# POLIO-FREE CHAD

UNICEF QUARTERLY ON THE POLIO ERADICATION INITIATIVE IN CHAD



July 2014




## THE WINNING MOMENTUM

### Safeguarding Hard-Won Gains

## TRANS-BORDER VACCINATIONS

**Keeping Polio at Bay**

## REACHING EVERY DISTRICT

**Boosting Routine Coverage**

## ZERO STATUS

**Is Polio Really Gone?**

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# CONTENTS

**Keeping up a Winning Momentum**

Rigorous polio campaigning has led to the halt of transmission of Wild Poliovirus (WPV) in Chad for over two years now, but efforts on the ground are not being let-up, in order to maintain the zero-case-status, amid concerns of regional spread from outbreaks in neighbouring countries.

Page 4

**R.E.D**

Reaching Every District is an innovative public health approach implemented since 2013 in Chad with the support of WHO and UNICEF. The RED approach contributes to increasing vaccination coverage through equitable service delivery and increased human resource and infrastructure capacity of the country's vaccination programme.

Page 12

**Zero Status**

"Chad: is polio really gone?" chronicles some of the efforts that helped achieve the zero-case status in Chad and examines the importance of revitalizing Chad's Expanded Programme on Immunization using the polio eradication assets.

Page 22

**On High Alert Amid Concerns of Re-importation**

After three years free of polio, Cameroon has recorded seven new cases since October 2013, prompting WHO to declare the country at "high risk" of international spread of polio in the region. Unrest in neighbouring C.A.R adds a measure of concern.

Page 6

**Trans-border Vaccinations: Keeping Polio at Bay**

Concerns of regional propagation of polio prompted Chad to participate with neighbouring Niger, Nigeria and Cameroon to coordinated trans-border campaigns, to contain any possible spread of the poliovirus.

Page 20

**Read Also:**

- African Vaccination Week Page 8
- National SIAs to increase OPV coverage Page 26

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* African Vaccination Week photos in IN PHOTOS section on page 11 provided by SERAPHIN DJENDADJE for UNICEF Chad.

# EDITORIAL NOTE

Thanks to the continued engagement of the Chadian government, backed by committed donor support and through close collaboration with UN operating agencies UNICEF and WHO, the country has now achieved a polio-free status for two consecutive years.

The last cases of Wild Poliovirus (WPV) and circulating Vaccine-Derived Poliovirus (cVDPV) were notified in June 2012 and May 2013 respectively, marking vital milestones towards eradicating polio in the country, which as recently as 2011 had reached an all-time high of 132 new cases.

This outstanding result, obtained in a developing nation still emerging from years of internal unrest which took its toll on the country's infrastructure and human resources, comes at a time when the Global Polio Eradication Initiative (GPEI) finds itself confronted with unforeseen set-backs, such as the regional outbreaks in the East-African horn, the Middle East, and more recently in Cameroon, south of the Chadian border.

Despite having now reached 85% national coverage with at least 3 doses of Oral Polio Vaccine (OPV)*, we remain very vigilant in connection with the current regional outbreak which originated in Cameroon last October.

This situation is a source of concern, and is believed to have further been impacted by the deteriorating political and humanitarian situation in the Central African Republic, and the resulting influx of refugees and returnees in the region.

In this new edition of Polio-Free Chad, and as we celebrate the excellent result achieved by the Chadian government and its GPEI partners, we take a look at efforts that led to achieving the polio-free status, as well as at innovative approaches that helped reach and maintain this result.

An important strategy adopted by the Government and partners last year was the implementation of the Reach Every District approach. This strategy allows for more equity in service delivery, better use of resources, and is a big step forward in terms of revitalizing the country's Expanded Programme on Immunization (EPI).

The future and sustainability of GPEI's achievement in Chad is also discussed in this edition, in a feature entitled "Is polio really gone?" which attempts to subjectively analyse the long term impact and sustainability of recent achievement in polio eradication in Chad, notably in connection with the importance of revitalizing Chad's EPI.

We hope that this edition of Polio-Free-Chad will continue to serve as an information reference for our work on the ground here in Chad, and as an asset for improved communication for all partners involved.

Bruno Maes
Representative




* Government estimate



# KEEPING UP THE WINNING MOMENTUM




Despite having reached a halted-transmission status for two consecutive years, efforts on the ground in Chad to ensure polio eradication remain strong.

Over the past two years, UNICEF, WHO and international polio partners continued to provide substantial support to the Government of Chad within the framework of the Global Polio Eradication Initiative (GPEI) to help maintain the rigorous Supplementary Immunization Activities (SIA) schedule, which amounted to a total of ten campaigns last year alone. This included national and regional SIAs, as well as several rounds of localized mop-ups all across the Chadian territory.

This effort has led to an increase in the proportion of Chadian children immunized with at least three doses of Oral Polio Vaccine (OPV) to 85%.

Thanks to significantly improved data collection and cross-checking methods and systems, this coverage ratio is not only the highest since 2011, the year in which the government's emergency plan to eradicate polio was initially implemented, but it also constitutes a much more reliable figure that in the past.

