Measles Control in Complex Situation of Somalia

13th Annual Meeting
The Measles & Rubella Initiative

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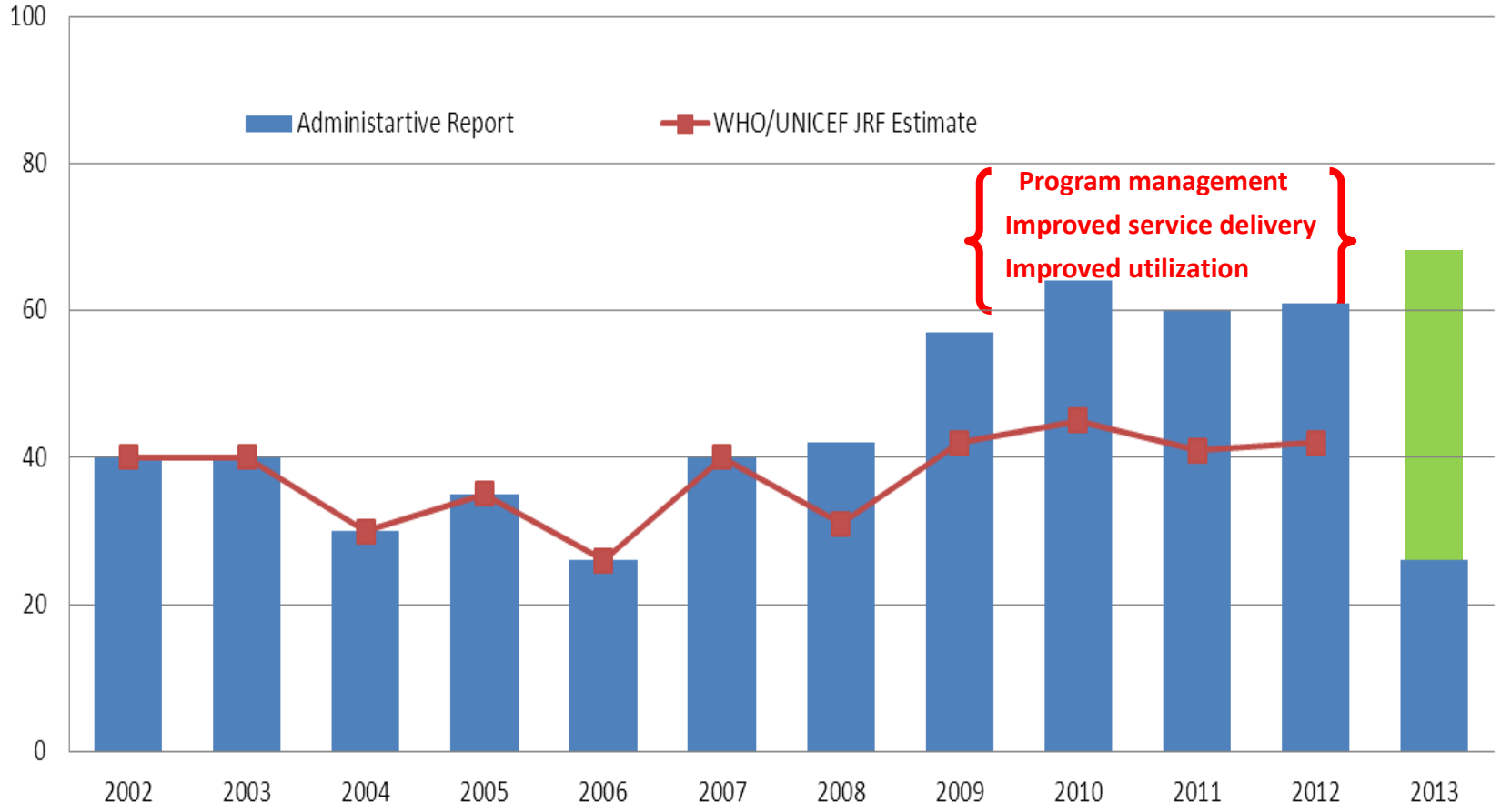
Priorities for 2014-2015

- **Governance, management and planning**
  - **Programme management**
  - **Denominators**
  - Micro-plans
  - Financial sustainability
- **Service Delivery**
  - **Outreach activities**
  - Expansion of immunization services network to all population (nomadic, rural)
  - Regular PULSE immunization activities (CHD)
- **Monitoring and evaluation**
  - **Data management**
  - Monitoring EPI activities
  - Immunization safety /AEFI surveillance
  - **Supportive supervision**
- **Supply and logistics**
  - Maintain vaccine and bundle supply
  - Cold chain rehabilitation
- **Community Demand**
  - Social mobilization activities
  - Inter-personal communication

Coverage Improvement Plan



CIP Objective:

Achieve 70% coverage of Penta3, at national level, and 70% or more districts achieving 70 % coverage or more by end of 2015.

