

#### ETHIOPIA COUNTRY OFFICE

# **POLIO Eradication in ETHIOPIA**

Progress in 2014

UPDATE ETHIOPIA

## CONTEXT

A wild polio virus (WPV) outbreak was confirmed in the Horn of Africa (Somalia) in April 2013. Ethiopia confirmed 10 WPV cases since the onset of the outbreak; the first case has onset of paralysis on 10 July 2013; all cases have been confined to Dollo zone of Somali Region.

The area affected by the outbreak has a large pastoralist population with hard to reach areas, insecurity, weak infrastructure and communication.

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Prior to the current outbreak, repeated WPV importations from Sudan, Somalia and South Sudan occurred in 2004, 2005, 2006 and 2008. Ethiopia reported its last indigenous WPV case in December 2001.



FIGURE 1

Polio vaccination campaign - Jijiga, Somali Region, October 2013



FIGURE\_2

#### Polio vaccination campaign - Somali Region, 2014

## **KEY ACHIEVEMENTS**

- More than 13 months have passed since the onset of the most recent case of WPV in January 2014. The outbreak has been confined to Dollo zone.
- 13 polio vaccination campaigns have been completed since the onset of the outbreak (9 SNIDs and 4 NIDs ... over 72 million doses of OPV administered)
- Over 65,000 children under 15 years of age have been vaccinated at permanent crossborder vaccination posts in the Somali region.
- Command posts have been established at national, regional and zonal levels enhancing communication, decision making and outbreak response implementation.
- Innovative strategies to reach and vaccinate nomadic populations have been employed including use of clan leaders as part of social mobilization efforts and as part of vaccination teams
- Cross-border collaborations have been enhanced in the Horn of Africa.
- Use Lot Quality Assurance Survey (LQAS) in high risk zones of Somali Region as a way to improve accuracy of campaign coverage
- Establishment and development of an operational base in the outbreak zone
- Continued support for Routine Immunization improvement plan implementation through polio eradication.
- Surveillance for acute flaccid paralysis (AFP) has been strengthened since the start of the outbreak. 73% of zones achieved 2 key surveillance indicators in 2014 compared to 60% in 2013.
- Continued Roll-out of Community-based surveillance in Somali Region







FIGURE\_4

AFP surveillance performance comparison by zones, 2013 and 2014



#### FIGURE\_5

Inauguration of the Dollo zone command post by HE the Vice President of Somali Region (R), HE the State Minister of Health (C), and WHO Representative (L) - Dollo, Somali Region, June 2014



FIGURE\_6

Commemoration of World Polio Day - Addis Abeba, October 2014

WFB: www.afro

## **KEY CHALLENGES**

- Community awareness about AFP detection/ surveillance – timely AFP case detection not yet optimal in some zones of Somali Region
- Persistent low routine EPI coverage in pastoralist regions
- Sustaining Emergency Mode at all levels
- Somali region context: pastoralist population, communication and security challenges in highrisk zones
- Timely funds disbursement at all levels.

## **ROLE of WHO Country Office**

- Technical assistance for all aspects of the response at all levels.
- Coordination of monitoring of campaign performance using independent monitoring and LQAS
- Establishment and ongoing operations of the command post and operations base in the outbreak zone
- Communication of ongoing status of the outbreak and response (Weekly Polio updates, SitReps, TAG)
- Resource mobilization including advocacy with local partners

#### **PLANNED ACTIVITIES for 2015**

- 3 SIAs (rounds 14, 15, 16) planned for the first 6 months of 2015
- 2 NIDS planned for 4th quarter
- Documentation of Polio "best practices" particularly in outbreak zone
- Continue to improve surveillance activities and further expand community-based surveillance
- Focus on strengthening the routine health system, particularly in pastoralist areas
- Begin Polio Legacy Planning process with in country EPI partners

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