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THE CORE GROUP POLIO PROJECT ETHIOPIA SECRETARIAT QUARTERLY NEWSLETTER

THE

NEWSLETTER

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Ethiopia Commits to Execute Novel Oral Polio Vaccine type 2 (nOPV2) Vaccination Campaign

Aiming to respond to the cVDPV outbreaks, the MoH in collaboration with EPHI and immunization partners has planned to conduct a nationwide vaccination campaign to give Novel oral polio vaccine type 2 (nOPV2) against circulating vaccine-derived poliovirus type 2. The vaccination campaign has targeted all children under 5 years of age and planned to be held from October 22 to 25 2021. The nOPV2 is a vaccine listed under emergency use listing (EUL).

According to the MoH, the campaign launching will be integrated with the annual commemoration of World Polio Day (WPD), which is an opportunity to advocate routine immunization, addresses issues related to the current cVDPV outbreaks, and reaffirms the commitment and support of government, political leaders, and partners for the immunization program all over the country.

The launching is planned for the 22nd October 2021. In this connection, the Ministry of Health has called the support and

collaboration of all immunization partners for their commitment to promptly stop the ongoing cVDPV2 circulation and ensure the safety of this new vaccine. Refresher training will be organized for all immunization partners who took part in the upcoming campaign. The CORE Group Polio Project Ethiopia has assigned technical and logistics to support the campaign in its implementation areas.

CORE Group Polio Project Ethiopia has assigned technical and logistics to support the campaign in its program implementation areas.



CGPP with MoH and UNICEF Organizes Basic Vaccinology Training

The CGPP Ethiopia Secretariat together with MoH and UNICEF organized the 2nd round “Basic Vaccinology training” from September 20 to 24, 2021 in Bishoftu town. The 23 participants of the training were immunization experts from the Ministry of Health, Ethiopian Pharmaceutical Supplies Agency (EPSA), the Ethiopian Food and Drug Administration (EFDA), the regional health bureaus of Amhara, Oromiya, Gambella, Benishangul Gumuz, Dire Dawa, Harari, Addis Ababa, Afar, and Somali

regions, and the CGPP Ethiopia implementing partners offices i.e. Pastoralist Concern, Ethiopian Evangelical Church Mekane Yesus and Organization for Welfare and Development in Action.

In the five days training, basic courses of vaccinology were delivered by high-level immunization and vaccinology experts from Ethiopian Public Health Institute and other immunization partners’ offices.

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EDITORIAL —

Introduction of nOPV2 for Polio Outbreak Response

By Filimona Bisrat (MD, MPH),

CGPP Ethiopia Secretariat Director and Senior Regional Technical Advisor

Since 1988, the world has made incredible progress in the global effort to eradicate polio, with wild polio cases dropping by 99.9%. However, even though the Wild poliovirus types 2 and 3 has been eradicated, type 1 wild polio is still endemic in two countries - Pakistan and Afghanistan.

In 2020, 1,037 cases of cVDPV2 was confirmed from 24 countries (data as of 3 March 2021). The African Region (including Ethiopia) scores the highest number of cases and countries reported from the Eastern Mediterranean regions, Europe, and the Western Pacific. The number of cVDPV cases and environmental samples increased in 2020 compared to 2019. As a result, there is an increasing public health emergency due to circulating vaccine-derived poliovirus type 2 (cVDPV2).

These outbreaks are driven by several factors, including low-quality polio outbreak response; declining immunity in young children to the type 2 virus after countries switched from trivalent to bivalent oral polio vaccine (bOPV) for routine immunization in 2016; and insufficient routine immunization coverage. In addition, in 2020, the COVID-19 paused house-to-house polio campaigns, which further hindered efforts to stop transmission across affected countries.

In 2020, the Global Polio Eradication Initiative (GPEI) launched a new strategy for circulating vaccine-derived poliovirus type 2 (cVDPV2) outbreak response as part of the Polio Eradication and Endgame Strategy. Included in this strategy is the implementation of a new tool for cVDPV2 outbreak response: i.e. novel oral polio vaccine type 2 (nOPV2), a modification of the existing oral polio vaccine type 2 (OPV2). Clinical trials have shown that

nOPV2 provides comparable protection against poliovirus while being more genetically stable, which means it is less likely to revert to a form that can cause paralysis in children who have not been sufficiently immunized.

