

October 2011

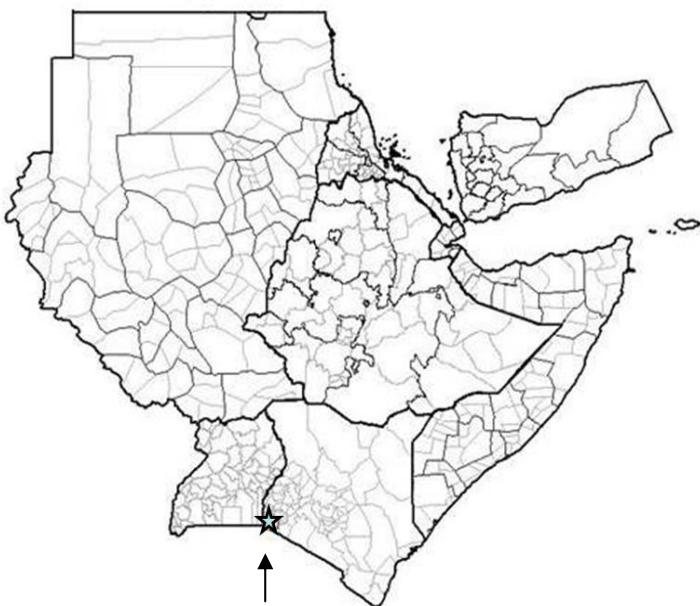
## Polio in the Horn of Africa

### Situation analysis

- On 25 August 2011, a Kenyan child was struck with paralysis due to type 1 wild poliovirus (WPV1). This most recent case of WPV is closely linked genetically not only to this transmission in Uganda in 2010, but also to cases in Kenya in 2009, signifying that this chain of transmission has persisted for at least 24 months.
- Given gaps in surveillance performance, it is difficult to say with certainty whether circulation of the virus persisted in either Uganda or Kenya.
- This most recent Horn of Africa case was reported in the district of Rongo, Nyanza province of western Kenya. This area has close proximity to and population mixing with both Uganda and Tanzania. A road commonly used by traders (including the child's mother) links Rongo to Mara in Tanzania.
- The Horn of Africa forms part of a broader 'African wild poliovirus importation belt' which spreads right across sub-Saharan Africa all the way from Mauritania to Somalia. These countries have recurrently been re-infected with poliovirus of northern Nigeria origin. The last such large outbreak in 2004/2005 eventually spread all the way to Indonesia and paralysed at least 1400 children for life.

### KEY FACTS

- Transmission of wild poliovirus has been ongoing, undetected, somewhere along the Kenya-Uganda border since February 2009.
- To date, just one case of WPV has been detected in 2011. This case had onset of paralysis on 25 August in the district of Rongo in Nyanza province - western Kenya.
- Outbreak response activities have been conducted in Kenya as well as neighbouring districts of Uganda and Tanzania.
- Polio staff and resources continue to play a key role in the response to the region's drought and subsequent famine.



Wild poliovirus 2011

Addressing the spread of infectious diseases in the Horn of Africa is complicated by drought and famine. According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), more than 13 million people are in urgent need of humanitarian aid as a result of the drought, particularly in Somalia, Kenya and Ethiopia. These people require not only food assistance, but nutrition, health, water and sanitation, as well as agriculture and livelihood interventions. In Somalia, over 4 million people are affected and a quarter of the nation's population is displaced by the crisis.

## Response to the Drought Crisis

Polio eradication staff and resources on the ground continue to play key roles in the drought response and assist overall health care provision.

- Over 300 polio-supported personnel in Somalia, north-eastern Kenya and the Somali region of Ethiopia have been assisting with immunisation, disease surveillance and reporting (not just for polio, but for measles, acute watery diarrhoea and more) as well as nutrition monitoring and food distribution.
- Child Health Days, in Somalia - run by polio-funded staff - provide mothers and children with a comprehensive package of health interventions including oral polio vaccine (OPV), tetanus toxoid (for mothers) and measles vaccines, de-worming and nutritional screening among both settled and displaced populations.
- Polio field staff in Somalia took part in refresher training in September to brush up on the objectives, strategies, contents and reporting forms for communicable disease surveillance and response (CSR) and integrated disease surveillance and response (IDSR). Somalia's polio field staff have been involved in CSR since 2007 and IDSR since 2010, taking part in outbreak verification and response (particularly of vaccine preventable diseases), along with sample collection and transportation.
- Polio resources including communication and transportation capability have been utilized in the drought relief operation. The mandate and scope of the existing Polio Horn of Africa coordination and Technical Advisory Group mechanisms has been expanded to address the consequences of the drought. And while insecurity remains a major challenge, the extensive polio field network has been critical in initiating dialogue and developing plans to reach vulnerable populations.