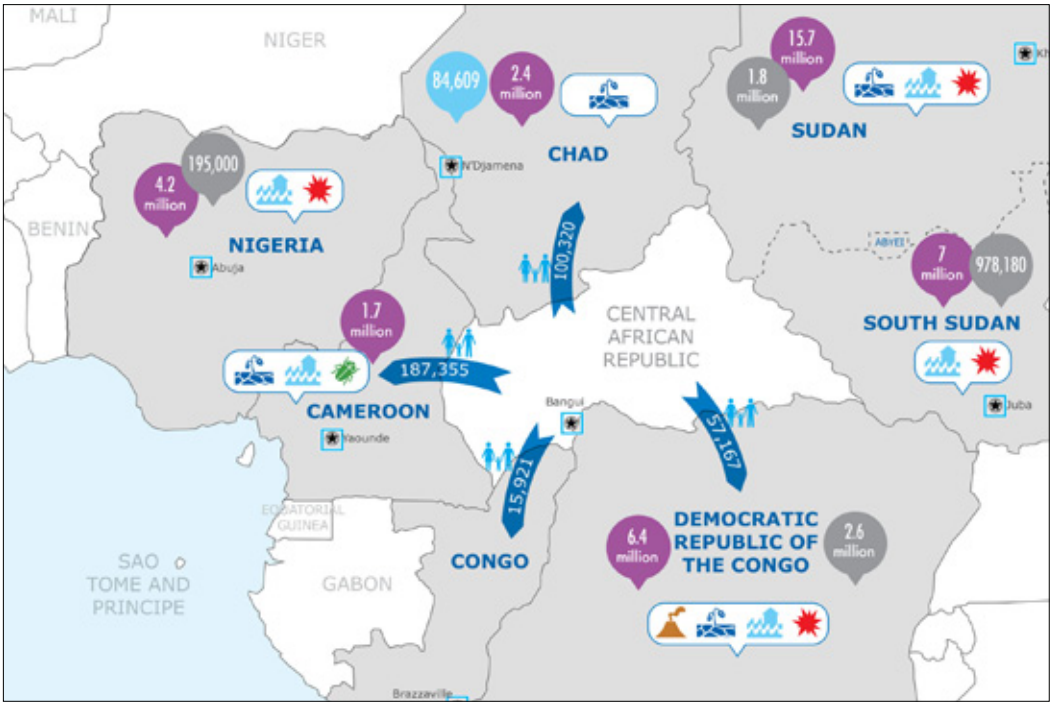
Two national campaigns have already been conducted in the first quarter of this year, and allowed reaching an estimated 3.5 million children under five with OPV in the months of March and April.

In May, and in response to the regional outbreak in Cameroon, Chad participated along with several other countries in the region including Cameroon, Nigeria and Niger in multi-country, synchronized regional polio SIAs, designed to stop the spread of WPV from Cameroon.

The outbreak in Cameroon which started back in October 2013 recently prompted WHO to issue a statement placing the country at a "High Risk" of international spread of Wild Poliovirus (WPV).***N.B.***



# Chad on High Alert Amid Concerns of Poliovirus Re-importation




Source: OCHA/WFP - Regional Impact of the Central African Crisis/May 16th 2014 update

Public health authorities in Chad are currently on high alert as the polio situation in neighbouring countries such as Nigeria (still endemic with 58 new cases to date since 2013) and more recently Cameroon, continues to pose a serious polio threat.

Severe political unrest in the Central African Republic and ensuing gaps in surveillance amongst increasing numbers of Central African refugees and returnees in Chad and







*Near the city of Bongor in southwestern Chad, the Logone river is a natural border that separates Chad and Cameroon (Below). A marketplace is held less than 200 meters nearby, where Cameroonian and Chadians meet weekly to trade goods and make provisions (Top). Trans-border travel using small boats is common in such regions.*



Cameroon adds another measure of concern, in terms of keeping Chad polio-free.

Cameroon, a country that had been polio-free for over three years until the recently confirmed first new case last October, is now feared to have become the epicentre of a regional spread of Wild Poliovirus.

Three cases have already been confirmed this year, bringing the total number of cases to seven since the beginning of the outbreak.

More recently, five new cases confirmed since mid-March in Equatorial Guinea have been traced back to the confirmed cases in Cameroon, while genetic sequencing of detected cases suggests that the virus was imported form Chad,* and has been circulating for extended periods of time, hence the high risk alert for Cameroon declared by WHO.

Porous borders and high population mobility between the Central African Republic, Cameroon, and Chad are now seen as unquestionable red flags for Chadian authorities, who are currently working closely with the UN and the donor community as well as with neighbouring countries

* Source: GPEI

to safeguard hard-won gains obtained over the last two years in terms of maintaining the zero case status in Chad.

"We have achieved a lot over the last two years, and have obtained promising results. As the situation in Cameroon and CAR continues to present a real potential risk to what we have achieved, we are doubling efforts this year to ensure sustained containment of the poliovirus, at the borders and across the entire territory," noted UNICEF Polio Unit Chief Gianluca Flamigni.

Last year, a total of ten national and localized vaccination campaigns were held across the vast Chadian territory, and involved the deployment of more than 8,000 social mobilizers and 9,000 vaccinators per campaign in average, to reach an estimated 2.2 million children under five with at least 3 doses of OPV.

In the capital city of N'Djamena, which still contains some of the highest risk districts due to high population density and high rates of absent children, social mobilizers have visited an average of 30,000 households per campaign last year. This has led to increased awareness on the importance of immunization, and increased demand for OPV.