Measles Control Status

Strategy component	Status
RI (2013 data)	- DPT3: 26% - MCV1: 29 %
SIA	- Measles catch-up campaign (9 mo. – 15 years) conducted in 2005 – 2007, with reported administrative coverage of 90% - Measles follow-up campaigns (9 – 59 mo.)conducted as part of the CHDs. 1 to 8 rounds conducted in a fragmented manners
Surveillance	- Nation-wide aggregate surveillance started in 2004. Reporting fraction is affected by poor access, poor utilization and incomplete reporting. - Since 2008, measles case-based surveillance initiated to include 30 sentinel sites, mostly in northern Somalia. it covers about 35% of the population. Only few sentinel sites are functional. Collection of blood samples for measles only limited to outbreak confirmation.
Case management	- Access to health services: 30% - Poor and un-attractive health services

Measles SIA/CHD, administrative coverage by region, 2009 - 2014

Zone	Region	2009	2010	2011	2012	2013	2014
Somaliland	Awdal	75	72	77	78	Not Done	73
	Galbeed	65	89	78	85	Not Done	91
	Sahel	86	96	72	89	Not Done	71
	Sanag	82	86	79	87	Not Done	92
	Sool	78	86	90	93	Not Done	94
	Togdhere	44	77	68	71	Not Done	70
Puntland	Bari	79	83	78	81	Not Done	86
	Karkar	90	74	95	79	Not Done	84
	Nugal	75	77	80	85	Not Done	87
	Mudug	74	82	83	87	Not Done	90
South	Bay	75	78	Not Done	Not Done	54	Not Done
	Bakool	79	83	Not Done	Not Done	27	Not Done
	Gedo	79	79	Not Done	81	56	Not Done
	M. Juba	78	Not Done	Not Done	Not Done	Not Done	Not Done
	L. Juba	79	Not Done	Not Done	Not Done	49	Not Done
Central	M. Shabelle	85	Not Done	Not Done	Not Done	67	Not Done
	Hiran	83	Not Done	Not Done	Not Done	54	Not Done
	Galgudud	82	76	81	77	74	Not Done
	Banadir	76	75	45 - 65	82	83	Not Done
	L. Shabelle	77	79	Not Done	Not Done	35	Not Done

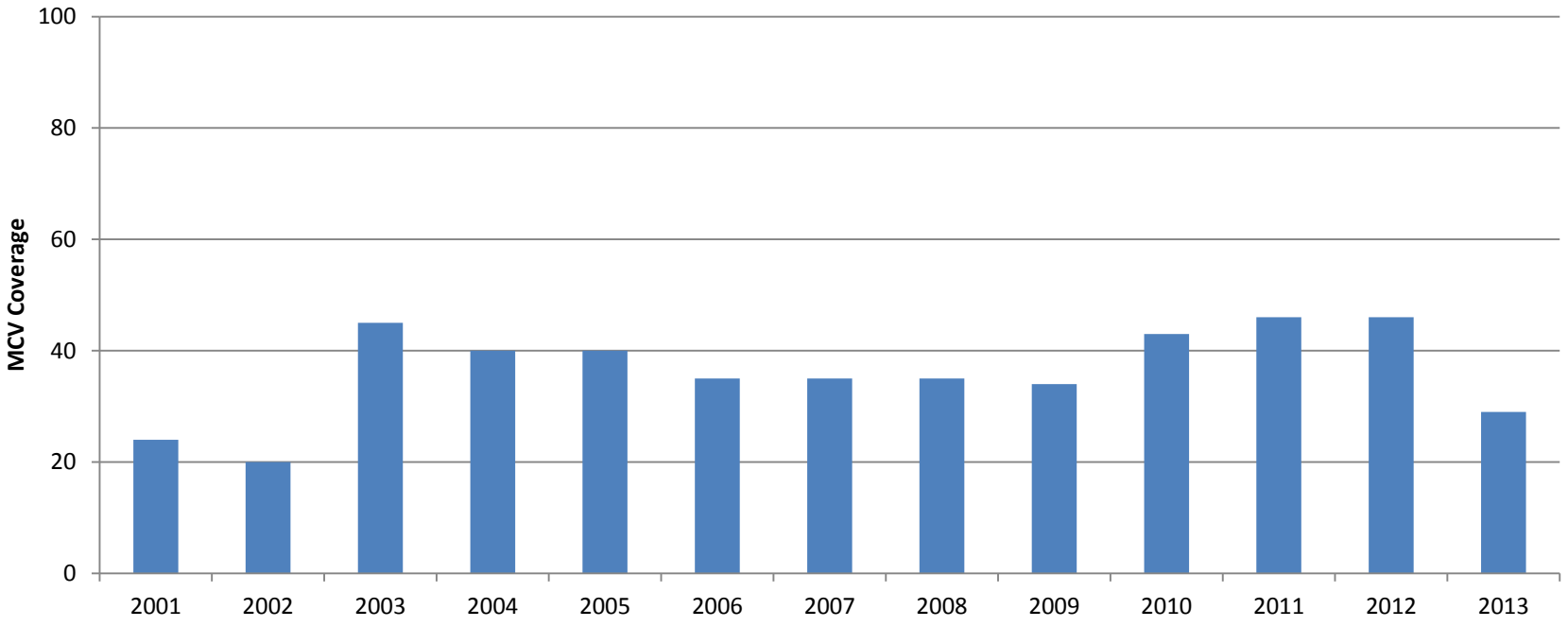
Note:

- L. Shabelle coverage: in 2009 and 2010 only Afgoi district was covered. In 2013 Wanleweyne, Awdigle, Merka and Afgoi were covered.
- Lower Juba coverage: From 2009 to 2012, no CHD was conducted in Kismayo district
- SC zone in 2013: CHD conducted only in accessible districts. In the reporting period, 81 districts were accessed/partially accessed, and 26 districts were inaccessible.
- Banadir 2011: conducted twice as part of emergency response. Coverage assessment showed a range 45 – 65

Measles SIA administrative coverage, 2014

Zone	Region	Target population	Number reached	Administrative coverage in percent	Number of districts ≥95% coverage	Estimated proportion of accessible population in percent
Somaliland	Awdal	50,086	36,495	73		100
	Galbeed	149,744	136,497	91	67 %(2 out of 3)	100
	Sahel	22055	15,561	71	25% (1 out of 4)	100
	Sanag	38,477	35,364	92	67 %(2 out of 3)	100
	Sool	37,038	34,929	94	67 %(2 out of 3)	100
	Togdhere	83,511	58,070	70	0 (out of 4)	100
Puntland	Bari	62,379	59,401	95	57% (4 out of 7)	100
	Karkar	21,916	20,375	92	60% (3 out of 5)	100
	Nugal	39,723	38,675	97	50% (2 out 4)	100
	Mudug	71,580	71,646	100	75% (3 out of 4)	100
South	Bay	151,874	NA	Not done	0 (out of 4 accessed)	44
	Bakool	51,472	NA	Not done	0 (out of 2 accessed)	14
	Gedo	87869	NA	Not done	0 (out of 6 accessed)	68
	M. Juba	45701	NA	Not done	NA	52
	L. Juba	84,724	NA	Not done	0 (out of 3 accessed)	44
Central	M. Shabelle	105,483	NA	Not done	0 (out of 4 accessed)	30
	Hiran	65,707	NA	Not done	0 (out of 2)	46
	Galgudud	92,800	NA	Not done	0 (out of 9)	79
	Banadir	346,802	NA	Not done	19% (3out of 16)	100
	L. Shabelle	270723	NA	Not done	0 (out of 4 accessed)	59
Total		1,879,664	507,013	27		

