THE NEWSLETTER

THE CORE GROUP POLIO PROJECT
ETHIOPIA SECRETARIAT
QUARTERLY NEWSLETTER

ETHIOPIA CONDUCTS THE FIRST ROUND bOPV2 CAMPAGINS FOR OVER 5.8 MILLIION UNDER-FIVE CHILDREN



Ethiopia conducted a house-to-house polio vaccination campaign targeted 5.8 million under-five children in selected high -risk areas. The campaign was planned for 36 zones and 364 woredas of Afar, Amhara, Benishangul Gumuz, Gambella, Somali, Harari, SNNPR, Oromia regions and Dire Dawa City Administration.

The campaign was held from March 26 to 29, 2021 in all areas except for the Somali region, which was postponed to April 1 to 4, 2021. The campaign was intended to address under-five children in the areas where there is a high risk of poliovirus transmission; such as border areas with neighboring countries at risk of importation of poliovirus and areas with high population movement. Refugees and internally displaced people are also part of the campaign. furthermore, areas with low routine immunization and surveillance performance are also targeted for the campaign. The campaign was also aimed to strengthen routine immunization systems and acute flaccid paralysis (AFP) surveillance in those areas.

CGPP Ethiopia Secretariat and its implementing partners were extended technical and logistic supports during the pre, intra, and post campaign implementations areas such as Benishangul Gumuz, Gambella, Oromia, and SNNP regions. CGPP Staff members were provided the technical support to the campaign; and, vehicles were also provided to support the campaign training, social mobilization, and vaccine transportation services throughout the campaign.

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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 — WHAT INFLUENCES COVID-19 VACCINE UPTAKE?

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

Globally, more than 221 countries/territories have been affected by the virus, with 129,460,412 people being infected and 2,834,384 deaths reported as of March 31, 2021. Ethiopia ranks 64 with 206,589 infected and 2,868 dead (March 31, 2021). Ethiopia was found to be one of five African countries with the highest case burden of COVID-19.

The speed at which the first COVID-19 vaccines were developed was extraordinary. The development of the vaccine has been much faster than the development of any other vaccine. Within less than a year, several successful vaccines have already been announced and were approved for use.

In our country Ethiopia, the first shipment contained 2.2 million doses of AstraZeneca COVID-19 vaccine arrived on March 6, 2021, and national and regional launchings have been in progress since March 13, 2021.

The vaccine is inevitably the most assertive way of preventing the transmission of the virus. However, there are obstacles and hindrances in reaching the most vulnerable people. One of the biggest hurdles is convincing people and building trust regarding vaccine. Inadequate information about the vaccine can create vaccine hesitancy. According to studies taken before the COVID-19 pandemic conducted by the WHO, vaccination refusal threatened to reverse progress in tackling vaccine-preventable diseases. The WHO named vaccine hesitancy as one of the top 10 global health threats in 2019.

One of the studies in Addis Ababa on COVID-19 reveled that a considerable proportion of the people have concerns of COVID-19 vaccine and unwilling to accept. Several conspiracy theories were put forth to justify their stance and this mainly due to the misconceptions distributed from the use of social media as source of information about the vaccine.

It is normal for people to question the vaccine before they take it into their bodies. That is why there should be transparency on the manufacturing process, the regulatory process, and the function of the vaccine; and building trust in that system is so important. Building trust requires an enormous, united effort from governments, public health experts, humanitarian groups, and local community leaders.

The other obstacle is the fair distribution of the vaccine. According to the guideline produced by the Ministry of Health, Ethiopia; frontline health professionals, the elderly, people with listed health problems, and other vulnerable groups are given priority to take the vaccine first. So that, this priority guide should be strictly followed, otherwise, whether intentional or not, unfair and unethical distribution of the vaccine may create grievances and will deteriorate the struggle of preventing COVID -19 transmission. The other issue is that vaccine wastage. There must be maximum care of the vaccine administration and maintain wastage to the most lower rate. We believe that efforts to end the pandemic through vaccination will be hampered because of the above-mentioned issue.

Therefore, from national up the lowest health facility level those who are in charged to manage and administer the vaccine should give due attention for proper handling and administration procedure of the vaccine. In addition, health educators and health workers should provide information to the community to avid misconception of the vaccine. Furthermore, consistence government efforts in uphold the prevention measures are of paramount importance to tackle this pandemic.

