

Federal Ministry of Health Primary Health Care Maternal and Child Health Expanded Program on Immunization



# **Sudan EPI Benefits From Polio Eradication Program**

Polio Legacy Planning and Implementation Workshop Geneva 23<sup>rd</sup> October 2015

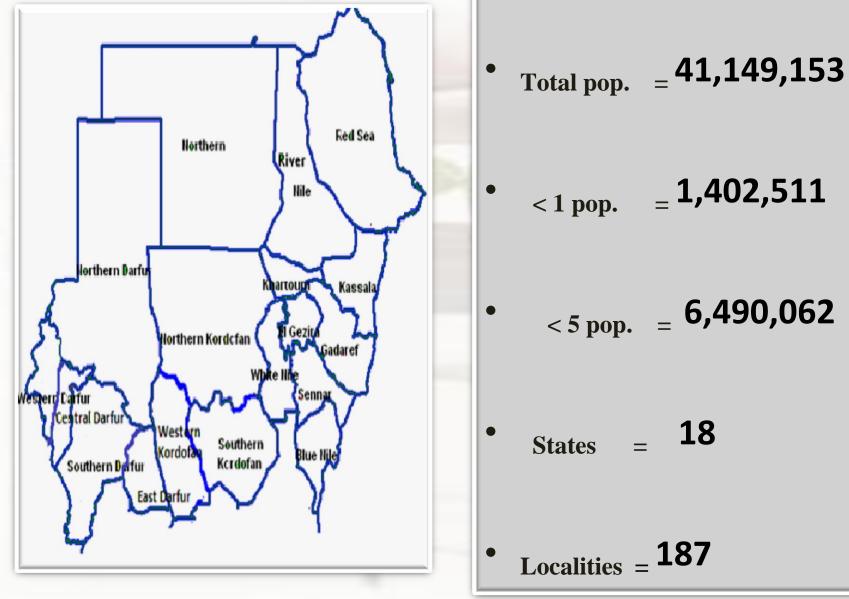
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# Outline

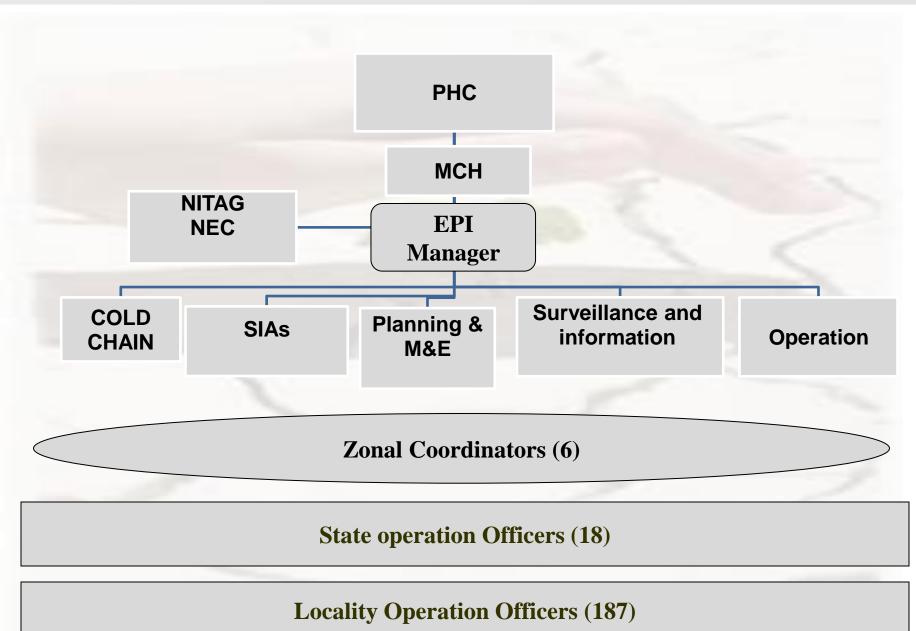
- Background
- Polio Situation
- Programmatic Benefits Contributed by Polio
- What after Polio eradication







## **EPI Organogram**



## **Polio Situation in Sudan**

- Sudan was one of the countries that adopted the 1988
   WHA resolution to eradicate poliomyelitis by the year
   2000.
- Eradication efforts started in 1994 triggered by occurrence of a major polio outbreak.
- The conducted activities resulted in eradication of the endemic virus in the country and occurrence of a high quality AFP surveillance and OPV vaccination coverage.

## **Polio Situation in Sudan**

- The first importation in 2004 -2005 from Chad caused
  158 polio cases in 18 States of the country.
- The importations in 2007, 2008 and 2009 caused limited outbreaks.
- The last polio case reported in the country was from port Sudan, red sea state in the 15<sup>th</sup> of march 2009
- Since then the country remained free of wild polio virus up to date.