RI MCV Administrative Coverage



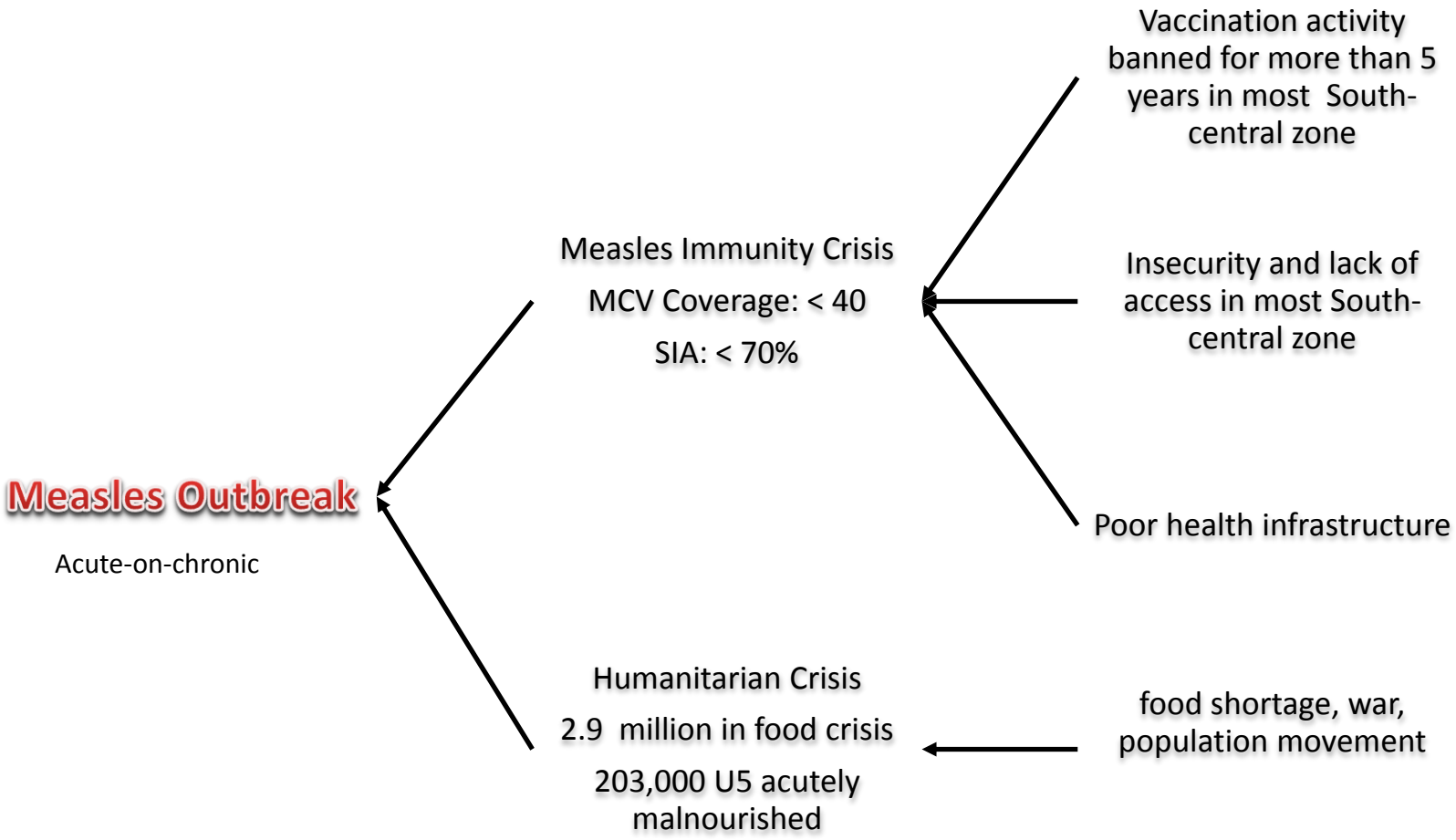
Funding source for measles SIA, 2013

Funding Source	Budget in US$
OCHA through **- CHF standard allocation**	350,000
MRI through VPI	1,020,000
Joint Health and Nutrition Program (JHNP)	500,000
Total	1,870,000