While the vaccination schedule for this year is designed to keep the momentum that permitted reaching the zero WPV status, particular emphasis is placed on southern border regions, in order to effectively contain any possible re-importation of the Poliovirus. ***N.B.***




*In order to better serve border populations who move freely and frequently across borders for trading and provisions, Cameroonian and Chadian authorities work hand-in-hand to make sure that all children under five living in border regions benefit from life-saving vaccination.*

# African Vaccination Week: Dropout recovery rate reaches 90% in the Lake Region



With a main objective to increase all stakeholders' awareness on the importance of routine vaccination for the survival of the child, the African Vaccination Week initiative aims to increase immunization indicators, through improved advocacy, communication tools and integrated health services and activities.

For this year's edition in Chad, a particular focus was placed on traditionally low performing regions and districts, in terms of routine immunization.



Adopting the theme "Immunization is a shared responsibility" and the slogan "Vaccinated population, population in better health", this edition of the African Vaccination Week in Chad placed a particular emphasis on difficult-to-reach populations such as island-dwelling populations of the Lake Chad region, and difficult-to-access populations in the Ouaddai region in eastern Chad.

In the districts of Bol and Bagasola in the Lake region, active search for vaccination dropouts helped recover 560 infants out of 616 identified. This 90% recovery rate is a promising result, as reversing vaccination dropout rates plays an important role in improving overall indicators for Chad's routine vaccination program.

This result, which surpassed the initial objective of 30% dropout recovery set for the Lake region was largely obtained thanks to increased efforts by community health workers to reach out to parents and caregivers with vaccination services during the week's activities.

These efforts included the input of specifically trained community relays whose knowledge of their own communities helps diffuse the importance of vaccination message to all community stakeholders, including parents and caregivers, traditional and religious leaders, women's associations and other associations. In total, four advocacy meetings with traditional leaders and seven social mobilization meetings with political and religious leaders were held, and

## IN NUMBERS

**African Vaccination Week - Lake Chad**

**560 out of 616**
vaccination dropouts identified, recovered and vaccinated in the districts of Bol and Bagasola in the Lake Chad region.

**91%**
dropout recovery rate. The objecitve was 30%

**60**
community relays specifically trained on vaccination drop-outs recovery

**400**
African Vacciantion Week branded bags and LLITN mosquito nets distributed

**150**
Radio spots broadcast on community FM radio

**787**
infants aged 0-11 months vacciantd

involved the participation of 28 local organization members and 12 community relays, who visited 664 households, reaching an approximate population of over 3700 people.

Eight public announcers were also deployed in the two Lake region districts Bol and Bagasola, to relay the vaccination message and vaccination week dates to the community.

While infants below the age of one year and pregnant women are the main beneficiaries of the African Vaccination Week, children aged five and below also benefited from activities that aimed to highlight the importance of providing them with better integrated health care services.

Alongside immunizations, a range of other activities were held as part of the events marking the celebration of the African Vaccination Week, including social mobilization meetings, integrated health activities (distribution of Long Lasting Insecticide Nets and water filters for malaria and guinea worm prevention), awareness events with communities, for information sharing and dialogue, training sessions for community volunteers, as well as supervision activities.

Despite some recent improvements noted in Chad's Expanded Programme on Immunization (EPI) over the past few years, the country's overall immunization indicators remain very low. As of 2012, only 70% of operational health centers in Chad provided routine vaccination services, and only 11 % of Chadian children have been fully vaccinated against all illnesses listed in the EPI schedule. The statistic drops to 5% for infants under the age of one*. Similarly, only 9% of mothers of infants aged less than one were fully vaccinated against tetanus.

Tuberculosis, diphtheria, poliomyelitis, neonatal tetanus, whooping cough, yellow fever, measles, viral hepatitis B and meningitis haemophilus influenzae type B (i.e. meningitis in the newborn), are the illnesses covered by the Chadian immunization program. By 2015, it is planned to introduce the pneumococcal vaccine to the Chadian EPI schedule.

Institutionalization of the African Vaccination Week has helped increase the rate of immunization coverage and services in several African countries. The first two editions in 2011 and 2012 helped administer Oral Polio Vaccine to more than 150 million children in 13 African countries including Chad, while nearly 1.7 million people were vaccinated against measles in Eritrea and Cameroon. ***N.B.***

## IN PHOTOS

The Lake Chad region has traditionally been under performing in terms of routine vaccination coverage. It was selected for the official April launch of the African Vaccination Week activities, which had the overall objective to increase the region's vaccination coverage by 5 % in comparison with March 2014.





* Source: 2012 Chad EPI External Review



# Reaching. Every. District.

## Innovation for better immunization coverage



Reaching Every District (RED) is a comprehensive approach devised and implemented by WHO and partners such as UNICEF in several countries and regions in the world including Africa, that are still lagging behind in terms of immunization.

In Chad, and in-line with the Global Polio Eradication Initiative (GPEI) Endgame Strategy, polio eradication assets are being utilized to revitalize the country's routine vaccination program. These assets include over 35 national communication staff funded through GPEI, who actively support the implementation of the RED approach in Chad.

Aiming to effectively improve and increase immunization coverage in areas and regions which have been chronically under-performing in the past, the RED approach is based on five primary principles: more effective use of available resources (human, financial, technical), reaching all target beneficiaries, including those who have been traditionally underserved or previously un-reached, use of supportive supervision to increase staff capacity on the field, use of quality data for monitoring-based action, and linking beneficiaries to health service providers through direct dialogue within communities.