Following careful review of the safety and genetic stability data from mass immunization campaigns conducted with the nOPV2, WHO's independent Global Advisory Committee on Vaccine Safety (GACVS) and SAGE confirmed that there were no major safety concerns associated with nOPV2. Then, they confirmed after reviewing data from campaigns that used more than 100 million doses have been administered to children across seven countries. Therefore, polio remains a Public Health Emergency of International Concern (PHEIC) under International Health Regulations, enabling nOPV2's continued use through Emergency Use List (EUL).

Ethiopia is affected by the cVDPV2 outbreak, hence stopping this transmission; the National Immunization Technical Advisory Group (NITAG) recommended using nOPV2 and approved by the Inter-agency Coordination Committee (ICC). So, preparation has been done for a long time and now it is reached to vaccinate the children under the mass campaign. The campaign is planned from October 22 - 25, 2021 nationwide.

However, the best way to minimize the risk of polio infection is to maintain strong population immunity levels through high vaccination coverage in the first year of life of children with three doses of OPV and strong disease surveillance system to detect polio cases rapidly. In addition, it is important to make sure that no child is left behind without vaccination.

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CGPP Global Director Mr. Frank Conlon Announces Retirement



After over a decade of candid leadership, passion, and wisdom have accelerated dedicated service to the the many successes achieved by the polio eradication CORE Group Polio Project activities of CGPP Ethiopia. The smooth functioning of (CGPP), Mr. Frank Conlon Director at the CGPP Global the organization in both technical and financial matters Office announced his and beyond is evidence that Frank made it a priority to retirement. Mr. Frank Conlon give generously of his time and experience. retired as of August 2021. He The CGPP Ethiopia team will miss Mr. Frank Conlon and stepped into his position as a never forget his contributions and support. Director of CGPP in 2010.

Ms. Susan Otchere, Senior Director of the health team at the World Vision US is appointed as an interim director of CGPP after Frank's retirement.

For the past eleven years, Frank has played an instrumental role in the polio eradication and immunization activities of CGPP all over the world. His leadership, advice, and direction in technical and financial matters have made him an incredibly valuable director to CGPP.

The CGPP Ethiopia appreciates and highly recognizes the benefits gained from his strong reputation for leading the organization in direct and intelligent manner. Frank's

Congratulations Frank! and Happy Retirement!



Mr. Frank Conlon (in the middle) paused for a group photo during his last visit to Ethiopia, Gambella Region March 2020

CGPP Ethiopia Held its Annual Staff Retreat for the Year 2021

The CGPP Ethiopia Secretariat office conducted its annual staff retreat program from August 30 to September 4, 2021, in Dire Dawa town. On the retreat program, all the 16 secretariat staff members including the newly recruited polio transition advocacy advisor and research advisor attended.

During the five-day-long retreat, the Secretariat 9 months achievements and financial utilization of 2021 were presented and discussed. Besides, the draft Fiscal Year 2022 activities and budget plan were presented and reviewed. Furthermore, draft research articles on Community Volunteers contribution; one health approach; eVDPV outbreak investigation and response; the CGPP experience on the use of mHealth; and a study on Knowledge, Attitude, and Practice of Mothers/caretakers

on childhood immunization, were reviewed. A Critical appraisal of research reports was also presented by the research advisor. The team also reviewed a referral card/slip which was drafted as a new initiative to facilitate and follow up the community volunteers' newborn tracing, pregnant mothers identification, and defaulters tracing activities. The draft referral card is planned to be piloted in one of the CGPP Ethiopia implementations woredas. On the other hand, a field visit was conducted at Sitti zone Aysha Dewale Woreda which is 230 kilometers away from Dire Dawa. During the visit, the Aysha Woreda Health Facilities, the Woreda health office, and the vaccination crossing point at the Ethio Djibouti border were visited.