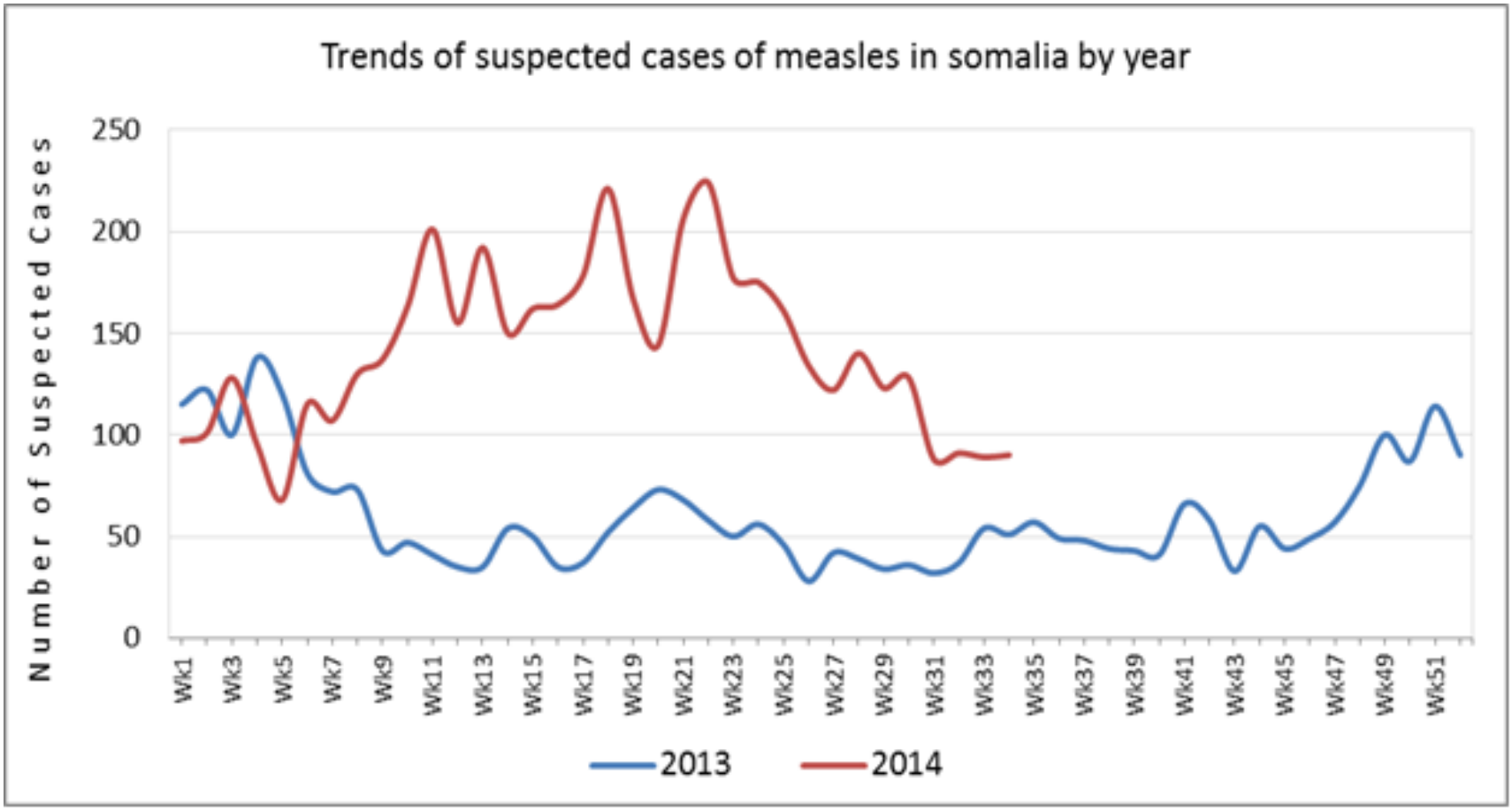
Funding source for measles SIA, 2014

Funding Source	Budget in US$	Narrative
OCHA - **CHF emergency window**	1,230,000,	For CHD in Somaliland that was conducted in Q1 of 2014
OCHA - **CHF emergency window** - **CERF**	146,000 701,000	For outbreak response for Puntland, Mogadishu , and accessible districts of Lower Juba
MRI through VPI	500,000	
Total	2,577,000	

