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THE NEWSLETTER

THE CORE GROUP POLIO PROJECT ETHIOPIA SECRETARIAT QUARTERLY NEWSLETTER

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Ethiopia launches the COVID-19 vaccination campaign

Left to right: Social mobilization poster at one of the vaccination sites in Addis Ababa and vaccination in Gambella Region

Ethiopia launched the 2nd round national COVID-19 vaccination campaign which lasted approximately two weeks between February 14 and March 1, 2022. According to the Ministry of Health Ethiopia, including the 14 million people who received vaccination through this round, more than 20 million people have been so far vaccinated in the country. The Ministry has deployed Sinopharm, AstraZeneca, Johnson & Johnson/ Janssen vaccines for this campaign. The campaign targeted to vaccinate people aged 12 years and above.

CGPP Ethiopia has supported the planning, coordination, and implementation of this campaign by deploying experts for technical support, supervision, and monitoring in its program implementation areas and in the capital Addis Ababa. Furthermore, with the fund obtained from United Nation Foundation, CGPP has also provided technical and financial contributions to the communication and demand generation activities including covering transmission costs of a COVID-19 vaccination campaign radio spots on AHADU FM Radio station twice a day for seven consecutive days and advocacy and sensitization workshop on COVID-19 vaccination campaign for religious leaders in Gambella Region.

CGPP Ethiopia and Kenya holds cross-border coordination meeting

Aiming at enhancing the cross-border integration to reduce vulnerability of pastoralist communities, living in border areas, due to infectious diseases threats and increase their resilience to both human (Vaccine-Preventable Diseases) and animal health diseases (Priority Zoonotic Diseases) through cross-border strategies; the CGPP-GHS Kenya and Ethiopia offices have organized a two days joint Coordination meeting on March 8 to 9, 2022 at the border town of Moyale in Marsabit county.

The two days long meeting was opened by the Marsabit county veterinary surveillance Director.

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EDITORIAL —

SCALING UP CROSS-BORDER HEALTH INITIATIVES FOR BETTER IMMUNIZATION OUTCOMES

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

Populations living in the areas along the international borders have socio-cultural connectedness. Furthermore, the porous nature of the border areas expedites the movement of people, animals, vehicles, and goods through formal and informal crossing points. These unrestricted crossing points serve as potential transmission routes for wild poliovirus (WPV) and other diseases. Ethiopia has been affected by the importation of WPV endemic outbreaks due to the subsequent cross-border transmission on various occasions, which have been aggravated by weak or insufficient routine immunization systems and suboptimal surveillance activities.

Countries in the Horn of Africa have previous experiences of providing synchronized immunization/polio campaigns with bordering countries. However, these countries have not conducted joint polio campaigns during the past few years. Cross-border planning, synchronization, and implementation of activities are critical for addressing high -risk mobile and migrant sub-populations to address the common highly transmitted diseases.

The CORE Group Polio Project (CGPP) Secretariat has observed that border kebeles, woredas, and zones are vulnerable to cross-border polio transmission. In this respect, the Secretariat identified gaps in cross-border health initiative and designed intervention strategies with the involvement of the community and key stakeholders, emphasizing the control of cross-border transmission of polio.

Identifying and mapping crossing points are vital to detect the exact location of the formal and informal transition sites. Accordingly, the CGPP Secretariat initiated crossing points, mapped and labelled them by GPS; and, out of the 43 CGPP implementation woredas, 35 bordering Woredas were mapped. In this exercise, a total of 112 crossing points (37 formal and 75 informal crossing points) were identified. Through, discussion with the local government, the project have established committees at the kebele level, comprised different sectors such as health, security, administration, community, customs, and others. Besides, CGPP has provided orientation training to all cross-border members at the local level. Consultative meetings have also been conducted with the local cross-border committees and other relevant stakeholders. Consequently, with discussion and agreement of local administration and health facilities, nine permanent transit point vaccination sites have been established. During the fiscal year 2021, about 2,377 children have been vaccinated and in the first quarter of the fiscal year 2022, 1,699 children were vaccinated. This effort has greatly helped to limit the risk of the spread of the WPV from infected to non-infected areas and the immunity level of the target children from inaccessible areas were improved.