POLIO CORNER

Summary of AFP Surveillance indicators by Region Jan 01 – Oct 08, 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 Coverage (%)
A ABABA	17	20	17	0	3	2.5	90	100
AFAR	21	22	19	0	2.7	2.3	100	100
AMHARA	201	224	144	3	2.8	2	97	100
B/GUMUZ	14	22	9	0	4	1.9	91	100
D/DAWA	4	10	2	0	6.3	1.3	100	100
GAMBELLA	7	11	4	0	4	1.4	82	100
HARERI	2	5	1	0	6.3	1.3	80	100
OROMIA	402	481	248	7	3	1.6	92	100

Updates on the CGPP Cross Border Activities

The CGPP-GHS Project Ethiopia in collaboration with its program implementing partners The Ethiopian Orthodox Church (EOC) and Save the Children (SCI) organized a cross border follow-up meeting for Ethiopia and Kenya in Ethiopian Moyale town from August 11 to 12, 2021.

A total of 52 participants from the World Health Organization (WHO), Intergovernmental Authority on Development (IGAD), Help Ethiopia Address Low TB Performance (HEAL TB), EOC, SCI the CGPP Ethiopia secretariat, and the zonal government offices staff from the Ethiopia side, and; World Vision Kenya (WVK), International Rescue Committee Kenya (IRCK), Adventist Development and Relief Agency Kenya (ADRAK) CRS and the CGP-GHS Project Kenya secretariat; from the Kenyan side attended the meeting.

The attendees also visited one health center and one health post in Borena zone of the Oromiya region. The

two countries shared information on the status of activities at the crossing points and updated contact information of stakeholders of the cross-border activities of both countries.

Similarly, the CGPP Ethiopia Secretariat organized a consultative meeting for crossing point vaccination activities in Siti zone Aysha Woreda. The meeting was held on September 28, 2021, at Dire Dawa town. The 20 participants of the meeting were from the Security office, the Immigration Bureau, Regional Health Bureau, Aysha and Dembel Woreda health offices, Dewale health center, Catholic Relief Services (CRS), and Harargae Catholic Secretariat (HCS).

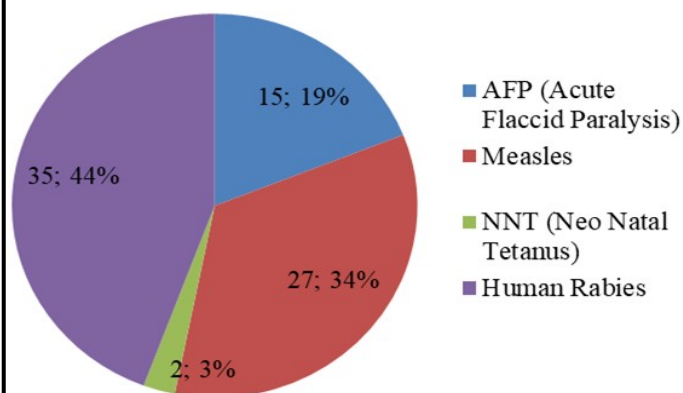
In the meeting, discussions on the status of cross border vaccination points and strengthening collaboration with stakeholders were discussed. Action points were identified and forwarded for future implementation of the crossing points activities.



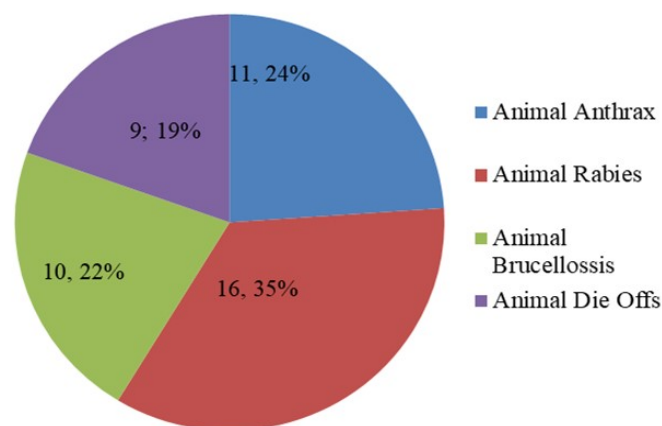
SURVEILLANCE AND SUPERVISION UPDATES

Human and Animal Disease Cases Reported through ODK from CGPP implementation Areas (July 1 to September 30, 2021)