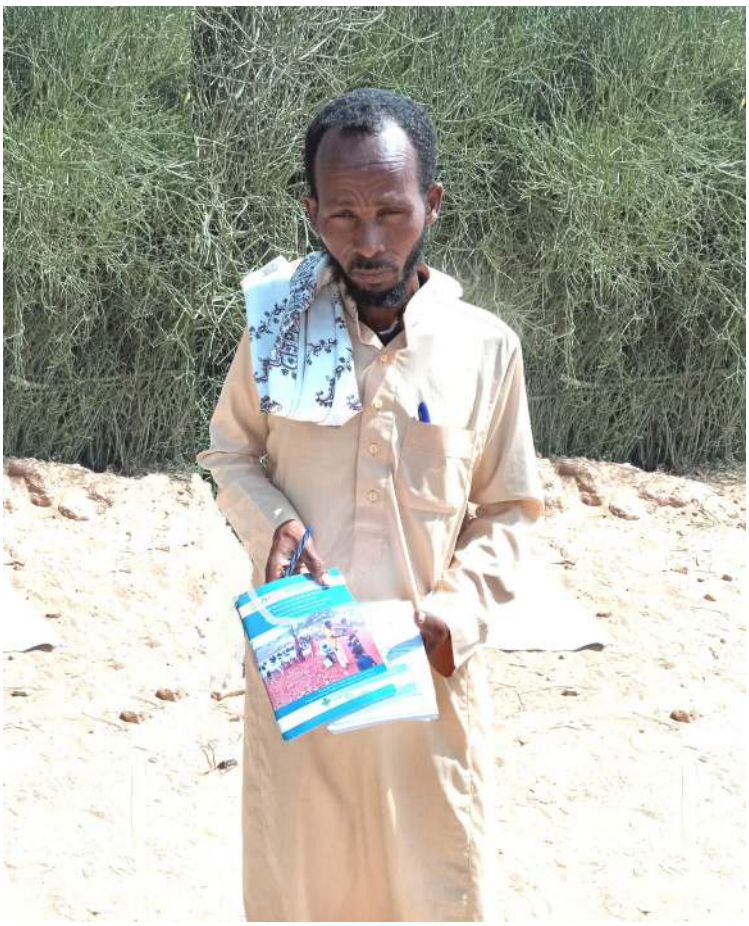
Newsletter Designed and Printed by:
Bethelehem Asegedew, CORE Group Polio Project, Ethiopia,

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

Issak Mohammed is one of the three Community Volunteers (CVs) trained and deployed in Goro - Bute Kebele, Moyale Woreda in Borena Zone. CGPP is implementing its program in Borena Zone with implementing partner Ethiopian Orthodox Tewahido Church, Development and Inter-Church Aid Commission (EOC-DICAC). Issak has been serving the community as a community volunteer for the last 8 years.

Issak and other CVs attend the regular monthly meetings with Health Extension Workers (HEWs). Also, Issak and other CVs conduct house-to-house visits in their village at least one day a week and spend 4 hours a day visiting 4 households per week. During the visit, they search for acute flaccid paralysis (AFP) and other vaccine-preventable and zoonotic diseases, educate families on the importance of immunizations and proper hygiene, and then report their accomplishments to the HEWs.



Issak Mohammed, holding the CGPP Ethiopia CBS training manual

"Before, pregnant mothers in our village refused to visit health facilities during delivery because of lack of knowledge," said Issak, "But now I call Ambulance whenever I see a laboring mother in my village, and nowadays mothers are delivering at the health facilities."

Issak is a volunteer who took a three days training by woredas and animal health offices. Issak said, "my main duties are registration of pregnant mothers and newborns in my village; delivering of health messages during public gatherings and searching of acute flaccid paralysis, measles cases, neonatal deaths and animal sickness including aborted cows and goats in my village and immediately report to HEWs". He added, "After I took the training, I am advising the community not to drink milk from aborted cow and goat and not to eat meat from dead animals."

Moyale woreda is one of the 6 woredas where EOC-DICAC is implementing the CGPP-GHS project for the last three years. A total of 297 volunteers are trained on community-based VPD (AFP, Measles, and NNT) and PZD (Rabies, Anthrax, and Brucellosis) surveillance. During the training Community Volunteers (CVs), Health Extension Workers (HEWs), and Animal Health Technicians (AHTs) trained together.