Underlying causes of Measles outbreak in Somalia



Suspected measles case, 2013/2014



Outbreak Response Activities

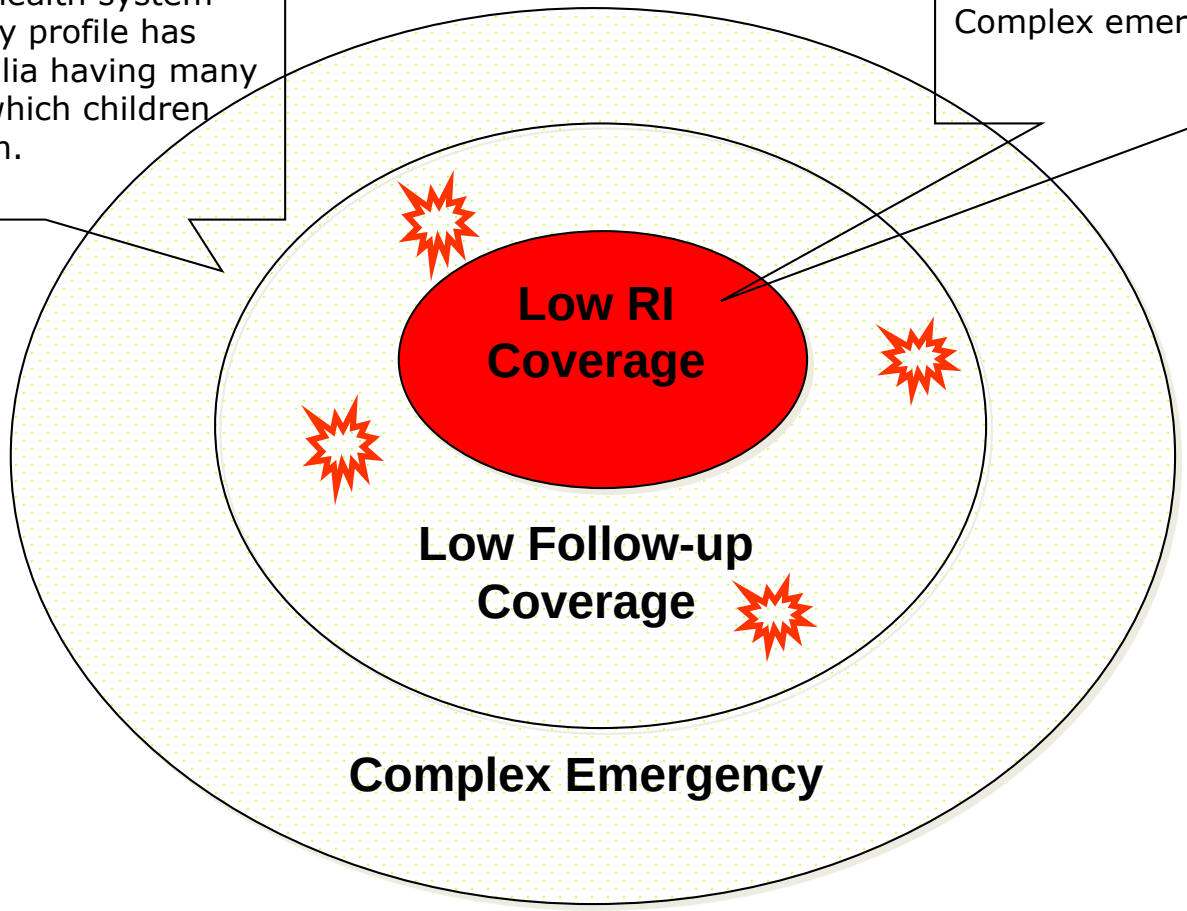
- Discussed at Health Cluster level
- Partners in the most affected areas of southern Somalia, had conducted low profile outbreak response vaccination at fixed sites
- UNICEF/WHO alerted partners
- OCHA responded positively to the alert with the following fund from:
  - CHF: US$ 146,000
  - CERF: US$ 701,000
- Outbreak response to be implemented in combination with NID (to be discussed)

CASE FOR REPEAT CATCH-UP CAMPAIGN IN SOMALIA

Case for Repeat Measles Catch-up campaign

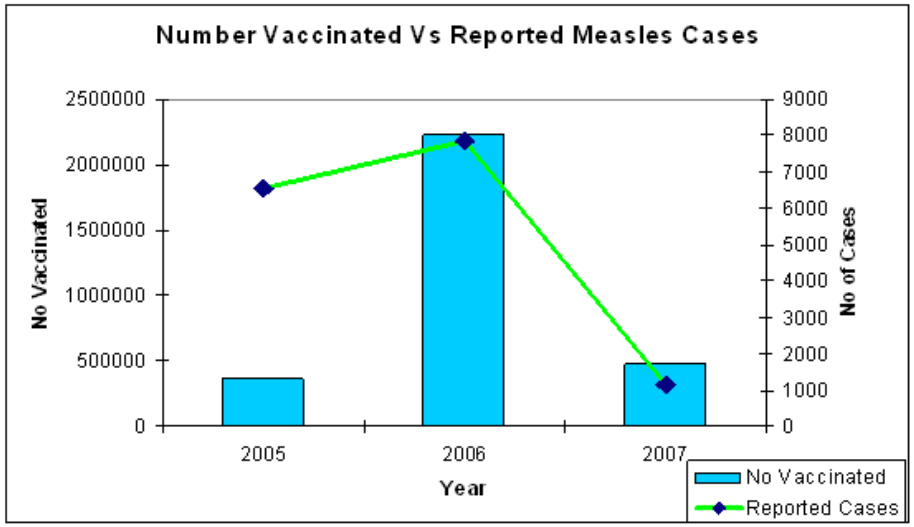
The dilapidated health system and low immunity profile has resulted in Somalia having many cracks through which children are slipping down.