Human Disease Cases Reported.
Total number of cases = 79



PZDs/Animal Disease Cases Reported.
Total number of cases = 46



Facility level Supportive supervision field visits conducted by CGPP Secretariat and implementing partners (July 1/2021 to September 30/2021)

Region	Number of Health Facilities Visited				
	Hospitals	Health Centers	Health Posts	Animal Health Clinics	TOTAL
Benishangul Gumuz	1	8	64	0	73
Gambella	0	3	3	1	7
Oromia	0	22	71	0	93
SNNP	2	23	106	0	131
Somali	1	43	149	5	198
TOTAL	4	99	393	6	502

Ethiopia COVID – 19 Updates

Total Number of Reported Cases in Ethiopia- September 30, 2021

Laboratory test → 3,474,018
 Active cases → 27,284
 Total recovered → 345,674
 Total deaths → 5,582
 Total Cases → 312,806
 Total Vaccinated → 2,853,785



RESEARCH CORNER

Experiences from the field

MATERNAL SATISFACTION AND ASSOCIATED FACTORS TOWARDS CHILDHOOD IMMUNIZATION SERVICES IN KELAFO WOREDA, SOMALI REGIONAL STATE, EASTERN ETHIOPIA

By: *ABDIRAHIM TAHIR KASSIM, Zonal Coordinator, CGPP/OWDA, Shebele Zone*

BACKGROUND:

Maternal satisfaction is one of the most frequently used outcome measures for quality of care, and it needs to be addressed to improve the quality and efficiency of health care service provision within the health care delivery system. It provides important feedback on how the service is functioning according to clients' perceptions and what changes might be required to meet clients' expectations.



Figure 1. Aerial map of Somali Region

STUDY OBJECTIVES

the objectives of the study were to assess maternal satisfaction and associated factors towards childhood immunization services in Kelafo District/Woreda, Shabelle Zone, Somali Regional State, Eastern Ethiopia, 2021.

METHODS :

Health facility-based Cross-sectional study was conducted in Kelafo Woreda which is one of the implementation Woredas of CGPP. A multi-stage sampling technique was used to include studied respondents until the required sample size of 420 mothers/caretakers was reached. Data were collected using pre-tested client exit interviews with structured questionnaires. Cleaned data was thoroughly coded and entered into EpiData version 3.1 and was exported and analyzed by using SPSS window version 23. The relationship between the dependent and independent variables was determined using bivariable and multivariable logistic regression analysis, and variables with a p -value of less than 0.05 and an AOR with a 95% confidence interval were considered to have a significant association with maternal satisfaction.

RESULTS :

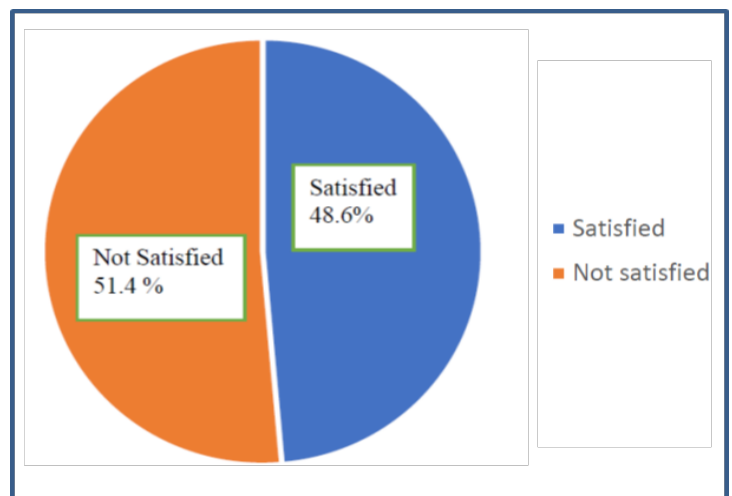


Figure 2. Overall level of maternal satisfaction with childhood immunization services



