

PCV and Rotavirus Vaccine Introduction Workshop

13-15 September

N'Djamena, Chad

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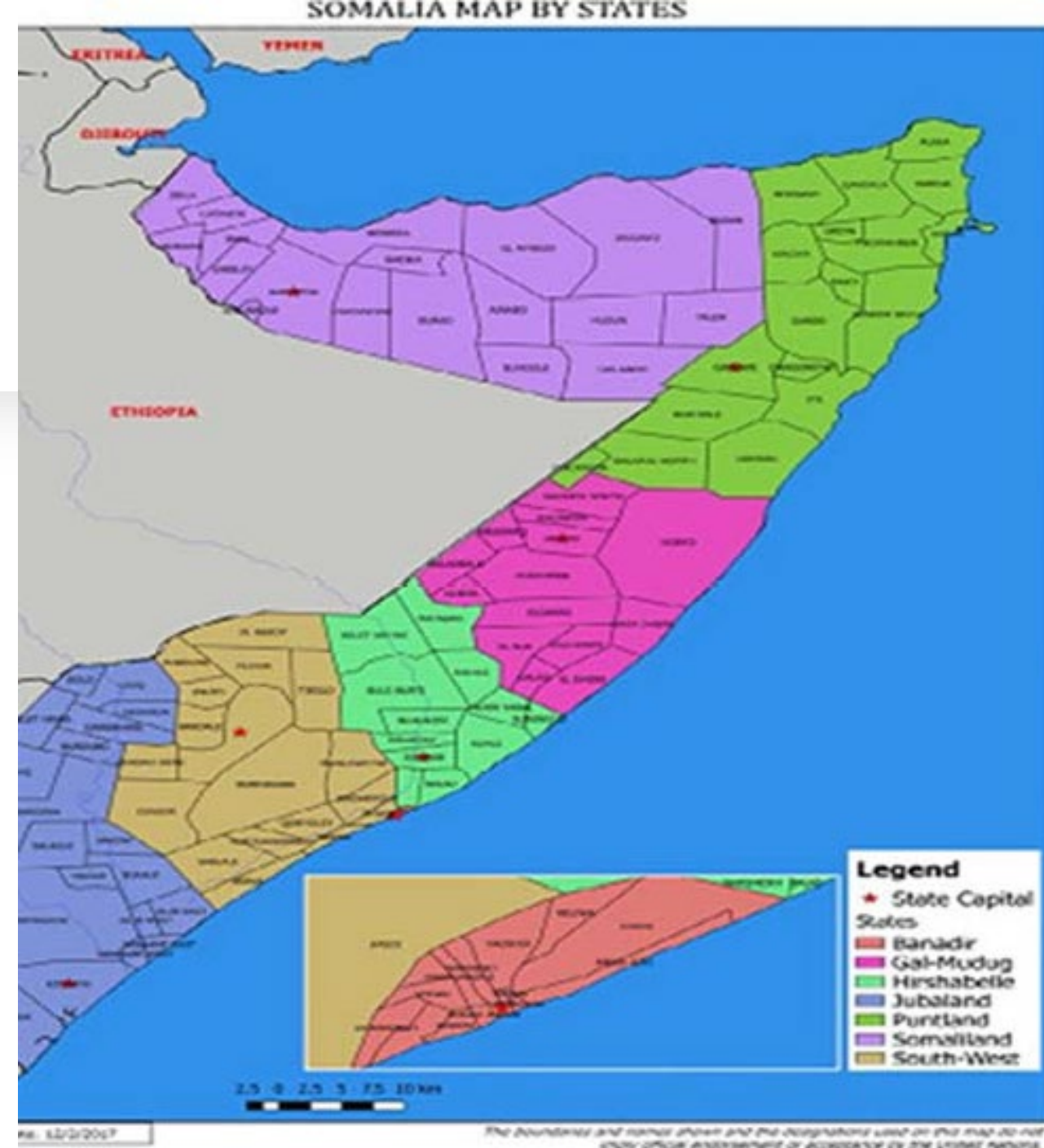
Family Health Director

Federal Ministry of Health

Somalia

Brief background about Somalia

- Total population: 16,786,662
- Children under 1 year: 660,220
- Children 12-59 months: 2,553,485
- # Federal Member States: 7
- # Regions: 23
- # Districts: 110