At every stage of implementation, the RED approach focuses on equitably reaching all children and pregnant women with all vaccines detailed in the country's vaccination schedule. At the same time, the approach promotes systematic analysis of collected field data to detect gaps in immunization coverage to allow timely identification of high priority areas.

With the district level being the primary implementation level for the RED approach, micro planning to implement and monitor immunization activities is encouraged. As a result, service providers at the district level are empowered to detect problems leading to low immunization levels, and to address them in a timely manner. The district-based approach also helps increase equity in vaccination coverage.

**Boosting Chad's EPI**

Although Chad's overall Expanded Programme on Immunization (EPI) has shown some signs of improvement over the past two years, it remains one of the weakest pillars of the Chadian health system.

Geopolitical factors such as internal political unrest which plagued the country until recent years, and resulted in deteriorated or inexistent infrastructure (transportation, electrification, security), added to a population with often low literacy levels, scattered over a vast territory, sometimes in remote or difficult-to-access areas, are some of the causes of the low performance of the country's vaccination programme.

This weakness has been felt throughout the country's recent epidemiological history, and reflected in re-occurring epidemics, notably polio, measles, yellow fever and meningitis, resulting from poor immunization rates combined with rapid population growth in an environment where sanitary conditions are often inadequate, and where food insecurity and malnutrition are still rampant.

As of 2012, the proportion of Chadian children under one year fully immunized against polio (i.e. with 3 valid doses) was of 5%.* Only 70% of operational health centers in the country provided routine vaccination services, and only 11 % of Chadian children were fully vaccinated against all illnesses listed in the EPI schedule. Such poor performance has placed the country among the 12 lowest performing nations in the world in terms of immunization.

In 2013, and as the country's action plan to halt the transmission of polio - which had been re-circulating in the country since 2009, reaching a peak at staggering 132 cases

* Source: 2012 Chad EPI External Review



in 2011 – was beginning to show results (95% drop to only five cases from 2012 to 2013), the country's EPI, and more importantly its functionality and sustainability in terms of human resource capacity and infrastructure became a primary point of focus on which Chadian health authorities, supported by the United Nations and international polio partners converged.

## RED in Chad

Based on the principle of utilizing the substantial polio eradication apparatus that was put in place in Chad, and in line with the Global Polio Eradication Initiative (GPEI), the strategy to revitalize the country's EPI was developed and implemented by mid 2013. The strategy includes overhauling the health system's stagnating and often defective cold chain system - essential to the operation of the country's vaccination programme - as well as increasing efforts to reach previously underserved population.

To lay the groundwork for the RED approach in Chad, EPI gaps in terms of equity, service demand, offer, and supply were assessed in order to determine priority RED districts. As a first step, it was essential to identify "worst-off" groups by analyzing socio-demographics data of target beneficiaries in relation to

## Chad: Overhauling the Cold Chain System

Thanks to donor funding within the framework of the RED approach, UNICEF provided essential financial and technical support towards the overhaul of the Chadian cold chain system.

### Results

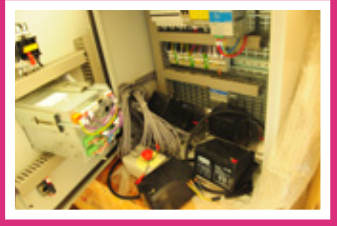
-Vaccine storage capacity increased at the central level through the installation of 4 cold rooms.
-Vaccine storage capacity increased at the sub-national level through the installation of 5 cold rooms in Abéché, Moundou and Sarh.
-All 72 sanitary districts across the country equipped with solar refrigeration units for vaccine storage with a total of 109 solar powered refrigerators installed and operational.
-Government staff trained for increased human resource capacity in terms of operation and maintenance of cold chain equipment.

### Way Forward

-Equipping all health centres with vaccine storage equipment.














routine vaccination coverage. Results indicated that while gender didn't seem a factor of inequity, other factors such as caregivers' religion, wealth, education and region of origin as well as area of residence, directly influenced vaccination coverage, and presented significant disparities.

The next step concerned analysis of indicators related to the service offer side, including health staff human resource capacity, infrastructure, outreach activities, supervision and data collection.

Results revealed an overall shortage in qualified human resources (with one medical doctor per 32,000 inhabitants and one qualified nurse per 6,000 inhabitants) compounded with disproportionate distribution between urban and rural environments, with more than 50% of the country's doctors and mid-wives based in the capital N'Djamena.

Serious inequity was further noted as up to 10% of operating health centers in regional or peripheral levels had no medical staff dedicated to immunization, and over 60% of health facilities had only one to two health staff involved in immunization. In addition, health services, especially in rural environments were found to be of generally poor quality.

Other service-related indicators also revealed severe structural problems with the health system, which affected service demand, as 70% beneficiaries reported distance from the nearest health center being a dissuasive factor for seeking vaccination, while 22% claimed than even when they decided to seek

vaccination services, there were no vaccinators at the health center.

**Priority districts**

At the time of inception of the RED approach in Chad, 40 out of the country's 70 health districts were identified as priority districts. The selection criteria was based on vaccination coverage (lowest number of vaccinated children), occurrence of polio - wild poliovirus (WPV) as well as circulating vaccine-derived poliovirus - quality of epidemiological surveillance, and performance after participation to intensified Supplementary Immunization Activities (SIAs).

Technical and financial support to accelerate routine immunization activities through the implantation of the RED approach in the identified priority districts is currently provided by the Ministry of Health (MOH) for 17 districts, WHO for eight priority districts, and UNICEF for 15 priority districts.

