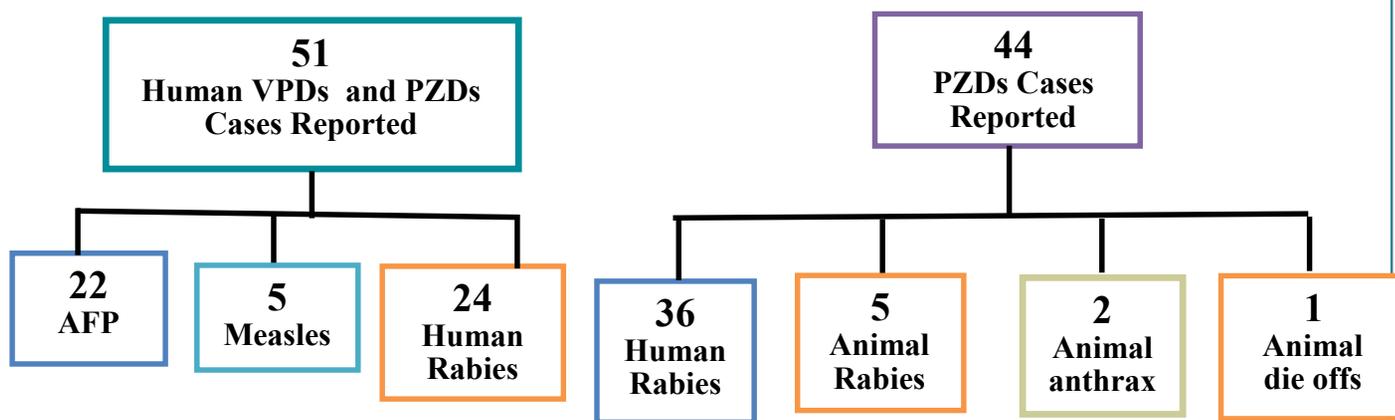
We are deeply saddened by the passing away of our longtime colleague Mr. Mohamed Idris who served the Ethiopian Polio Eradication initiative for so many years and advocate of polio for Rotary International. The selfless dedication and work of Mr. Mohammed Idris towards Eradicating Polio out of Ethiopia inspires all the Polio Eradication team in Ethiopia. We, the CGPP team will not forget his friendly, family-like, and true affection and support for the works of CGPP. His contributions towards gaining our current free status of wild poliovirus is enormous. The passing of Mr. Mohammed Idris is a great loss to all of us; however, his legacy will stand as an example to us to persist in our pursuit of progress.



SURVEILLANCE UPDATES

Human and Animal Disease Cases Reported through ODK from CGPP implementation Areas (October 1 to Dec. 31, 2020)

VPDs = Vaccine Preventable Diseases
PZDs = Priority Zoonotic Diseases



COVID – 19 UPDATES

Reported Cases in Ethiopia- As of December 30, 2020

- Laboratory test → 1,800,236
- Active cases → 10,243
- Total recovered → 112,096
- Total deaths → 1,923
- Total Cases → 124,264

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.



RESEARCH CORNER

Experiences from the field

HEALTH WORKER AND CAREGIVER INTERACTION DURING CHILD VACCINATION SESSIONS AT HEALTH FACILITIES IN SOMALI REGION OF ETHIOPIA: A QUALITATIVE STUDY

*Filimona Bisrat, Tenager Tadesse, Melaku Tsehay, Samuel Teshome:
CORE Group Polio Project*

INTRODUCTION:

The Somali region located in the east southeastern part of Ethiopia is one of the regions that has persistently performed low with routine immunization coverage. In 2018, the region administrative data for Penta 3 coverage was 71% and measles coverage 67%, way below the national target of 90%. The dropout rate from Penta 1 to Penta 3 was 15.6%, which is above the highest acceptable level of 10%. Communication during vaccination sessions at health facilities is a key factors that influence caregiver's decision to bring back their children for vaccination.

STUDY OBJECTIVES

The objective of this study was to assess health worker and caregiver interaction during immunization sessions and identify communication gaps at health facilities in the Somali region.