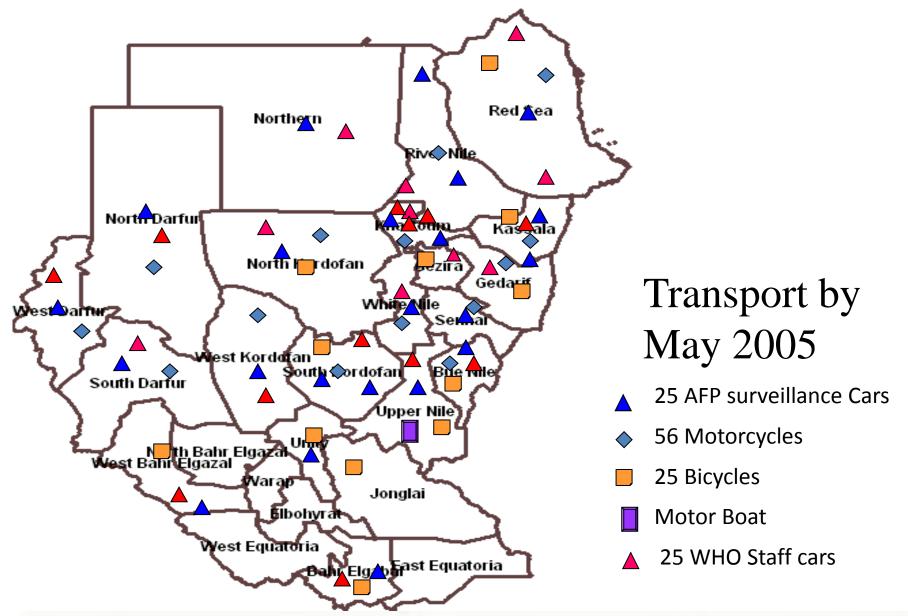
**Sudan Adopted WHO Eradication Strategies since 1994** High Routine immunization coverage. **Conducting SIAs (NIDs & SNIDs). AFP Surveillance Meeting Certification Standers.** Mopping – up. 

### Management

- Community surveillance cross Border coordination's meeting and preparedness for importations.
- Measles and Rubella Surveillance integrated with AFP in Infrastructures(Staff, data, management, transport,

communications, premises and technical committee as The Certification/Validation committee)

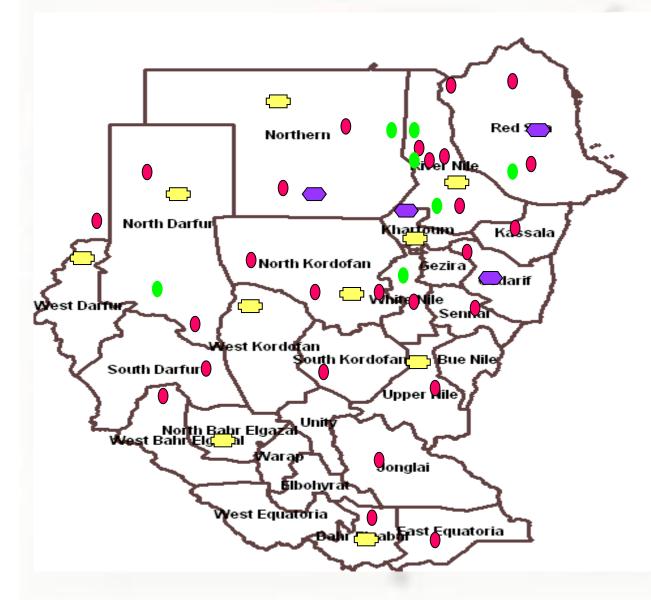
#### **Transport Means for AFP Surveillance** (When the AFP Surveillance fully established in 2005)



### Management

- Polio staffing regarding recruitment procedures, training are used in Measles and Rubella Surveillance and also work as senior staff to ensuring that best practices, knowledge and capacities for Integrated vaccine Preventable Diseases Surveillance (IVPDs) at all levels
- Monitoring and supervision activities for AFP
   Surveillance are also used for IVPDs surveillance.

### Human Resource (When the AFP Surveillance fully established in 2005)



#### Location of AFP Staff 2005

- National AFP
   Surveillance
   officers(26)
- Zonal Coordinators (4)
- National Medical Officer (10)
  - International STC/MO (7)
    - STOP/ Gov Staff

### Management

- NIDs for polio provided experience in planning, implementation and control of other disease initiatives and campaigns (measles, MNT, Meningitis A, yellow fever ...)
- Active search during NIDs for guinea worm and measles provided very useful information that facilitated proper re planning of control measures.

# **Focuses in High Risk**

- Polio eradication initiative served all special group of population including refugees, displaced, nomads, security compromised areas, border population and hard to reach population through:
- Special arrangement to cover them by vaccination, surveillance,
   Provide information about them for other programs (eg MCH)
- ✓ Adoption of ways for reaching under served and hard to reach populations.
- Provide baseline information to mobilize the donor interest and resource allocation.