One of the main successes of the CGPP-GHS Project is bringing the HEWs and Animal Health Technicians (AHTs), who are both based at the same kebele but never talk about the common community problems i.e zoonotic diseases. The volunteers serve both for AHTs and HEWs to notify events and occurring in their community. Issak Mohammed and other volunteers in the rural, pastoralist, and marginalized areas are crucial to ensure community engagement and project sustainability.

Story and Picture Credit: Legesse Kidanne, CGPP Secretariat, Ethiopia

POLIO CORNER

The latest on the battle to eradicate polio

Summary of AFP Surveillance indicators by Region , Ethiopia
Jan 01 – Mar 26, 2021

Region	Expected Cases (2021)	Reported (this period 2021)	Reported (same period 2020)	Reported this Week	NP-AFP Rate (annualized) 2021	NP-AFP Rate (annualized) 2020	Stool Adequacy (%)	Stool Cond. (%)	NPENT (%)	Compatibles	VDPV Cases	WPV Cases
A ABABA	17	4	9	0	1.9	5	100	100	0.0	0	0	0
AFAR	21	6	5	1	2.3	2.3	100	100	20.0	0	0	0
AMHARA	201	66	49	8	2.6	2.5	95	100	6.0	0	0	0
B/GUMUZ	14	4	2	0	2.3	1.6	100	100	0.0	0	0	0
D/DAWA	4	1	0	0	2	0	100	100	0.0	0	0	0
GAMBELLA	7	5	1	0	5.7	1.4	80	100	0.0	0	0	0
HARERI	2	0	0	0	0	0	0	0	0.0	0	0	0
OROMIA	402	86	92	11	1.7	2.2	92	100	2.5	0	0	0
Sidama	51	13	14	1	2	3.6	85	100	21.4	0	0	0
SNNPR	167	39	34	3	1.8	2.4	100	100	8.2	0	0	0
SOMALI	65	31	20	1	3.8	3.2	100	100	0.0	0	0	0
TIGRAY	53	0	4	0	0	0.8	0	0	0.0	0	0	0
NATIONAL	1004	255	230	25	2.0	2.3	95	100	4.8	0	0	0

Week 13 2021

World Health Organization

Ethiopia COVID – 19 Updates

Reported Cases in Ethiopia- ***As of March 31, 2021***

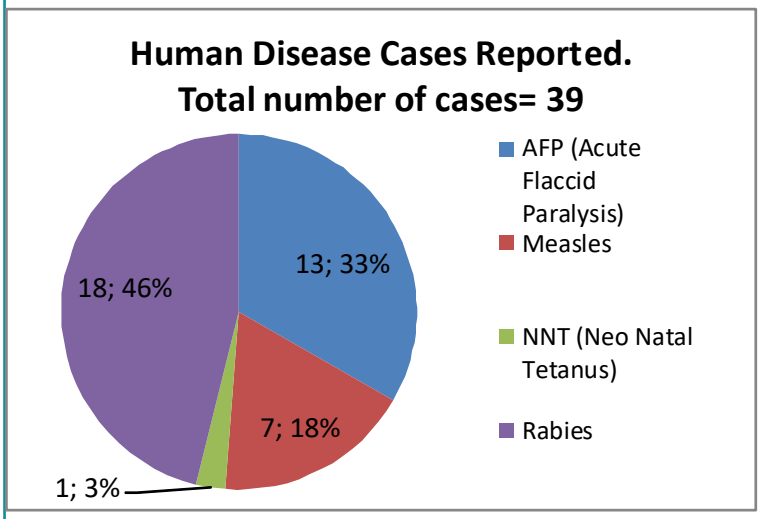
- **Laboratory test → 2,365,187**
- **Active cases → 46,633**
- **Total recovered → 159,436**
- **Total deaths → 2,890**
- **Total Cases → 208,961**