Somalia current and future Immunisation schedule

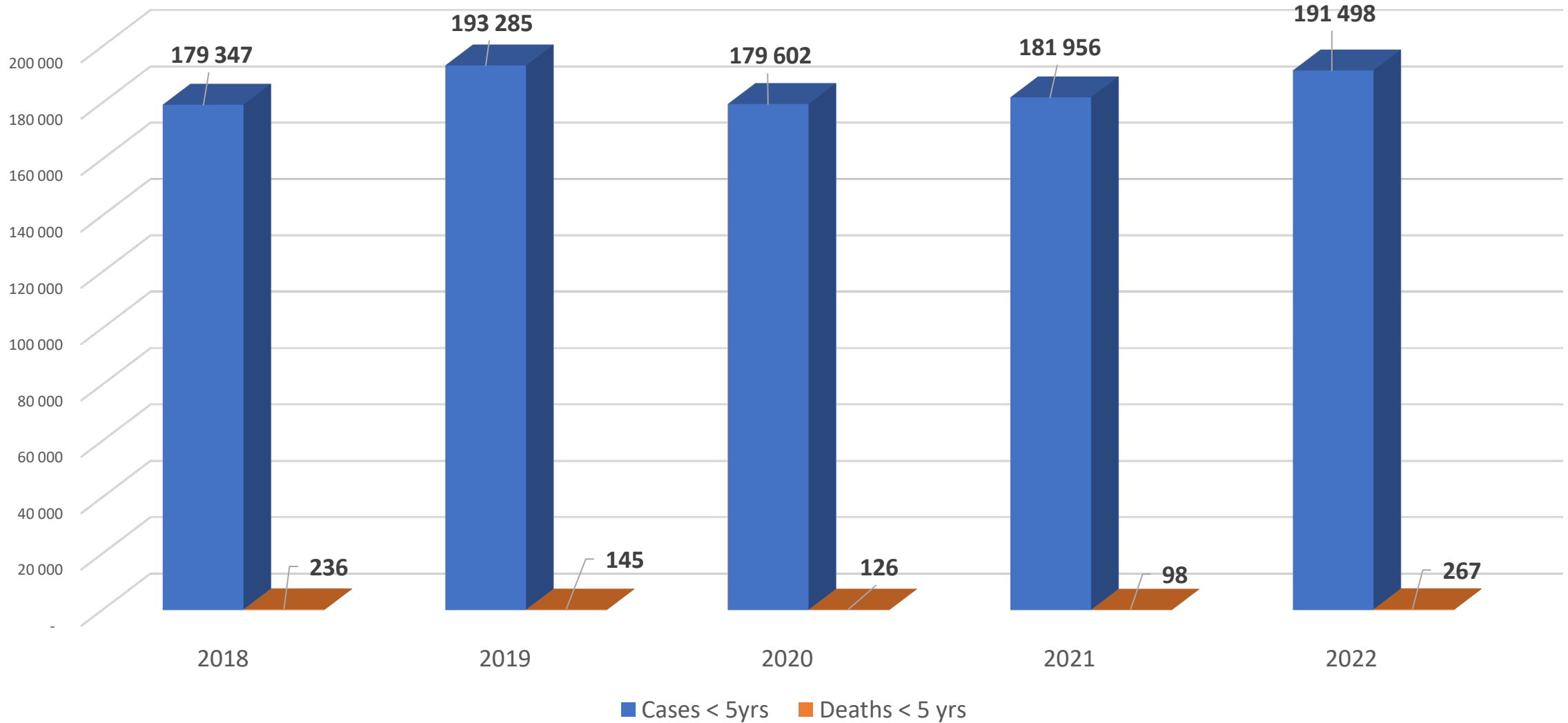
Vaccine Name	Target age group	At birth	6 weeks	10 weeks	14 weeks	9 months	12 month	15 months
BCG	Livebirth							
Oral Polio Vaccine (Zero Dose)	Livebirth							
Oral Polio Vaccine (bOPV)	Surviving Infants							
Pentavalent (DTP-HepB-Hib)	Surviving Infants							
Inactivated Polio Vaccine (IPV)	Surviving Infants							
PCV13	Surviving Infants							
Rota (ROTAVAC)	Surviving Infants							
Measles	Surviving Infants							
MR	Surviving Infants							
Women of Child-bearing Age (WCBA)		First dose	2 nd dose	3 rd dose	4 th dose	5 th dose		
Tetanus-Diphtheria (Td)	WCBA	1st contact	+1 months	+6 months	+1 years	+1 years		