METHODS :

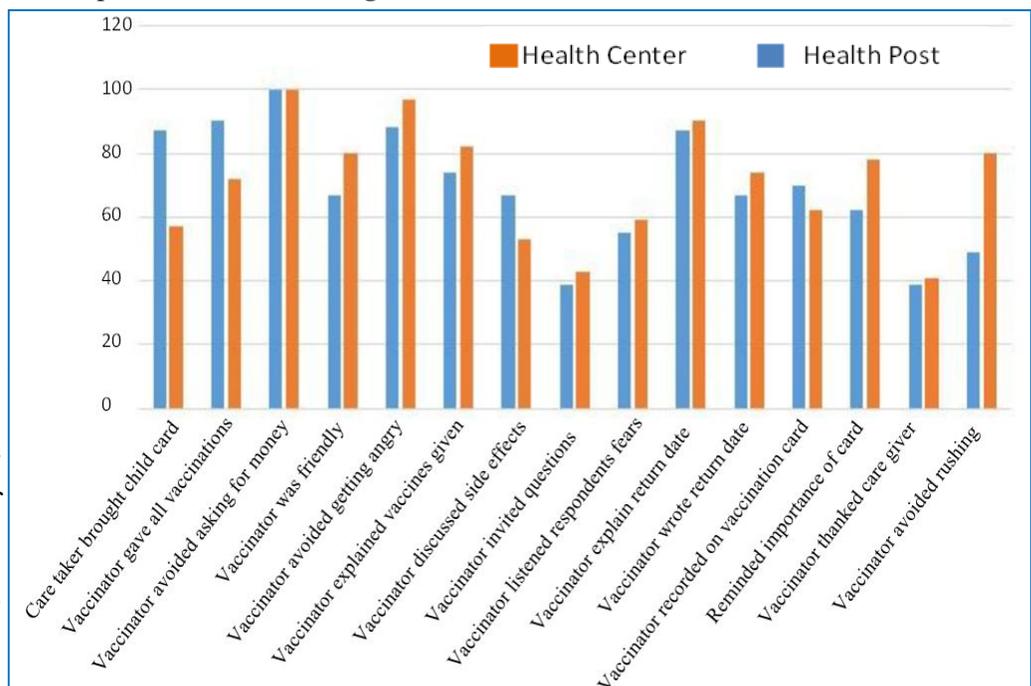
The study used a qualitative cross sectional method. It was carried out using in-depth interviews with health workers responsible for vaccination, observation of vaccinator and caregiver interaction during immunization sessions, and exit interview of caregivers who

brought their children for vaccination or whose child was vaccinated at the health facility. Three districts in the region, geographically representing central and remote areas were selected purposively. Health workers responsible for vaccination in twelve health facilities from the central and remote parts of the region were interviewed. A total of 63 vaccination sessions in the 12 health facilities were observed and caregivers were interviewed on exit.

RESULTS :

The study was conducted between 20-26 July 2019. A total of 63 vaccination sessions in twelve health facilities were observed, and caretakers with a child vaccinated at health facility were interviewed on exit.

Figure 1. Finding from observation of immunization session at health centers and health posts in the Somali region



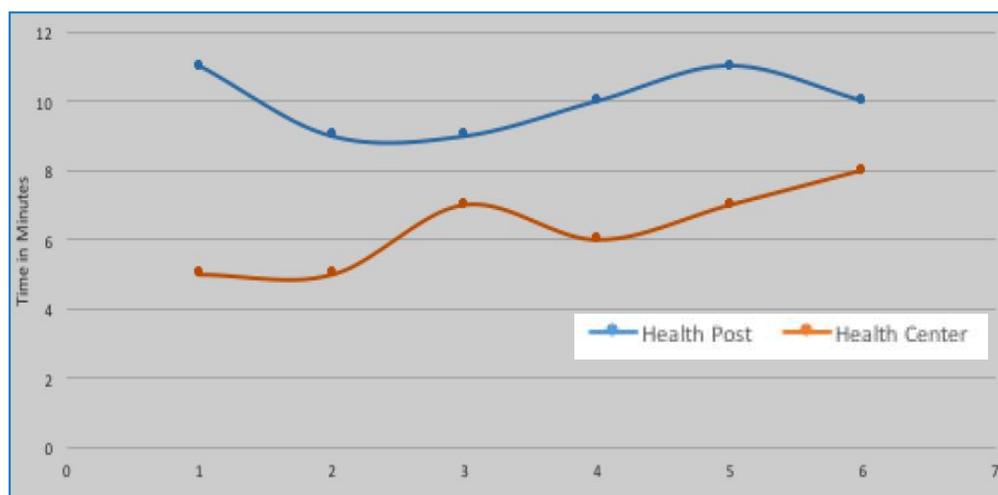


RESEARCH CORNER

Experiences from the field

All of the caretakers who brought a child to health facility were mothers and the majority were in the age group [25-34 years (52%, 33/63) and most cannot read and write (54% 34/63). Most caregivers (87% 120/138) brought immunization card with them when they visited health centers than those visiting health posts (57%, 79/138).