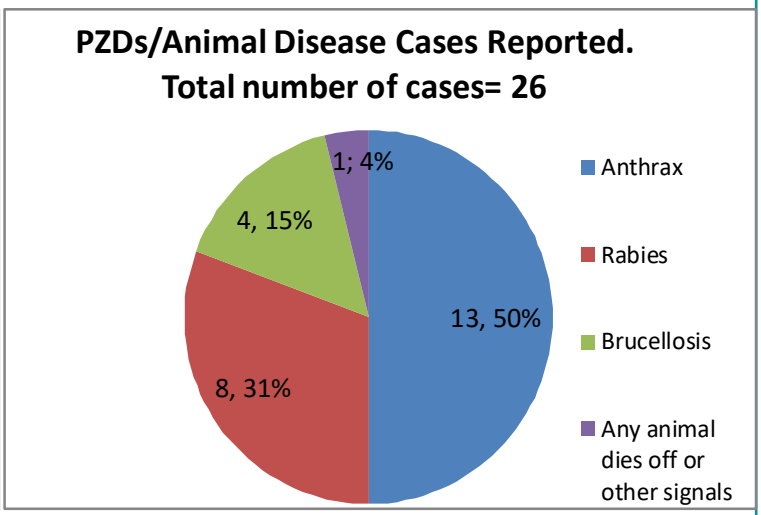
Thank you for your contribution

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.

SURVEILLANCE UPDATES

Human and Animal Disease Cases Reported through ODK from CGPP implementation Areas (January 1 to March. 31, 2021)





Facility level Supportive supervision visits conducted by CGPP Secretariat and partners—*January 1/2021 to March 31/2021*

Region	Zone	Number of Health Facilities Visited	Total HF visited by region
Benishangul Gumuz	Assosa	34	71
	Kamashi	8	
	Metekel	29	
Gambella	Agnua	21	32
	Nuer	6	
	Majang	5	
Oromia	Borena	33	33
SNNP	Bench Maji	13	48
	South Omo	35	
Somali	Afder	2	102
	Liben	12	
	Shebele	35	
	Siti	18	
	Dollo	25	
	Dawa	10	
Grand total	=	**6** Hospitals **66** Health Centers **213** Health Posts	= **285**

RESEARCH CORNER
Experiences from the field

FIRST ROUND IMMUNIZATION DATA QUALITY SELF- ASSESSMENT IN GAVI PROJECT IMPLEMENTATIONS IN AFAR AND SOMALI REGIONS, ETHIOPIA

Melaku Tsehay, Muluken Asress, Tenager Tadesse
CORE Group Polio Project, Ethiopia

INTRODUCTION:

The trend of data quality and immunization coverage is an increasingly the most important area of the Expanded program on immunization (EPI). Administrative coverage estimates are needed to monitor performance in a continuous and timely way, but the quality is often challenged. High-quality immunization data facilitate the immunization program planning and management, financial planning, and proper vaccine forecasting capacities of the immunization program. In Ethiopia, the use of routine information for decision making at all administrative levels is limited and this has been ascribed to the poor data quality of routine health information. Therefore, this data quality assessment will identify major gaps and strengthen the Gavi project activity.

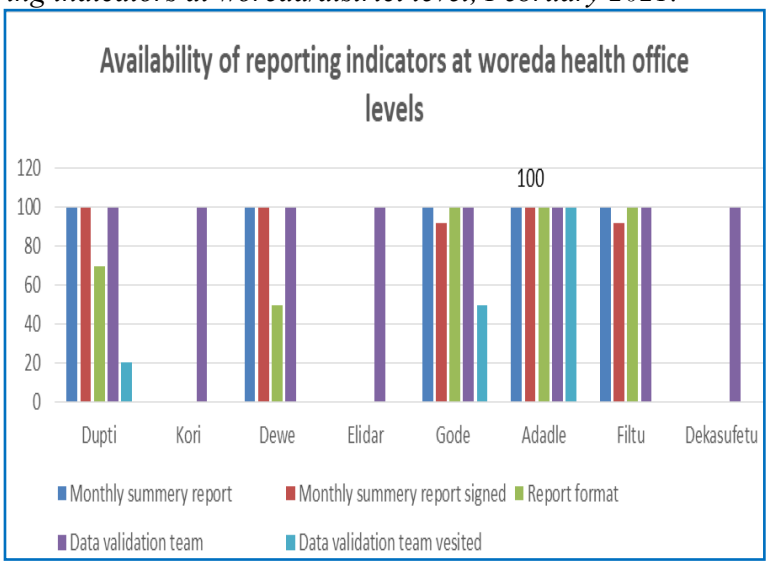
METHODS :

A cross-sectional study were employed in the evaluation of routine immunization data quality self-assessment in selected health facilities and woreda health offices/ lower districts in Afar and Somali regions. Data were collected by using two WHO data quality assessment tools (Verification Factor /VF/ and quality index) at woreda health office and health facilities levels through desk review of immunization data reported in the past 6 months following core indicators of Measles and Penta 3. Data were analyzed using SPSS version 25.0 and WHO accuracy ratio and quality index analysis dashboard in all sets of data were the same target population from three levels.