Regular cross-border meetings have been conducted between Ethiopia and Kenya, in which information on cross-border activities were shared between the two countries. Furthermore, adjacent districts/woredas have jointly organized meetings at the local level and exchanged data and information. However, the synchronization of the cross-border activities was not reached the expected goal, especially in other neighboring countries such as Djibouti, Somaliland, South Sudan, and Somalia due to a lack of NGOs working along the border areas.

Therefore, considering the existing situation at cross border areas, due focus should be given to interventions on awareness-raising of women, families, and communities through targeted communication interventions to enhance community and stakeholders' participation. Furthermore, the health extension workers and community volunteers should receive appropriate training and regular supportive supervision to motivate and strengthen their engagement. In consultation with the Government, it is important to design and implement strategies to improve accessibility and quality of immunization and targeted diseases detection and establish and/or strengthen cross border collaboration to control cross border polio and other targeted diseases transmission.

Ethiopia celebrates the national one health day in Addis Ababa

Ethiopia has commemorated the national "one health" celebration on January 18, 2022, in Addis Ababa. The national Day has been celebrated in the presence of government and non-governmental organizations and higher officials in panel discussions and photo exhibitions. The one health event was celebrated globally for the 6th time and nationally for the 4th round.

Opening the occasion, the Minister of Health Ethiopia, Dr. Lia Taddese said that the One Health is an approach aimed at integrating human, animal, and environmental health for improvement, and sustainability. Moreover, Lia has expressed her appreciation for the organizations that are working together for the one health.

CGPP Ethiopia secretariat has provided banners and roll-up stands for one health day celebration, and distributed 100 t-shirts with caps for the participants of the event. Furthermore, CGPP has exhibited its activities at the spot of the National One Health Day Celebration event. The event was organized at the premises of the Ethiopian Public Health Institute (EPHI).

Photo credit: Walta info.

Introducing the Our new Chief of Party

It gives us immense pleasure to announce that Dr. Hibret Tilahun has joined the CORE Group Polio Project Global office in the position of Chief of Party (Project Director) effective February 1st, 2022. Dr. Hibret brings over a decade of work experience in public health in reputed organizations. He has played an instrumental role in enriching the organizations and bringing them to success. We hope that Dr. Hibret shall implement his great leadership experience and professional skills that would benefit our organization.

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.

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POLIO CORNER

The latest on the battle to eradicate polio

Summary of AFP Surveillance indicators by Region , Ethiopia
Jan 01 – Apr 08, 2022

Region	Expected Cases (2022)	Reported (this period 2022)	Reported (same period 2021)	Reported this Week	NP-AFP Rate (annualized) 2022	NP-AFP Rate (annualized) 2021	Stool Adequacy (%)	Stool Cond. (%)	NPENT (%)	Compatibles	VDPV Cases	WPV Cases
A ABABA	20	6	5	0	2.2	2.2	100	100	0	0	0	0
AFAR	21	4	7	0	1.4	2.5	100	100	0	0	0	0
AMHARA	205	79	78	10	2.9	2.9	100	100	5.3	0	0	0
B/GUMUZ	11	7	4	2	4.7	2.1	100	100	0	0	0	0
D/DAWA	4	0	1	0	0	1.9	0	0	0	0	0	0
GAMBELLA	7	0	6	0	0	6.4	0	0	0	0	0	0
HARERI	2	1	0	0	3.7	0	100	100	0	0	0	0
OROMIA	418	118	122	15	2.1	2.3	94	100	8.3	0	0	0
Sidama	56	15	19	2	2	2.8	100	100	0.0	0	0	0
SNNPR	141	48	45	9	2.5	2	96	95	2.9	0	0	0
SOMALI	68	26	37	7	2.8	4.2	100	100	6.4	0	0	0
South West	36	18	0	6	3.7	0	94	100	0	0	0	0
TIGRAY	53	0	1	0	0	0.1	0	0	0	0	0	0
NATIONAL	1042	322	325	51	2.3	2.4	97	99	5.5	0	0	0