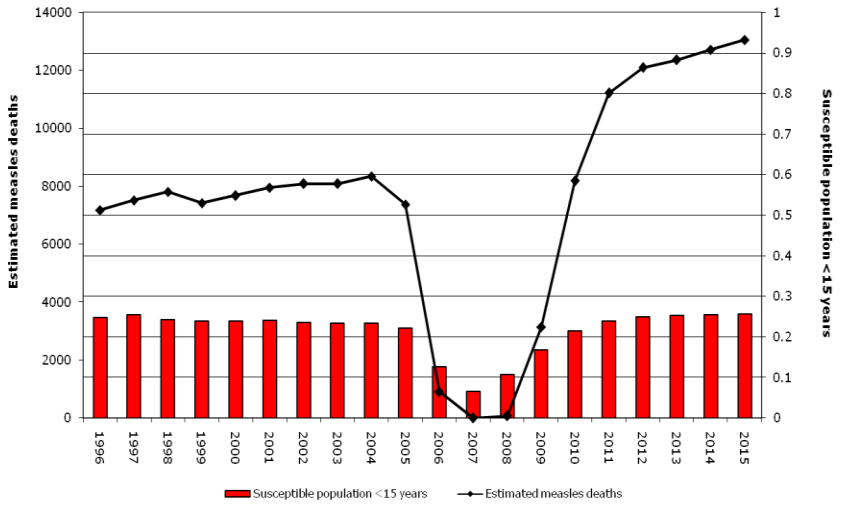
Complex emergency for > 20 years



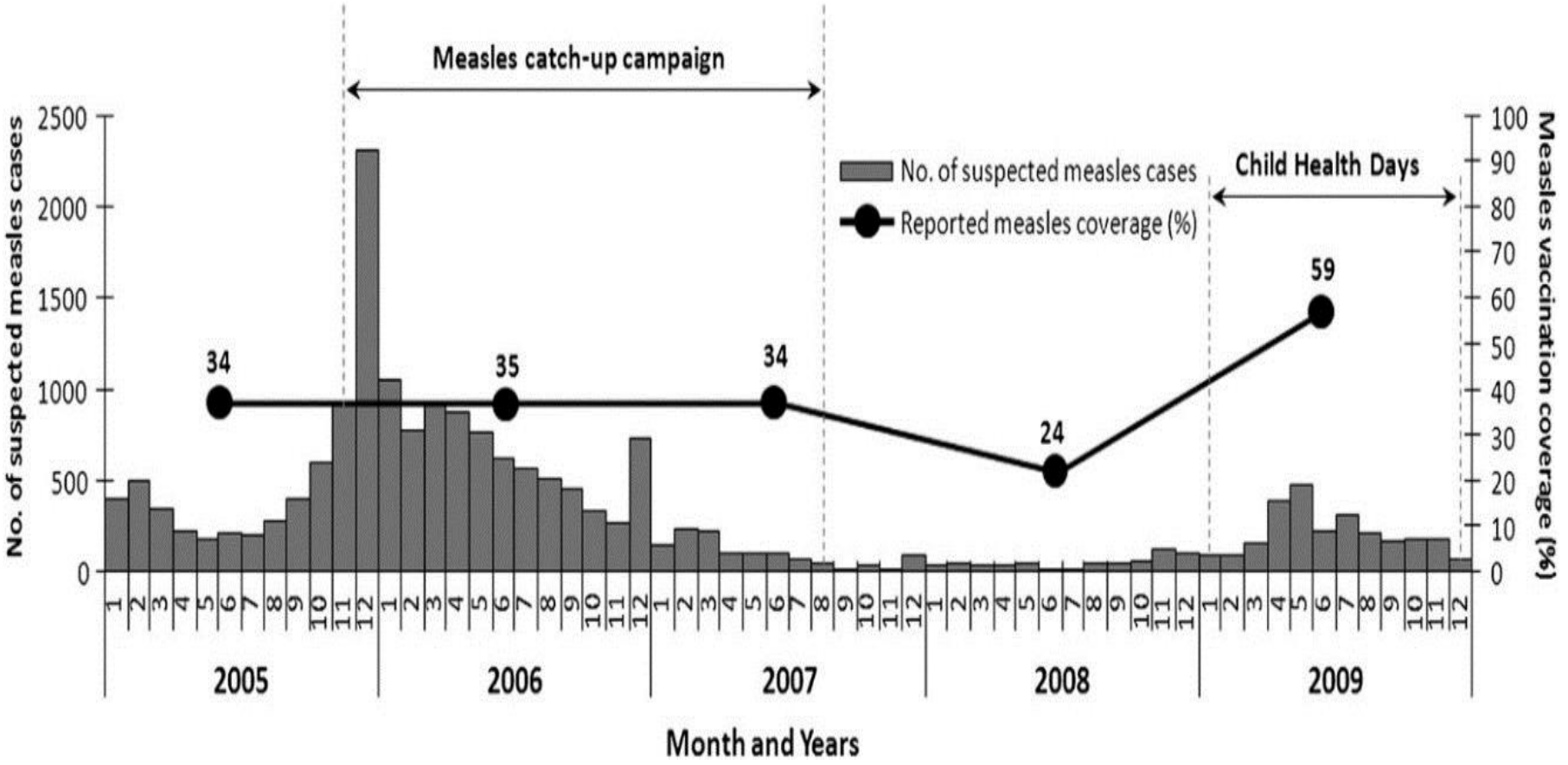
Unique circumstances in Somalia required unique strategy: Low RI coverage coupled with low follow-up coverage has resulted in perennial outbreak.