RESULTS :

The overall timeliness, completeness and availability of monthly reports in the past 6 months are 77.3%, 82.3% and 82.3% respectively. Less than 50% of the monthly report at health post levels are not meet deadline than health center and woreda levels. Facilities in Adadele and dewe Woreda were more likely to have complete reports (98%) than facilities in Kori Woreda (25%).

Figure 1*.Percent distribution of immunization service reporting indicators at woreda/district level, February 2021.*



Overall internal VF for penta3 and measles at woreda health office was 81% and 82% respectively, indicating high over reporting than health center and health post levels. In addition, the external VF the health center were more likely over reporting (75%, 77%) than health posts. Some of the facilities in the external consistency verification factor outputs are not calculated because of lack of data from the source document.

RESEARCH CORNER
Experiences from the field

Figure 2. *Percent distribution of timeliness of reporting*

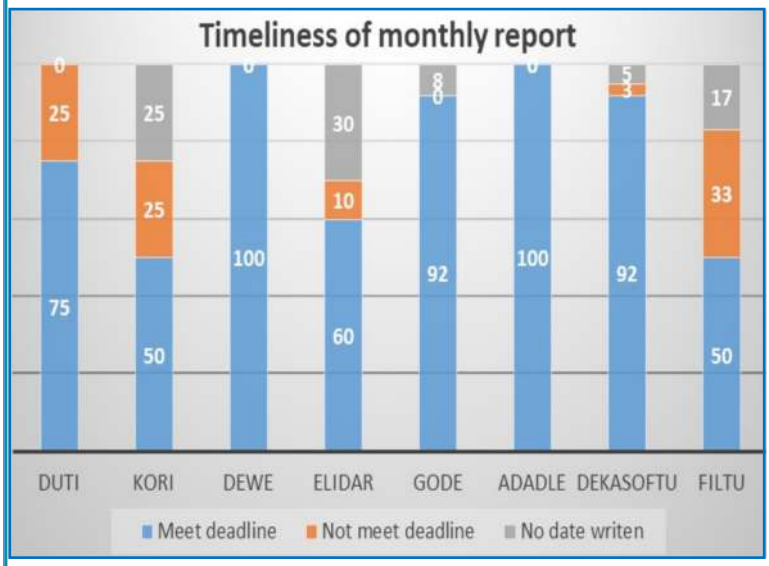
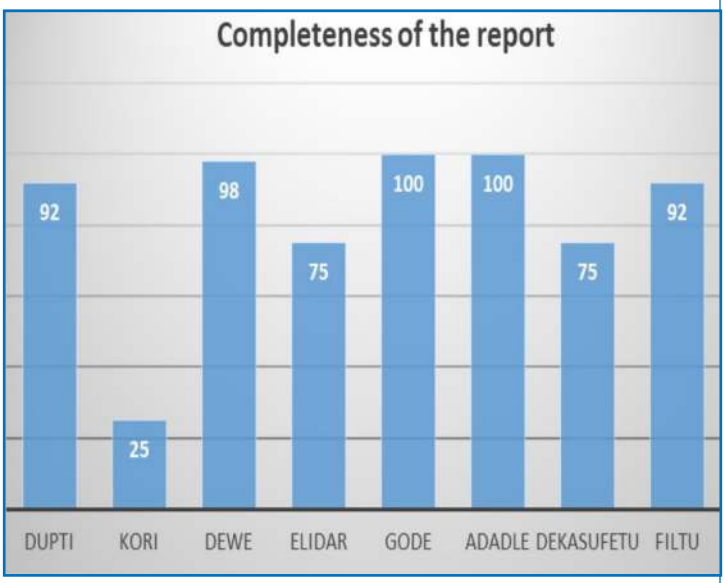


Figure 3. *Percent distribution of Completness of report-*



The external verification factors of Kori and Dewe woreda of Afar region recounted data with reports data at health center and health post level of Penta 3 and measles are more likely over reporting than other woredas.

From the total 8 and 16 woredas health office and health center levels, the overall quality index (QI) score of 63% and 63.29% respectively on Afar and Somali regions. Which indicates that it is less than the WHO acceptable range. Using data for action component of QI at woreda and health center levels (37% and 63%) are low QI score than other component of QI score.