**Good Practices**

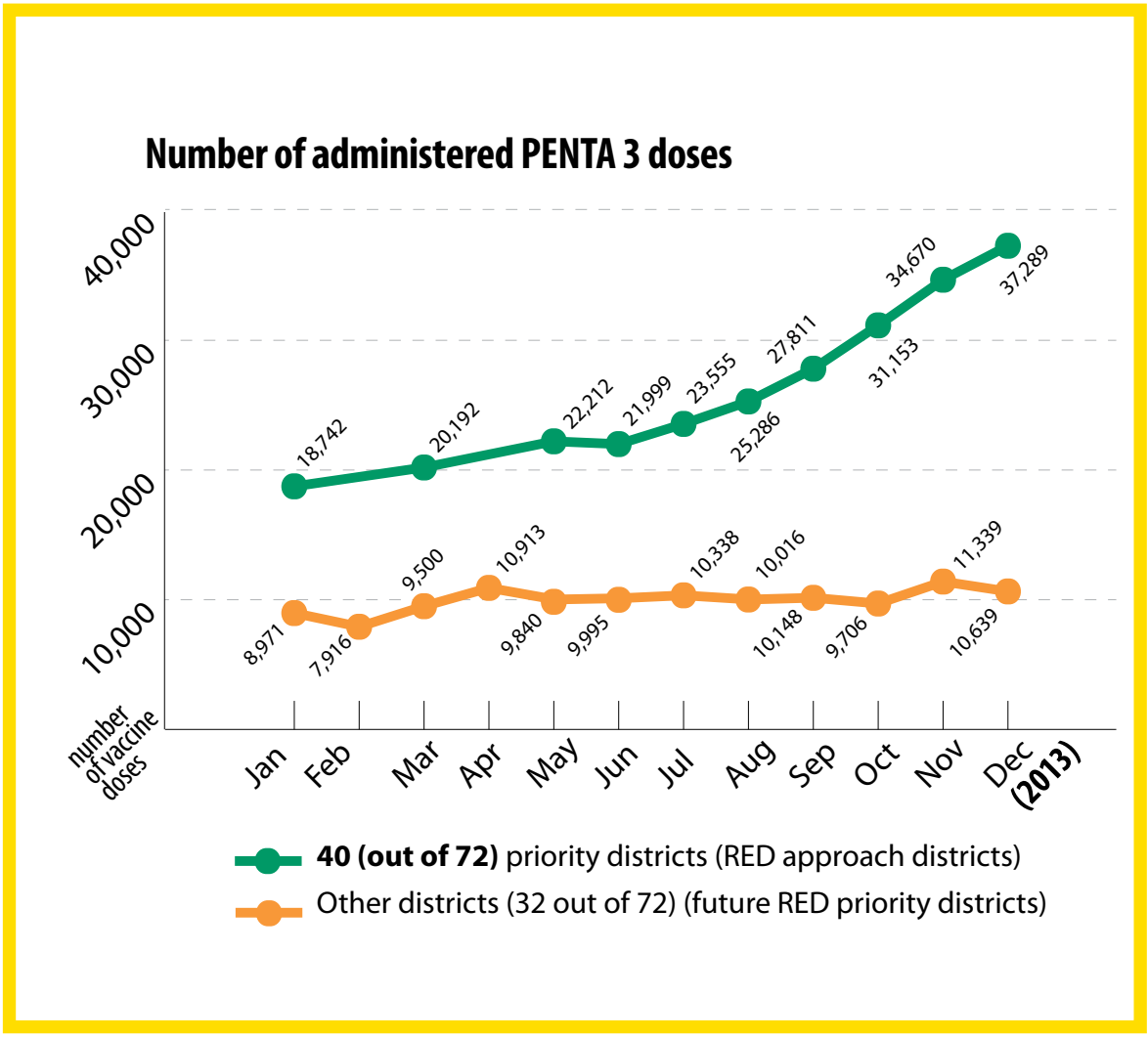
Strengthening immunization service delivery by encouraging health service providers at the district level to adopt good immunization practice is pivotal to the implementation of the RED approach.

These practices include good micro-planning in order to identify solutions to local problems, increased efforts in planning and conducting outreach immunization activities, and overall measurable improvements to service quality and delivery, in order to create an environment conducive to more service demand among beneficiaries, ultimately leading to improved immunization coverage.

In terms of performance monitoring, two innovative methods were proposed by WHO and UNICEF. First, the number of vaccinated children is now monitored directly at the health center level, instead of planning and implementing national vaccination coverage surveys. This has permitted better data collection as the procedure is fairly simple, easily understood and accepted by health professionals, and it also helped save resources.

The second innovation was the development of a set of key performance indicators to be measured

*The graph shows the number of administered PENTA 3 doses in the 40 RED supported districts versus other districts (i.e. currently not supported by RED) in 2013. A trend of better performance is seen in RED districts.*



and compiled at the health center and the health district level, through recording and monitoring of standardized data.

Specific software-based tools were designed after the validation of the RED performance indicators, and all relevant stakeholders were trained. Data was collected by UN local consultants and Government field staff, who dispatched the data to the central level, where it was compiled and analyzed, with results shared with all stakeholders at all levels on a monthly basis.

On this basis, process scores generated using the performance indicators helped provide either a snap-shot of the performance of RED districts, or served the basis on which to assess their progression over time.