New vaccine intro

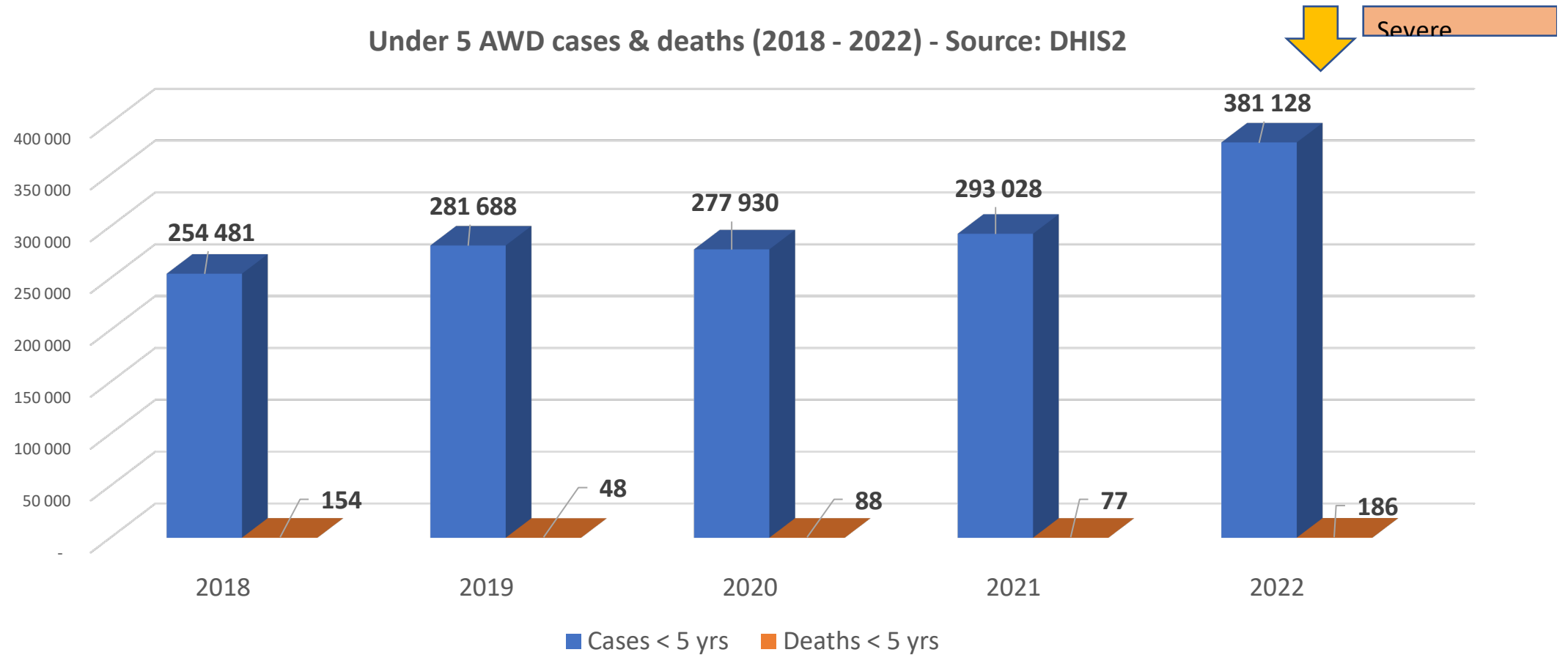
Vaccines to be phased out

Burden of Pneumonia in Under 5

Under 5 Pneumonia cases & deaths (2018 - 2022) – Source: DHIS2



Burden of AWDs in Under 5



National progress to SDG 3.2

By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births

	Value	Latest year with data	Progress towards global target
3.2.1 Under-five mortality rate (deaths per 1,000 live births)	114	2020	●
3.2.2 Neonatal mortality rate (deaths per 1,000 live births)	36	2020	●
3.3.1 (HIV Incidence) – New HIV infections per 1,000 uninfected population [Children <5]	0	2020	●
3.3.1 (HIV Incidence) – New HIV infections per 1,000 uninfected population [Adolescent GIRLS 15-19]	0	2020	●
3.3.1 (HIV Incidence) – New HIV infections per 1,000 uninfected population [Adolescent BOYS 15-19]	0	2020	●
3.1.1 Maternal mortality ratio (deaths per 100,000 live births)	829	2017	●
3.1.2 Proportion of births attended by skilled health personnel (%)	31	2019	●
3.7.2 Adolescent birth rate per 1,000 women aged 15-19	118	2017	●
3.8.1 Coverage of essential health services (index)	27	2019	●
2.2.1 Prevalence of stunting among children under 5 (%)	27	2020	●
2.2.2a Prevalence of wasting among children under 5 (%)	14	2009	●
2.2.2a Prevalence of overweight among children under 5 (%)	2	2020	●
3.b.1 Proportion of surviving infants receiving measles-containing-vaccine first-dose (MCV1) (%)	46	2020	●
3.b.1 Proportion of surviving infants receiving 3 doses of diphtheria-tetanus-pertussis (DTP3) (%)	42	2020	●

Acceleration Needed



Objectives of PCV and other NVIs in Somalia

- **Three NVI are planned for 2024: PCV, Rota and MR**
- **The overall objective of NVIs (PCV, Rota and MR vaccine):**
 - To reduce morbidity and mortality due to pneumococcal infections, diarrhoea caused by rotavirus and M&R diseases among under-five Somali children, to protect individuals and achieve high population immunity.
- **Specific objectives:**
 - To rapidly reduce the morbidity and mortality from pneumococcal disease amongst infants (3 doses of PCV).
 - To rapidly reduce the morbidity and mortality from rotavirus caused diarrhoea disease amongst infants (3 doses of rotavirus vaccine).