Week 14, 2022

World Health Organization

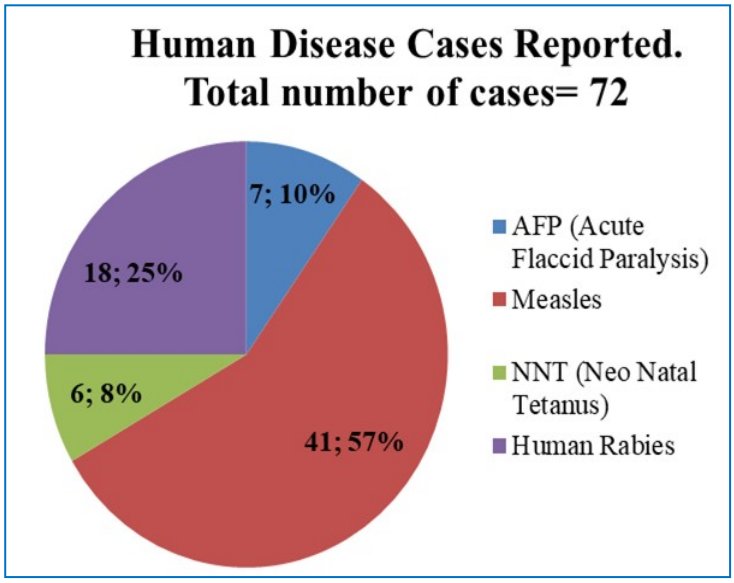
CGPP executes cross border consultative meetings in Gambella Region

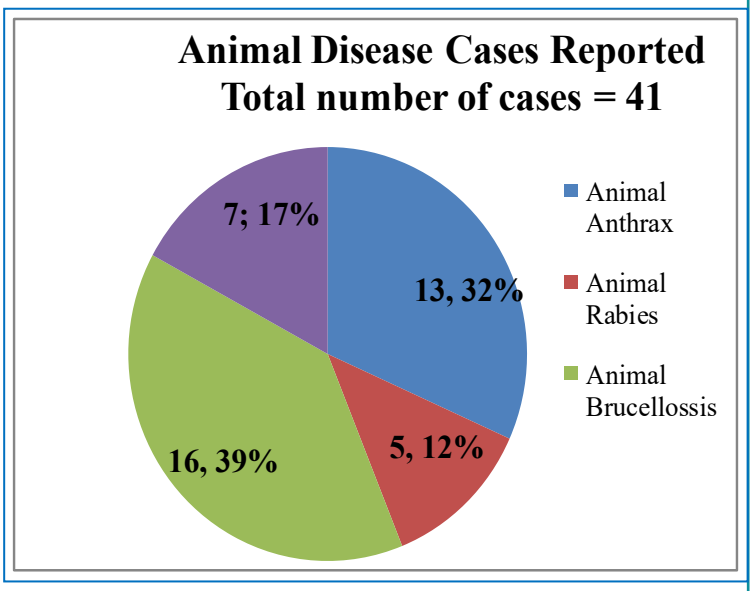
CGPP Secretariat office with its program-implementing partner Ethiopian Evangelical Church MechaneEysus has organized a consultative meeting in Gambella Region from March 17 to 18, 2022. The meeting was aimed at strengthening and improving the cross-border collaboration between partner organizations working on public health and livestock in the Gambella region. It was also aimed at improving the supplemental and routine immunization coverage and surveillance of priority zoonotic diseases and vaccine-preventable diseases among the cross-border communities.

About 42 participants comprised from the Regional and Woreda health bureaus, regional livestock and fishery bureau, Woreda security offices, and health facilities that intervene in the transit vaccination points attended the meeting. The CGPP Secretariat presented updates on the cross-border and transit point vaccination activities. Moreover, the activity performance of the four cross-border vaccination points was reviewed. Revitalization and re-planning activities were also done and action points were forwarded as the next priorities.