**Initial results and way forward**

Following the testing and validation of the RED performance indicators in N'Djamena in July of last year, all priority districts started implementation. In December, eight districts supported by UNICEF were selected for evaluation.

Results were promising: all eight districts selected for evaluation showed progress in global monthly performance, which is





measured by an index score out of a maximum of 100. Three districts scored above 85 (with the highest score at 95), while the lowest score was of 75. Moreover, the global average score for all selected districts moved from 55 to 81 in a six month period.

Another important indication of the effectiveness of the RED approach was the comparison of coverage data progress between RED and non-RED districts. The 40 RED districts performed better with more children vaccinated in RED versus non-RED districts: higher overall number of vaccinated children, higher rate of progress over time and higher proportion of vaccinated children.

This year, and in light of the good results yielded by the initial implementation, the RED approach has been scaled up to include an additional ten districts, bringing the total number of RED districts to 50. Three additional districts are supported by UNICEF, two by WHO and the remaining five by the Ministry of Health.

This year, particular emphasis has been placed on the various aspects composing the RED approach, notably the training of field officers and national counterparts, ensuring the availability of vaccines at all levels, fine-tuning of management tools and ensuring their availability on the field, cold chain infrastructure overhaul of selected health districts and more effective management of vaccines at the district and regional levels.

Better analysis towards better decision-making during formative supervision as well as during technical workshops is also on the agenda for this year, so are increased efforts towards better involvement and engagement of local communities, which plays a fundamental role is reducing default rates (not completing the vaccination schedule), a persisting problem noted in all parts of the country.

**Funding and donor partners**

The overall funding package for the initial implementation of the RED approach for 2013 is estimated at USD 1.85 million. The Bill and Melinda Gates Foundation, one of the primary donor partners for polio eradication in Chad, has contributed USD 1 million, while the European Union, GAVI and the Canadian International Development Agency (CIDA) contributed an estimated USD 350,000, USD 250,000 and USD 250,000 respectively. ***N.B.***




# Trans-border Vaccinations: Keeping Polio at Bay

The Chadian Ministry of Health, Social Action and National Solidarity (MSP-ASSN), in collaboration with partners UNICEF and WHO has conducted a large scale regional vaccination campaign against polio from the 23rd to the 25th of May.

Amid serious concerns of regional propagation of the poliovirus from neighbouring Cameroon, Chadian authorities and partners, who have campaigned rigorously against polio over the past two years, remain determined to keep the polio-free status of the country.

"The achievements made so far should not make us fall into complacency, on the contrary, we must focus all our strength and energy to increase vigilance in order to stop any eventual poliovirus re-circulation," said Minister of Public Health, Dr Ngariéra Rimadjita, during the launch event held on the 24th in Massaguet, in southwestern Chad.

Several countries in the region including Cameroon, Nigeria and Niger will be conducting coordinated campaigns with Chad, in order to maximize vaccination coverage, especially for cross-border populations who may otherwise miss vaccinations when crossing borders. For this campaign, 23 villages, ten points of entry and six assembly points have been identified in border areas to ensure the vaccination of all children



aged under five against Polio.

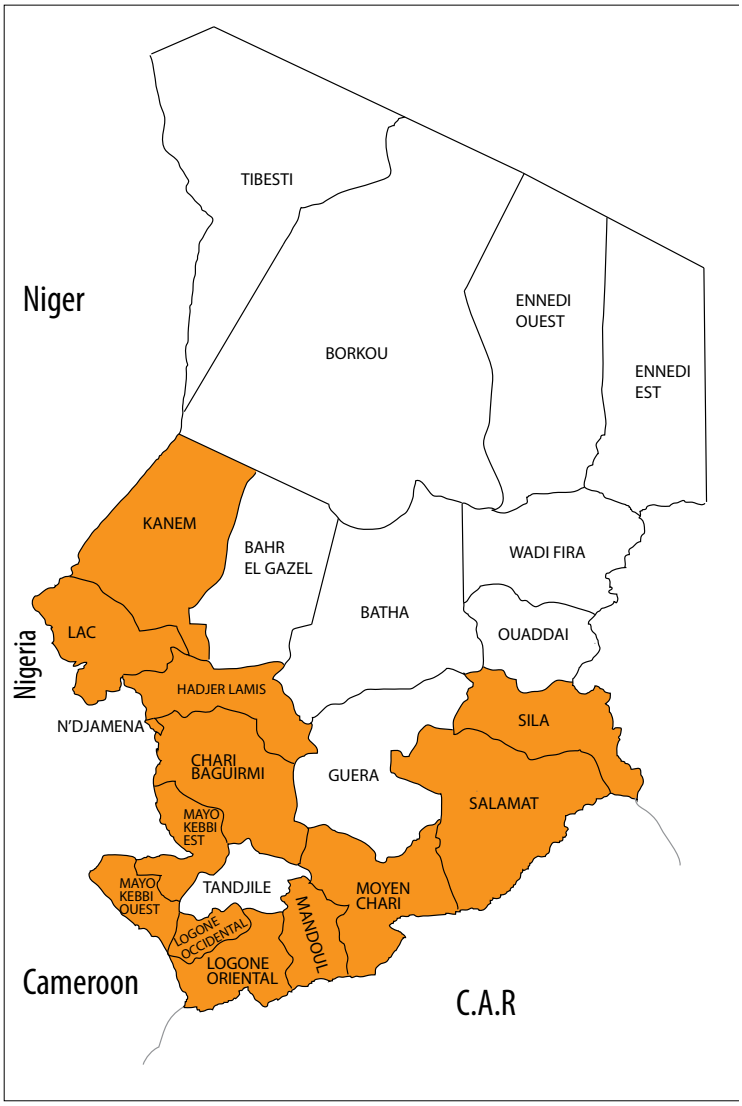
"UNICEF is aware of the magnitude of the challenge and is committed to supporting the Government to improve indicators and increase vaccination coverage. We have come a long way since 2011, where polio was still rampant in Chad with 132 new confirmed cases. We must, at all cost, safeguard our recent hard-won gains in the battle against polio" stated UNICEF Chad Representative, Bruno Maes, who recognized the challenge and reiterated UNICEF´s commitment.