 - To rapidly reduce the morbidity and mortality from M&R diseases amongst infants (replacement measles monovalent with MR for MCV1 and MCV2) preceded by catch-up campaign in 2024.

Decision making for PCV and other NVIs in Somalia

Strong Political Commitment by the Federal Government of Somalia

- 2020 – revised EPI Policy to include the int NVI
- 2021 – cMYP (2021 – 2025) developed
- 2023 – Gavi waiver of the co-financing obligation for Somalia
- 2020 & 2023 – re-affirming the Government commitment by participation in the Barcelona & Madrid conferences
- 2023 – revitalisation of the NITAG
- 2023 – development & submission of NVI proposal
- 2024 – the 2024 AWP drafted with inclusion of NVI
- Functional ICC since 2018 to date
- Programme complementarity – One Health Strategy and the Community Health Strategy
- Strong technical support from partners (UNICEF, WHO, Gavi and other partners) on NVIs and EPI in general

Target vaccination coverage 2024-2026 (RI)

Antigen	Coverage targets		
	2024	2025	2026
Pneumococcal conjugate vaccine	50%	70%	80%
Rotavirus vaccine	50%	70%	80%
Measles - Rubella (MR1)	85%	90%	95%
Measles - Rubella (MR2)	80%	85%	90%

Phases of NVI into RI

Activity Information	Phase 1	Phase 2	Phase 3
Period for PCV, Rota & MR introduction into routine immunization.	October 2024	November 2024	December 2024
Names of States	Banadir, Puntland	Galmudug, Jubaland, South-West, Hirshabelle	Somaliland
# of Regions	8	9	6
# of Districts	45	46	19
Total population 2024	5,128,402	7,705,833	4,539,960
0-11 months	194,879	292,822	172,518
12 – 59 months	2,916,503 (one-time PCV catch up campaign)		

PCV Catch-up: - Specific Objectives

Somalia will also implement a PCV catch up vaccination with the following objectives:

- Administer a single dose of PCV vaccine to at least 95% of all children aged 12-59 months
- Provide campaign and PCV vaccine information to the community and obtain at least 95% of household's awareness.

Additionally, the PCV catch up will also have the following objectives:

- Address zero dose children by catch up at least 80% of 'zero dose' and under-immunized children
- Offer vitamin A to at least 95% of children aged 6 – 59 months
- Offer 1 dose of deworming tablet to of children aged 95% 12-59 months