SURVEILLANCE AND SUPERVISION UPDATES

Human and Animal Disease Cases Reported through ODK from CGPP implementation Areas (January 1 to March 31, 2022)





Facility level supportive supervision field visits conducted by CGPP Secretariat and implementing partners *(January 1/2021 to March 31/2022)*

Region	*Number of Health Facilities Visited*				
	Hospitals	*Health Centers*	*Health Posts*	*Animal Health Clinics/other*	*TOTAL*
Benishangul Gumuz	0	13	60	0	73
Gambella	0	11	16	4	31
Oromia	0	21	40	7	68
SNNP	1	15	59	1	76
Somali	0	39	87	1	127
TOTAL	*1*	*99*	*262*	*13*	*375*

Ethiopia COVID – 19 Updates

Total Number of Reported Cases in Ethiopia- ***Updated on March 31, 2022***

- **Laboratory test → 4,658,482**
- **Active cases → 19,433**
- **Total cases → 469, 758**
- **Total deaths → 7,497**
- **Total recovery → 442,826**
- **Total Vaccinated → 24,534,697**

Source: FMoH Ethiopia

RESEARCH CORNER

Experiences from the field

RESPONSE TO AN OUTBREAK OF CIRCULATING VACCINE DERIVED POLIO VIRUS TYPE 2 IN DOLO ZONE, SOMALI REGION, ETHIOPIA

INTRODUCTION: The administration of the oral polio vaccine (OPV) has protected millions of children from paralysis. In under-immunized communities, the live, weakened virus originally contained in OPV can genetically revert into a form that can cause paralysis known as vaccine-derived poliovirus (VDPV). In Ethiopia, polioviruses isolated from three AFP patients are genetically related to the sewage samples from Banadir, Province of Somalia. Four new cVDPV2 emergences (ETH-ORO-1, ETH-ORO-2, ETH-ORO-3, and ETH-SOM-1) were confirmed from 15 AFP patients and through environmental surveillance in Addis Ababa and the Somali region.

Due to the confirmation of cVDPV2 in Bokh, outbreak response was carried out in the same way as for wild poliovirus outbreaks using monovalent OPV type 2 (mOPV2) to rapidly boost population immunity and stop the circulating the outbreak. The purpose of this study is to assess the response to the circulating vaccine-derived poliovirus type 2 outbreak in Dolo Zone, Somali Region, Ethiopia.

METHODS: The study described the vaccine-derived poliovirus (VDPV2) response in Dolo Zone, Somali Region, Ethiopia. The study analyzed secondary data collected in the rapid response, supplementary immunization activity within the Zone to determine the mOPV2 vaccination coverage in May, August, and September 2019.

RESULTS: Following the verification of the cVDPV2 outbreak, a team at the *Woreda*/district, Zone, Region, the MOH, and other polio partners initiated the rapid response to immunize all children between the ages of 0 to 59 months of age, first in the Dolo zone. The House-to-House visit was the preferred strategy to achieve the objective of reaching all target children. In addition, the team visited Quran schools, Kindergartens, Hospitals, Health Centers, water points, streets, markets, and border crossing points to maximize immunizing more children.

In the first rapid-response immunization campaign 60,917 children (91.4% and 90.2% of children in the age group between 0-11 and 12-59 months, respectively) have been vaccinated. The coverage ranged from 70% (in Lehelyub) to about 97% (in Galadi) for children aged 0-11 months. The immunization coverage for children aged 12-59 months ranged between 83% (in Wardher) to 94% (in Bokh and Galhamur) districts. (Table 1).

Similarly, the second round of supplementary immunization was introduced a month later. The average coverage during this SIA-1 was 88% and 97% of children in the age group between 0-11 and 12-59 months, respectively. The average immunization coverage for SIA-2 for 0-11months of children was 94.8%, while for 12-59 months, it was 97.6%. The coverage for 0-11 months, ranged between 57 and 100% for SIA-1, and 87.5% to 100.0% for children 12-59 months. The immunization coverage for children aged 12 -59 months ranged between 92-100% for SIA-1 and SIA-2 (Table 1).