Past success with catch-up campaign





Incidence of suspected measles cases following catch-up and CHD, Somalia 2005–2009



Planned Measles Catch-up Campaign

- Objective
  - Vaccinate at least 95% of the children in accessible areas of Somalia with measles and vitamin A.
- Target age group
  - Measles: 9 months to 15 years
  - Vitamin A: 6 months to 59 months
- Target Population
  - Measles: about 5 million
  - Vitamin A: > 2 million
- Duration
  - Twenty one consecutive days
- Timeframe
  - March 2-22, 2015
- Budget
  - **Total budget: US$ 8,894.907**
  - **Cost per child is about US$ 2.02**

Budget for catch-up campaign

Total costs in USD	Total	Government	WHO	UNICEF
Vaccines, Vitamin A and injectable	$ 1,833,804			$ 1,833,804
Cold chain maintenance	$ 53,312			$ 53,312
Social mobilisation and communication	$ 522,925			$ 522,925
Training	$ 426,685		$ 426,685	
Transport and logistic support	$ 3,403,050		$ 3,403,050	
Human resources and incentives	$ 2,410,605		$ 2,458,605	
Monitoring and Evaluation	$ 16,526		$ 196,526	
TA for campaign coordinator	$ 48,000			$ 48,000
Post campaign coverage survey	$ 180,000			$ 180,000
Total	$ 8,894,908		$ 6,436,866	$ 2,458,041
Funds available at the country	0.00			
Funding gap	8,894,908			
Operational cost per vaccinated child in USD	0.42			
Cost per child for SIAs in USD	2.02			

Measles Supplies for catch-up campaign

Supply description	Quantity required
Measles vaccine (10 dose vials)	515,405
AD syringes	4,845,685
Reconstitution syringes (5ml)	566,945
Safety boxes	56,833
Cotton wool (500gm)	3,729
Indelible Ink Markers	
Vitamin A(100,000 IU) tin(500 cap)	431
Vitamin A (200,000 IU) tin(500 cap)	3,446

Tentative timeline

Activities	Partners	2014												2015											
		Aug				Sep			Oct			Nov			Dec			Jan				Feb				Mar				Apr			
Measles SIAs Coordination	**MOH//WHO/UNICEF**																														
Mobilize resources for measles SIAs	**MOH/UNICEF/ WHO**																														
Establish National Coordinating Committee	**MOH/UNICEF/ WHO**																														
Prepare and validate the TORs of the Measles campaign Coordinator	**MOH/UNICEF/ WHO**																														
Hold regular National coordinating committee meeting	**MOH/WHO/UNICEF**																														
Recruit a Measles campaign coordinator	**MOH/UNICEF/ WHO**																														
Documentation of events	**WHO/UNICEF/ MOH**																														
Advocacy, C4D and Social Mobilization	**MOH/UNICEF/ WHO**																														
Planning	**MOH/ WHO UNICEF**																														
Logistics and supplies	**UNICEF/MOH/ WHO**																														
Training	**WHO/MOH/ UNICEF**																														
Implementation	**MOH/WHO UNICEF**																														
M & E	**MOH/ WHO UNICEF**																														

Conclusion

Where we are

Achievement	Challenge
Measles control started with catch-up campaign in 2005 with support from American Red Cross.	- A long-run complex emergency - No central government - Low RI coverage (<40%)
1-8 follow-up campaigns conducted (CHD)	- Fragmented SIA with low coverage - Repeated outbreaks - Unpredictable funding
Establishment of three measles laboratory facilities in the jurisdictions of three MOHs	- Expansion of case-based surveillance has been slow
Measles morbidity and mortality decreased.	

How do we get there?

Goal	Challenge	Need
Measles/rubella elimination by 2020	- Somalia is a high burden country aiming at mortality reduction - No government budget for any immunization activity - Unpredictable funding for RI and measles SIA - Weak surveillance system	- Repeat catch-up - Implement CIP for improving RI - Two follow-up campaigns in 2016 and 2018 - Capacity building and financial assistance to three MOHs

Mehadsenit

Shukraan

Thank you

Merci