Cameroon, where polio has been undetected for the past three years until last October, is now in the midst of a full-blown polio outbreak. The country has been declared earlier this year at "High Risk" by WHO, for causing international spread of the illness.

While at this moment it is not possible to determine how much the violence-torn Central African Republic has been affected by the outbreak in Cameroon, the influx of Central African refugees and returnees to Chad adds another measure of concern in terms of keeping Chad polio-free.

"Two years without polio in Chad marks a decisive victory over the wild poliovirus. However, this result should not dampen our enthusiasm to keep learning. Chad has the need to continue to implement the major axes of the vaccination program including surveillance, routine immunization and organization of mass campaigns," recognized WHO Chad Representative, Dr. Jean -Marie Yaméogo.

Chad has already conducted two national polio vaccination campaigns this year in the months of March and April, reaching an estimated 3.5 million children under-five.
***N.B.***




## Trans-border Campaign

**May 2014**

**13**
Regions

**27**
Districts

**1,8 Million**
children vaccinated




# Zero Status

## Two Years Later: is polio really gone?




The 14th of June has become an important date for the Polio Eradication Initiative in Chad.

Two years ago on this day, and as the country was still grappling with free-roaming wild poliovirus, another case of Acute Flaccid Paralysis was confirmed due to WPV infection, delivering a hard blow to all those involved in polio eradication in Chad. It was the fifth case that year, and no one was in a position to know that it was going to be the last case the country has recorded to date.

About six months prior, the numbers for 2011 were in: 132 children were crippled by polio in Chad alone, more than the total

number of polio cases in the world to date this year.

Facing the risk of the country becoming a new regional reservoir for the virus, Chadian health authorities, and in-tune with their head-of-state who had declared an "all-out-war" on the illness, devised, with substantial support from the United Nations, an Emergency Action Plan aimed at halting the progression of WPV. National and regional Supplementary Immunization Activities were to be conducted over several rounds and according to a dense schedule, in order to increase the country's children's immunity against the debilitating disease.

**Two years WPV free**

Massive campaigning (a total of 22 national and regional campaigns were conducted since 2012 in Chad) is of course thought to have played a major role in this result.

Improvements to the country's health infrastructures and capacity are also thought to have played a role. Chad's cold chain system for example, a vital element to the functioning of a vaccination programme, is currently undergoing a major overhaul.

The work also included mobilising and training of thousands of health workers, vaccinators, community relays and public announcers.

Several cooperation agreements were setup with national and local media outlets, including community radio stations in rural parts of the country, to improve demand for Oral Polio Vaccine. More recently, an agreement with one of Chad's primary telecommunications operators has been signed, to increase beneficiary awareness on campaign dates and benefits of vaccination via SMS.

Data collection and analysis was improved. There is much more information about WPV in the Chadian context today than there ever was. We know for example that "Child Absence" is the leading cause of missed children at campaign time. We also know that the proportion of Chadian children aged less than five who have received 3 doses or more of OPV is around 85%. More importantly, we can trust this data more than ever, thanks to improved systems and tools of information cross-checking and verification.

Communication and advocacy with community leaders (religious, traditional, woman's groups)





was expanded at all levels, in an effort to create a platform for proximity communication and direct contact with parents and caretakers. Emphasis was placed on the engagement of village-based community relays who, supported by a large network of local communication consultants (about 40 of them deployed over the Chadian territory), built a network bridging health services and beneficiaries.

Knowing all of this, and given the clean WPV slate Chad has enjoyed for two years now, a question poses itself: is polio really gone?

**Phasing out SIAs and revitalizing routine EPI**

Undoubtedly, the government's SIAs strategy paid off in terms of halting polio transmission. No WPV detected in two years, no cVDPV in over a year, and national OPV 3 coverage of under-five's closer than ever to the safe margin of 90%.

But while SIAs may still be on the agenda for 2014 (Two national campaigns have already been conducted in March and April, and were followed by a regional campaign in May, primarily focused on border regions), a major shift is expected to take place next year.

In light of the successful halting of circulating WPV and in-line with the Global Polio Eradication Initiative Endgame Strategy, SIAs in Chad will gradually be phased out in 2015. Polio vaccinations will instead be carried out through the Expanded Programme on Immunization routine immunization schedule, and OPV (Oral Polio Vaccine) will be phased-out in favour of IPV (Inactivated Polio Vaccine) which is administered via intramuscular or subcutaneous injection, either at a health facility or during outreach campaigns.

The importance of an effective and sustainable revitalization of the country's EPI is crucial. As of 2012, EPI indicators for Chad were alarmingly low. For example, less than 10% of infants aged a year or less had been fully vaccinated against polio.