## **Immunizations Among Hard to reach population in Sudan**





 Use all Strategies to reach vulnerable and hard to reach population to
 support measles
 immunization and surveillance

#### **Advocacy & Social Mobilization**

- polio eradication success promotes and sensitizes the politician and community leaders for the importance of prevention and control activities in the field of communicable diseases.
- Using mobilized and trained volunteers as social mobilizers and health workers to AFP surveillance and polio SIAs to attain measles elimination

#### **Advocacy & Social Mobilization**

 Using Social map for special population (e.g. Nomads)
 Communications and community engagement developed to achieve polio eradication in measles surveillance and





#### **Cold Chain:**

- Equipment inventory update and repairs and maintenance for polio lead to Strengthening the cold chain
- Vaccine management forms, wastage and logistics started with polio eradication initiative .



# **Examples of Polio's Investments Contribute to Health Goals in Sudan**

Acceleration of other preventive initiatives during SIAs eg. Accelerated child survival initiatives including vitamin A distribution, basic health education messages, soiltransmitted worm's prevention, distribution of impregnated mosquito bed nets, distribution of folic acid for pregnant women

#### **Measles and Rubella laboratory**

- accredited polio lab and the qualified personnel, transport, and shipping of samples are currently partially utilized for measles and other vaccine preventable diseases surveillance and later will continue as full time.
- The existing polio lab will be upgraded and used for all other viral diseases in the country.
- Rubella surveillance is **integrated** with measles surveillance.

Likelihood That Infrastructure Will Be Maintained & Ability to Support Immunizations & Measles / Rubella

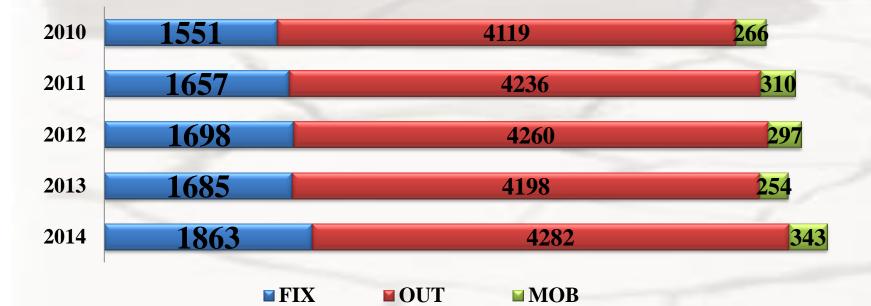
- Volunteers, assistant, secretaries, drivers, supporting staff
   (e.g. IT) will work in Measles and Rubella Surveillance.
- Polio program resource will support functions for IVPDs surveillance and contribute in **RI activities.**
- Built capacity for polio programs will provide the actual capacity for IVPDs surveillance and in emergency

response to outbreaks .

## Why The Government is Not Ready for Withdrawing the Support of GPEI?

The cost of routine immunization services (Fix, Out, Mob) is relatively high to be cover by the government alone
The Cost planned to expand services to fixed sites is also

relatively high.



#### **Increasing cost of new vaccines For Co-Finance**



\* Current decision letter requirements

## Why The Government is Not Ready for Withdrawing the Support of GPEI?

- The UNICEF is planning cease financing of traditional vaccine and will be shifted to the government to finance it.
- Polio staff receive incentive more than the government salary, which will result in brain drainage of the staff members who are working on the program
- The operational cost of other interventions that conducted jointly with polio eg vit A distrbution

#### Potential Negative Impact on Health Programs When GPEI No Longer Provides Infrastructure

 Measles surveillance integrated with AFP surveillance in reporting sites, cases investigation, staff at all level
 (Medical Officers and Field Volunteers), infrastructures
 and work plans. This will no longer exist.

#### Potential negative impact on measles, rubella and other health programs when GPEI no longer provides infrastructure

• If no other resources are allocated then this will lead to collapse in Measles and rubella surveillance system and RI activities in Management and operations Planning, Implementation, Monitoring and data management, social mobilization and advocacy, Capacity building, Partnerships and coordination.

### Potential negative impact on measles, rubella and other health programs when GPEI no longer provides infrastructure

- Actually polio eradication infrastructure is being utilized by routine immunization this may affect the coverage
- Gap in the interventions use to be implemented with polio campaign).
- Expected brain drain to loss of the continuous learn in program implementation and improvement

# How to move with less damage

- Continuation of support by increasing resources to support other initiative eg measles elimination
- Assessing countries capacities and country specific gradual reduction in support can implemented
- To agree on possible period country can receive support as preparatory phase

ng Report on Tour Study for IDSR Repub Tanzania March 2015