PCV Catch-up timeline

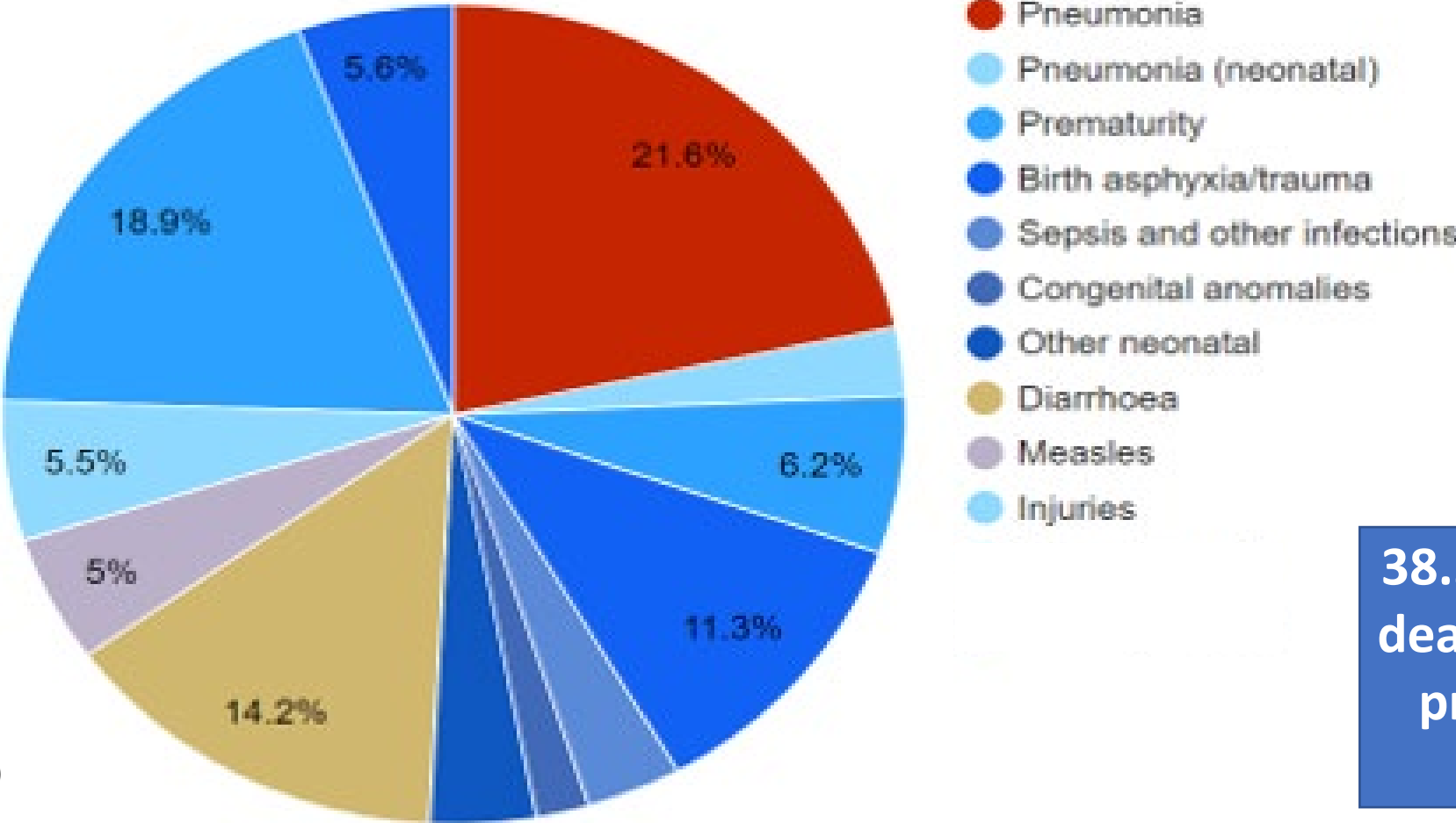
Timeline	March 2025
# of Regions	23
# of Districts	110
12 – 59 months	2,916,503

PCV and rotavirus vaccine introduction in the context of other national vaccine priorities

- MR introduction through catch-up followed by routine in Q3/2024
 - The campaign will immediately be followed by introduction of MR vaccine into RI
 - MR will replace measles monovalent vaccine at 9 months and 15 months
- nOPV2 – in response to cVDPV2 outbreak
- IPV2 and MCV2 – introduced in 2022 in RI
- HPV – under consideration

Role of pneumonia and diarrhea in national causes of child deaths

Causes of death for children under 5



38.5% of under 5 deaths caused by pneumonia & diarrhoea

Source: WHO

Opportunities for PCV and rotavirus vaccination introduction (1)