CONCLUSIONS

The timeliness and completeness of monthly reports in the past 6 months are below the acceptable range. In all of health centers and health posts levels are adequate availability of EPI registration and tally sheet. From the woredas health office and health center levels, the overall quality index (QI) scores are less than the WHO acceptable rage. Strengthening data validation team and capacity building of HMIS officers at each level has one of the strategies to increasing data quality and sustainability of the immunization data quality.

Dr. Innocent Rwego has joined the CGPP as a Senior Advisor for GHSA project starting January 1, 2021. With a Bachelor of Veterinary Medicine, a Masters in Wildlife Health and Management, and a Ph.D. in disease ecology, Dr. Rwego has over 15 years of experience in disease surveillance, research undertakings on zoonotic diseases, and building capacity of local communities, university faculties, and government offices. In March 2021, Dr.Rewego has visited CGPP/ GHS projects in Ethiopia and met CGPP partners and discussed several issues related to the project. We would like to welcome and wish him success.

CROSS-BORDER COLLABORATION BETWEEN ETHIOPIA AND KENYA

Aiming at strengthening the implementation of the CGPP Global Health Security (GHS) program, the CGPP Ethiopia and Kenya Secretariats jointly organized a two days cross borer coordination meeting on February 17 – 18, 2021 at the Ethiopia-Kenya border town of Moyale in Marsabit County in Kenya.

The coordination meeting brought together the two secretariat staff and implementing partners and discussed on strengthening the human, animal and environmental health program of the CGPP-GHS on communication and cross border coordination with partners involved in polio eradication and GHS programs in both countries. It was also aimed at strengthening the collaboration on Vaccine Preventable Diseases and priority zoonotic disease surveillance, risk communication and community engagement activities between the two countries.

From both countries, a total of 35 participants attended the meeting and 18 of them are from the Ethiopian side. Dr. Filimona Bisrat, Mr. Legesse Kidanne and Mr. Muluken Asress attended the meeting. At the end of the meeting, attendees agreed on the action points to maintain information sharing, regular communication (monthly, quarterly and annual basis), the establishment of one health taskforce, supplemental immunization campaign (SIA) synchronization; and design and follow a strategy on the establishment of a transit point vaccination sites for routine immunization and SIAs.

Recognizing the importance of a one health approach to addresses the relatedness of the health of human, animal and the environment, the CGPP- GHS project is under implementation in Ethiopia and Kenya.

CGPP ETHIOPIA ESTABLISHES 52 ONE HEALTH TASKFORCES IN ITS PROGRAM AREAS

Health issues at the human-animal-environment interface cannot be effectively addressed by one sector alone. Collaboration across all sectors and disciplines responsible for health is required to address zoonotic diseases and other shared health threats at the human-animal-environment interface. This approach to collaboration is referred to as One Health.

One Health is a collaborative, multidisciplinary, and multisectoral approach that can address urgent, ongoing, or potential health threats at the human-animal-environment interface at subnational, national, global, and regional levels. In this connection at country level National One Health Steering Committee established from different sectors to address the common health issues in the country and cascaded at regional level to meet the objectives. Based on this, CGPP adopted the One Health Term of Reference for the woreda level Task Forces Committee and started establishment OHTF in its implementation areas.

Since 2019, Global Health Security Project integrated with community based surveillance in to CORE Group Polio Project and the system able to report a number priority zoonotic diseases.

On the other hand, CGP-CGS project Ethiopia has established Woreda level One health Taskforces in 52 implementation areas in 10 woreda of Gambella region, 11 woredas of Somali Region and two Woredas of Oromiya region and, in two Woredas in Benishangul Gumuz Region.

During the establishments, all stakeholders showed their commitment to the collaborative efforts to attain optimal health for people, animals, and the environment. According to reports from the field, more taskforces are underway to be established in all GHS implementation Woredas of CGPP.

Number of one health taskforces established in CGPP implementation woredas

Name of partner	# of woreda established TF	Remark
EECMY DASC	13	3 from SNNPR
IRC Gambella	4	
IRC BGR	2	all are zones
EOC-DICAC	4	1 zone
Save the children	5	
PC	5	
amref	7	1 zone
OWDA	6	
CRS	4	
WV	2	
Total	**52**	