Although the outbreak response gave children a supplement to a previous vaccination, it also gave the mOPV2 immunization for the first time in three preventive rounds. During the rapid response, the study found that about 17% of children aged 0-11 months received vaccination for the first time. This first-time vaccination was as high as 55% in Bokh, about 16% in Warder, and 13% in Daratole. The average first-time coverage goes down to 4.7 in the SIA-1 and 3.3 in SIA-2 (Fig 2).

RESEARCH CORNER

Experiences from the field

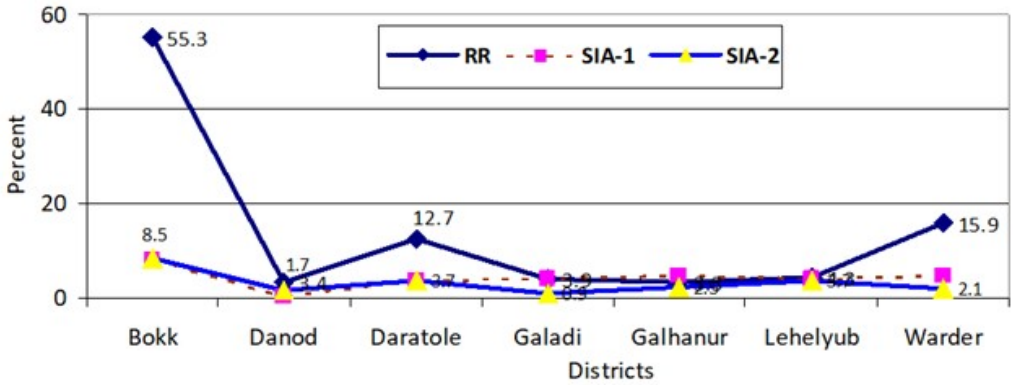
Although few children aged 12-59 months received first-time vaccination, the study found an average of 1.6% in the first rapid response, 0.6% in the SIA-1, and 0.2% in the SIA-2. The magnitude of first-time vaccination during the rapid response round among 12-59 months was 3.2% in Lebeyub and 2.9% in Bokh districts. The coverage of first-time vaccination during the SIA-1 was still high among 12-59 months, especially in Bokh, with a 1.8%. However, coverage of first-time vaccination reduced to be below 1% in the SIA-2.

The independent monitoring group from Jigjiga University found that 80% of children had a fingermark that showed they had been vaccinated against poliovirus type 2, and about 88% of their care providers of children were aware of the immunization campaign. The vaccination coverage rate was as low as 63% in Danot and as high as 92% in Bokh Woreda. Moreover, caregivers' awareness of the campaign's presence was adequate; which was 85% in Danoot and 92% in Bokh, where the outbreak occurred.

Table 1. Vaccination coverage children 0-59 months during a rapid response, SIA -1, SIA-2 in Dollo Zone, Somalia region, Ethiopia

Woreda	Target (0-11 months)	Rapid response No. (%)	SIA-1 No. (%)	SIA-2 No (%)	Target (12-59 months)	Rapid Response No. (%)	SIA-1 No. (%)	SIA-2 No. (%)
Bokh	3,709	3,469(93.5)	3,709 (100.0)	3296 (88.9)	14.030	13,248(94.4)	12,909 (92.0)	14,030 (100.0)
Danod	2,329	2,079(89.3)	1,816 (78.0)	2329 (100.0)	9,452	7,902(83.6)	8,867 (93.8)	9,452 (100.0)
Daratole	1,111	1,034(93.1)	640 (57.6)	1,001 (90.1)	4,628	4,138(89.4)	4,629 (100.0)	4,295 (92.8)
Galadi	4,574	4,422(96.7)	4,272 (93.4)	4,490 (98.2)	18,138	16,747(92.3)	18,138 (100.0)	17,205 (94.9)
Galhamur	1,806	1,688(93.5)	1,449 (80.2)	1,700 (94.1)	7,066	6,671(94.4)	7,066 (100.0)	6,710 (95.0)
Lehelyub	1,635	1,159 (70.9)	1,635 (100.0)	1,431 (87.5)	4,648	4,247(91.4)	4,382 (94.3)	4,648 (100.0)
Warder	2,321	2,137 (92.1)	1,869 (80.5)	2,321 (100.0)	9,555	7,964(83.3)	9,467 (99.1)	9,555 (100.0)
Zonal Total	**17,484**	**15,988 (91.4)**	**15,390 (88.0)**	**16,568 (94.8)**	**67,517**	**60,917(90.2)**	**65,457 (96.9)**	**65,895 (97.6)**