While improvements to the Programme's infrastructure and capacity are thought to have had a positive impact on overall EPI indicators, it is reasonable to speculate that the "vacuum" left by polio SIAs will be felt, especially in regions that have chronically been performing low in routine immunization.

**Demographics, and geographical disposition**

Given Chad's high birth rate, and if routine immunization coverage doesn't improve at a fast enough pace, differences

in polio immunization rates may be felt, between children born now (while SIAs are still on-going) and children born post the SIAs "era". The chance of having unvaccinated or inadequately vaccinated portions of the target population can increase, if the revitalization of Chad's EPI falls short.

Because of Chad's geographic predisposition there will always be a constant polio threat, as it shares borders with significant border population flow with either chronically endemic countries (Nigeria) or recently re-infected countries such as Cameroon.

Chad will always be prone to cross-border WPV re-infection if the national routine EPI coverage is below standard, especially if the situation in its neighbouring countries remains un-checked. If the country's EPI fails to accommodate its future generations, re-importation of WPV may just be a matter of time. ***N.B.***

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**Stop Polio Chad** ☑



# More than 3.5 Million children reached with OPV in national SIAs

This year's second national immunization campaign against polio was conducted in April 2014 with an official launch held in the capital city of N'Djamena by Chad's health authorities, alongside representatives of lead UN operating agencies UNICEF and WHO.

International funding partners such as the Bill and Melinda Gates Foundation were also present at the launch.

Similar to this year's first national campaign which was conducted in March, the April campaign is estimated to have reached at least 3.5 million children under the age of five with life-saving Oral Polio Vaccine.

These are crucial times for the polio eradication initiative in Chad, which has recorded its last confirmed Wild Poliovirus (WPV) case back in June 2012, making the country polio-free for more than 24 consecutive months to date.

Notwithstanding this excellent result obtained, in large part, through rigorous



campaigning (10 national and regional campaigns were conducted last year), authorities and UN partners alike remain on high alert, due to the recently confirmed polio outbreak in Cameroon.

Despite having remained polio-free for the last three consecutive years, Cameroon has recently been placed "at high risk" of causing regional and international spread of WPV by WHO, after three cases in Equatorial Guinea were traced back through genetic sequencing to confirmed cases in Cameroon.

**Extra Vigilance at the Borders**

Current political turmoil in the Central African Republic and the worsening humanitarian conditions are thought to be major contributing factors to Cameroon's recent WPV contamination. This adds a serious measure of concern, as authorities are overwhelmed by the rapid influx of refugees and returnees crossing borders to Cameroon and Chad, making it difficult to conduct surveillance and monitoring activities amidst the chaotic and politically unstable parts of the central African nation.

Despite measurable efforts, which have taken the percentage of children under five in Chad who have received at least three doses of OPV last year to 85%, the "safe" threshold of 95% is still to be reached. Failure to do so may leave a large portion of children unprotected and at risk of contracting the virus, which may be transported back across the borders, by refugees to refugee camps where sanitary conditions can be inadequate, or deep into the country as returnees are directed back to their villages.

"The threat of cross-border re-importation [of the virus] is real. We should not let our guard down. Instead, we need to increase efforts to reach maximum coverage at the borders," said Dr. Marcel Ouattara, UNICEF Deputy Representative at the campaign launch.

**WPV: Invisible, and difficult to Track**

While WPV is a highly transmissible virus, infection can often be silent, meaning that 95% of those infected will not present symptoms, and of those 5% who become symptomatic, only 20% among them will develop full and irreversible symptoms such as paralysis, and possibly death from the infection.

This makes WPV virtually impossible to trace geographically.
Moreover, and while three doses of OPV are needed for a child to provide adequate immunity against the virus, it is suggested that in environments with low or deteriorating sanitary conditions (such as temporary refugee camps) four doses of OPV are to be administered to obtain adequate immunity.

The reason why a 95% national coverage is enough to provide immunity on a macro level, is due to a phenomenon called "Herd Immunity" or "Proximity Immunity". Unvaccinated Children who come in contact with vaccinated children will also be exposed to the attenuated virus, and thus will also become immunized against WPV.

However, if the percentage falls below 90-85% and especially if it goes lower than 80%, then the proximity

immunity effect will no longer be effective. Instead, pockets of unvaccinated children, or children with less than three doses of OPV, will remain exposed to and unprotected from WPV.

**Vitamin A and Deworming**

In an effort to increase health benefits for children receiving vaccination, twice-a-year Vitamin A supplementation and deworming treatment has been coupled to door-to-door polio vaccination over the past two years.

"Vitamin A supplementation helps a child to be less likely affected by severe forms of infectious diseases," said Dr. Ouattara in his speech at the April 2014 campaign launch. "Deworming treatment helps achieve a better nutritional status, helping children grow faster and learn better." He added.

Twice a year supplementation in vitamin A and deworming are measures that have been proven to help infants and children be less prone to serious infectious illnesses and malnutrition, and contribute to reducing child mortality by at least to 25%. ***N.B.***

Read more on GPEI in Chad on our dedicated site:

**www.poliofreechad.org**




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# Eradicating Poliomyelitis is a global public health effort that necessitates substantial resources.

To combat polio in Chad, UNICEF and WHO have the continued support of the following partners:

The Bill & Melinda Gates Foundation

The Government of Japan

GAVI Alliance

Rotary International

CDC ATLANTA





www.poliofreechad.org

Unicef Stop Polio Chad

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