RESEARCH CORNER

Experiences from the field

Table 1. Process-related factors for mothers whose children receiving immunization service

VARIABLES	CATEGOREIS	FREQUENCY	PERCENTAGE
Was happy when your child vaccinated	Yes	416	99.0
	No	4	1.0
Greeted by health service provider/ health team	Yes	295	70.2
	No	125	29.8
Received information about the current vaccine	Yes	224	53.3
	No	196	46.7
Told the type of the vaccine your child taken	Yes	139	33.1
	No	181	66.9
Briefed on the dose of the vaccine your child was given	Yes	101	24.0
	No	319	76.0
Informed about the next immunization schedule	Yes	361	86.0
	No	59	14.0
Child developed a problem after vaccination	Yes	48	11.4
	No	372	88.6

According to the findings of this study, 48.6% of mothers was satisfied with childhood immunization services.

About 42.6% mothers heard information on EPI target diseases while majority of (83.3%) mothers know some EPI target diseases. Of all parents, 76.9% said that vaccination would protect their children from serious diseases. Responders (85%) agree that all children should be fully vaccinated, about 55.3% of the mothers do not know exactly the immunization appointment. Approximately 81% of the participants stated, the walking distance between their home and the children's immunization center was less than 15 minutes. About 76% and 66.9%, said that health care providers did not inform them about the dose and type of vaccine given to their

child. And, 88.6% of the study subjects reported no problems following immunization, according to the parents who participated in the study .

CONCLUSIONS AND RECOMMENDATIONS

Findings showed that less than half of the mothers were satisfied with the immunization service provided, according to the study. Mother's knowledge, time to reach nearby health facilities, information on the current vaccine, type of vaccine, and dose of the vaccine was low. However, further efforts should be made to improve immunization service spending time, and providing immunization information and communication is also recommended to improve mothers' satisfaction with childhood immunization services.

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



Meet our Community Volunteers:

Arbelo Arbala, South Omo Zone, Hammer

Mr. Arbelo Arbala is one of the CGPP Community Volunteers (CVs) working at the Hammer Woreda of South Omo Zone, SNNP Region. Arbelo has been working as a CV for over three years now. Arbelo is 32 years old, married with two fully vaccinated and healthy children.

South Omo Zone is one of the implementation areas of CGPP through its program implementation partner Amref Health Africa. Mr. Hailu said, *“By being a community volunteer, I am not only serving the community but I am also benefited because all my challenges of accessing health information and lack of knowledge about immunization, personal hygiene, sanitation and other human and animal diseases are become elucidated by the training provided for me other volunteer colleagues by CGPP/Amref.”*

program area who is committed to serving the community.

Arbelo believed that his service to the community brought changes that he witnessed an improvement in the health status of his family and the community in his village. Besides, the knowledge and attitude of the community towards immunization are improved, and the health service-seeking behavior of the community also increased. Furthermore, he said that the community becomes satisfied as a result of the number of animal deaths reduced following the awareness and mobilization activities conducted by him and other CV colleagues.

The Health Extension Workers and community members also confirmed that he is great support for the health service provided by the health facilities and also helps the community to solve problems related to both human and animal health issues.



Arbelo Arbalo conducting health education to the community using PZDs posters provided by CGPP

After being recruited as a CV by Amref and government health bodies, Arbelo has attended the three days Community Based Surveillance training and was supported with refresher training and supportive supervision from Amref and the CGPP program staff members. He said, *“the knowledge I gained from the training made me become actively involved in community mobilization, health education, and surveillance activities for both childhood immunization and priority zoonotic diseases.”* According to the testimony by CGPP/Amref field staff members, Arbelo is one of the active volunteers in our

Recently, the two suspected AFP cases which were identified and reported by his team made him more encouraged to search and report cases. Arbelo expressed his commitment that *“I will continue working closely with HEWs and his CV colleagues for the betterment of both human and animal health.”*

Story and Picture Credit: Mekit Ketema, CGPP/Amref Health Africa, South Omo Zone

Edited by: Bethelehem Asegedew CGPP Secretariat