The study illustrates the community surveillance of acute flaccid paralysis in the Zone during the three rounds of the outbreak response. During the rapid response immunization, the surveillance found four AFP cases: two cases in Bokh, one in Galadi, and another in Galhanur. Similarly, it found two cases in SIA-1, one in Bokh and another in Lehelyub, and the other two additional cases in SIA-2, in Galadi and Warder.



CONCLUSION AND RECOMMENDATION:

The response to the circulating vaccine-driven poliovirus type 2 outbreak in Bokh district has shown the flow of actions to stop the outbreak. Strengthening and formation of response teams at different levels of administrative localities, resource mobilization, advocacy, and social mobilization were essential components that maximized the response to hinder the poliovirus epidemic. The researchers want to recommend the existence of community-level outbreak preparedness and rapid response team at all levels of the administration that should strengthen the expanded immunization program and the surveillance system in the community.

CGPP Ethiopia and Kenya holds cross border coordination meeting

Continued from page 1

In his address, the Director mentioned the importance of integrating humans, animals, plants, and environmental health and the need for collaboration and an intersectoral approach to strengthening surveillance for the vaccine-preventable childhood diseases and priority zoonotic diseases at borders, as well as at the high-risk CGPP-GHS implementing areas in both countries.

In his keynote address, Dr. Filimona Bisrat, Director of CGPP Ethiopia and Senior Technical Advisor for the HoA appreciated the support provided by donors for the integration of CGPP-GHS projects. He said countries in the Horn of Africa have already exercised cross-border CGPP-GHS activities and mapped the crossing points, identified health facilities within a 10kms radius of the crossing points, and, assigned focal persons and set monitoring mechanisms. He finalized his speech by stressing the need for working together at cross borders to actualize polio eradication and control of priority zoonotic diseases.

Dr. Mathew Mutiiria from the Kenyan Ministry of Health presented updates on the establishment of the Zoonotic Disease Unit (ZDU)in 2012 under the ministry of health (Kenya). He said, the unit was established to overcome the epidemic of zoonotic diseases such as rabies, anthrax, brucellosis. He also presented the unit's organizational structure, strategic plan, and approaches to one health implementation.

Representative from UNICEF also spoke about the importance of the one health approach and promised to strengthen the support for enhancing routine immunization specifically at the identified crossing points between Ethiopia and Kenya.

The experiences of CGPP Ethiopia and Kenya Secretariats on the cross-border health coordination were presented by Dr. Muluken Assres, GHS advisor of CGPP Ethiopia. In his presentation, Dr. Muluken addressed the objectives of cross-border health coordination, existing challenges, and recommended action needed to strengthen the collaboration. He also mentioned major achievements related to cross-border health activities in both countries.

On the second day of the coordination meeting, presentations were delivered by the CGPP program implementing partners from both countries such as representatives from Mandera, Marsabit, Wajir Counties of Kenya, and EOC-DICAC and Save the Children from the Ethiopia side. Accordingly, all partners briefly presented recent quarter and One Health-related activity, successes, challenges, and future priority areas.

Finally, a discussion was made among partners from Kenya and Ethiopia on how to strengthen cross-border activities in Ethiopia and Kenya. Consequently, the chair and deputy chairpersons were elected from both Kenyan and Ethiopian partners. It was also agreed to conduct monthly virtual and quarterly physical meetings at selected sites. The meeting was concluded by identifying action points and modalities to implement the activities as per the action points. A total of 25 participants attended the coordination meeting.

Upcoming events

CGPP Partners Mid-Year Review and Planning Meeting will be held from May 10-13, 2022