Figure 2. Time vaccinator spends with the caregiver during immunization session in Somali region



Vaccinators in the majority of the health facilities mentioned the return date and its importance to caregivers.

However, there was inadequate documentation of the return date and vaccine given on immunization cards. Most children visiting health centers received all the vaccine they required than those at health posts.

The average time that a caregiver stays at the health facility for the child to be vaccinated is higher at health posts (average 20.8 minutes, range 15-35 minutes) than at health centers, (average 11.6 minutes, range 10-15 minutes). All caregivers praised health workers' treatment during the service. Caregivers identify the vaccine given to the child by the site of injection and route of administration and not by name and purpose.

DISCUSSION:

There is a high level of illiteracy among caregivers who brought children for vaccination. Caregivers who cannot read will not comprehend what is written, and the purpose and importance of the child vaccination card. Some caregivers do not bring the child vaccination card with them, and some vaccinators do not give service and return the caregiver to bring the card. This could be avoided if the contents and purpose of the immunization card are clearly and regularly communicated. Health workers are characterized as friendly. This is a very positive and encouraging finding. Return date is not written on vaccination card in some cases and vaccinators. Caregivers did not know the specific vaccine that

was administered to their child; this is because they could not read the name of the vaccine given from the vaccination card. Community volunteers contribute hugely to the success of immunization programs.

CONCLUSIONS

Health workers do not communicate all information required for continued use of immunization services at health facilities during vaccination sessions. In the Somali region, caregiver communication will need to be improved through training of health workers on immunization basics and effective communication skills.

The full journal of this article can be accessed from:

International Journal of Health Services Research and Policy (IJHSRP), Volume 5, issue 2, August 2020, e-ISSN:2602-3482



Take action, eradicate a disease forever!

ETHIOPIA OBSERVES THE 8TH WORLD POLIO DAY COMMEMORATION



The World Polio Day commemoration was marked for the 8th time in Ethiopia under a theme “Take action, eradicate a disease forever!”. The Celebration was led by the Ministry of Health together with Polio Eradication Initiative partners with events to mark the day to recognize the significant milestones and to honor the progress made and achieved towards Polio Eradication. H.E. Dr. Lia Tadesse, Minister of Health, Dr. Dereje Duguma, State Minister of Health, National Polio Certification Chairman, polio partners’ representatives including Rotary, CORE Group Polio Project, WHO, UNICEF, Bill and Melinda Gates Foundation, Cheshire Home Services Ethiopia and the media were attended the event. The celebration was held with limited number of participants due to the COVID-19 gathering restriction placed by the MoH.

The program started with a one-minute prayer for the late Rotarian Mr. Mohammed Idris who has been served the polio eradication program in Ethiopia for a long time.

At the event, a high level panel discussion on the “Impacts of COVID-19 on Routine Immunization and Polio Eradication, and COVID- 19 and its vaccine”, testimonials of polio and the Rotary Ethiopia’s Paul Harris Fellow award giving programs were held. On behalf of CORE Group Polio Project, Dr. Filimona Bisrat CGPP Ethiopia Secretariat Director and Senior Regional Technical Advisor, has delivered a keynote address. CGPP has provided technical support to organize the event and covered financial expenses of the production of T-shirts, Capes, hall rent and refreshments of the WPD2020 celebration.



Dr. Sarah Paige, who has been serving CGPP Global as a Senior Advisor for Global Health Security Agenda since March 2019 has left CGPP. We thank Dr. Sarah Paige for her great supports especially during the commencement and implementation of the Global Health Security program in CGPP Ethiopia Implementation areas. The CGPP Ethiopia team truly wish her all the best in her future endeavors.