## Regional Response to Kenya's WPV Case

- Kenya conducted its first supplementary vaccination round in response to the case from 24-28 September. Over one million children in 32 districts surrounding the case were vaccinated using monovalent type 1 OPV. Additional rounds targeting 4 million children in the same districts, plus another 67 'at risk' districts, will take place on 22-26 October and 19-23 November.
- Given the links to Ugandan virus and the trade links with Tanzania, both Tanzania and Uganda will hold supplementary immunization activities (SIAs) in order to boost population immunity in areas neighbouring Kenya.
- Tanzania will also add OPV to the nationwide Measles SIAs due 4-7 November.
- The existing polio supported disease surveillance network has been put on a heightened state of alert to monitor for any new cases in the Horn of Africa and its neighbours.
- At the end of September, two WHO-HQ experts on polio eradication visited Kenya to assist in planning and conducting the outbreak response activities. More international staff and

US Centers for Disease Control (CDC)-supported STOP (Stop Transmission of Polio) members have since been sent to the Horn of Africa to work with staff of the various Ministries of Health. Six WHO staff from India's National Polio Surveillance Project (NPSP) will be deployed to Uganda and Kenya from September to November to apply the lessons learned in India's successful polio eradication programme; such as better micro-planning to reach all children and strengthening surveillance. The CDC-supported STOP initiative will deploy an additional eight personnel in September for a period of three months (two to Kenya, three to Ethiopia and three to Uganda).

### **Key Challenges: Financing Shortfall & Region's Humanitarian Situation**

The GPEI as a whole faces a US\$ 535 million funding gap for 2011-2012, of which US\$ 77 million is for the Horn of Africa<sup>1</sup>. The immediate gap for Kenya, Sudan and Uganda is US\$ 4.58 million. The total funding requirement for the Region for the next 15 months is US\$ 116 million, including WHO and UNICEF programme support costs. (See Annex for Funding Requirement Details.) Funding shortages in 2010 caused the curtailing of polio eradication activities, including in the district region which has now reported a case. There is a clear need for disease surveillance to be improved in the Horn of Africa, and greater funding is required to ensure the appropriate improvements can be made.

- With the detection of WPV in Kenya, it is crucial that transmission is rapidly interrupted to avoid further spread to neighbouring countries - which would complicate the humanitarian situation.
- Malnutrition can decrease immunity, placing many of the region's children at greater risk of contracting infectious diseases including polio. Increased population movements and crowding further aggravate the risk of large outbreaks of communicable diseases.
- Local health staff can be overburdened dealing with the health complications of the drought. Provision of regular and routine healthcare may be affected.
- Interventions in Somalia are further hampered by security considerations - a country where the drought situation has attained 'famine' proportions.

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<sup>1</sup> Horn of Africa includes: Sudan, South Sudan, Ethiopia, Somalia, Kenya, Uganda, Eritrea and Djibouti

**Annex: GPEI Horn of Africa External Financial Resource Requirements, 2011 - 2012**

Horn of Africa - Planned Activities From Sept 2011 to Dec 2012									Sept 2011- Dec 2012	
Country	OPV	Op Costs		Social Mobilization	AFP Surveillance	Technical Assistance		Total Costs	Total Costs (PSC 7%)	
	UNICEF	WHO	UNICEF	UNICEF	WHO	WHO	UNICEF			
Djibouti	\$48,243	\$301,496	\$0	\$0	\$46,729	\$0	\$0	\$396,468	\$424,221	
Eritrea	\$344,240	\$266,663	\$0	\$90,000	\$0	\$204,000	\$0	\$904,903	\$968,246	
Ethiopia	\$8,050,000	\$8,960,000	\$0	\$644,687	\$3,610,000	\$2,140,000	\$657,000	\$24,061,687	\$25,746,005	
Kenya	\$3,901,822	\$8,636,695	\$0	\$1,134,042	\$520,000	\$1,046,000	\$0	\$15,238,559	\$16,305,258	
Somalia	\$2,152,211	\$4,049,000	\$0	\$607,850	\$750,000	\$1,745,249	\$891,231	\$10,195,541	\$10,909,229	
South Sudan	\$3,378,000	\$5,266,819	\$5,315,000	\$1,955,000	\$1,536,000	\$4,892,818	\$1,057,500	\$23,401,137	\$25,039,216	
Sudan	\$7,708,000	\$9,907,159	\$2,330,000	\$915,000	\$640,000	\$1,759,740	\$127,500	\$23,387,399	\$25,024,517	
Uganda	\$3,340,000	\$6,820,000	\$0	\$165,000	\$463,500	\$514,000	\$212,500	\$11,515,000	\$12,321,050	
	\$28,922,516	\$44,207,833	\$7,645,000	\$5,511,579	\$7,566,229	\$12,301,807	\$2,945,731	\$109,100,694	\$116,737,743	
<b>WHO</b>									\$64,075,869	\$68,561,179
<b>UNICEF</b>									\$45,024,825	\$48,176,563
<b>GRAND TOTAL, September 2011 to December 2012</b>									\$109,100,694	\$116,737,743