Three NVIs in Somalia will bring a number of opportunities to the EPI and overall health system:

- Strengthen coordination at national & sub-national levels (oversight bodies)
- NVI provides a great opportunity to FMoH and subnational level staff to learn more about planning NVI, budgeting, understanding of Gavi processes
- Revision of immunisation policy/guidelines for the catch up for older age groups
- Improve **coverage** and **equity** by reaching previously underserved communities and newly liberated districts

Opportunities for PCV and rotavirus vaccination introduction (2)

Three NVIs in Somalia will bring a number of opportunities to the EPI and overall health system:

- MR introduction is also an opportunity to improve on measles and rubella and CRS surveillance (IDSR)
- The NVI and the FPP comes with financial and technical support to further strengthen the health system
- Expansion and extension of the cold chain system to cover previously underserved districts (CCEOP)
- Strengthen cold chain logistics, vaccine management & waste management
- Ensure complementarity with other Gavi/donors' support
- Opportunity to scale-up integration of C-19 vaccination into RI and PHC

Opportunities for PCV and rotavirus vaccination introduction (3)

Three NVIs in Somalia will bring a number of opportunities to the EPI and overall health system:

- Somalia will use this opportunity NVI to build capacity of workforce:
 - The training on NVI and the MR catch up campaign (modules from IIP will be added)
 - Improve planning and microplanning skills at all levels
 - Strengthen social mobilisation and community engagement networks (demand promotion)
 - Opportunity to tighten the coordination with polio programme and leverage their experience and knowledge (polio transition)
 - PCV and MR catch up campaigns will be used to offer other child and maternal health services (Vit A, deworming, MUAC screening, referral of SAM cases, etc...)
 - Improve skills of state and district level supervisors on supportive supervision and monitoring for action
 - An opportunity to review and revise the HIS system and data collection tools, supervision checklists, etc...
 - Enhance skills of staff on AEFI surveillance and immunisation safety

Major challenges (1)

- **Establishing evidence to support the intro:**
 - Lack of data on the prevalent serotypes of pneumonia strains in Somalia
- **Co-financing:**
 - Govt inability to meet future co-financing obligations
- **Human resource capacity: quantity and quality**
- **Fragile and protracted humanitarian crisis (conflict, drought, floods, disease outbreaks)**
 - Security challenges and issues of access in some areas
 - Mobile population (in-country & with neighbouring countries)
 - Internally displaced populations

Major challenges (2)

- **Competing priorities:**
 - Somalia is consequential geography for polio (cVDPV2 'circulating' since 2017)
 - Two upcoming campaigns: PCV and MR catch up campaigns
 - “the big-catch” up for zero dose children and missed communities
- **Frequent population movement**, making it challenging for tracking defaulters and missed children

Major challenges (3)

- Challenges in coordination with the sub-national levels (weak capacity of DHMT)
- Expensive and a **complex vaccines distribution network** (mostly air-lifting)
- Misinformation, misconception and hesitancy to vaccination

Ministry of Health essential vaccine partners

- FMoH has strong technical support from partners
- **In-country partners include:**
 - UNICEF
 - WHO
 - Gavi
 - International & national NGOs

Ministry of Health priorities (expectations and ask) from the workshop

- Present to partners and donors
Somalia strong commitment and determination on achieving UHC and SDG targets by reducing child mortality and morbidity (3.2)
- Advocacy for resource mobilisation and technical expertise
- Experience sharing on NVI from other countries with similar context
- Capacity building opportunity for Somalia NITAG members through exchanging experiences with other NITAG members from participating countries

Financing of NVIs in Somalia

Item	Cost (USD)	
	2024	2025
MR Catch Up - vaccines & supplies	\$ 9.8 m	-
MR Catch Up - operational costs	\$14.3 m	-
PCV Catch Up - vaccines & supplies	-	\$9.9 m
PCV Catch Up - operational costs	\$6.2 m	-
NVI introduction into RI - operational costs	\$ 1.6 m	-
PCV routine - Vaccines & supplies	\$ 2.2 m	\$3.2 m
Rota routine - vaccines & supplies	\$ 1.1 m	\$1.6 m
Total	\$35.2 m	\$14.7 m

Conclusion

- Strong political commitment from the Federal Government of Somalia with the support of partners
- Need for resources to expand & sustain strong RI program
- The NVI presents an opportunity to address the main causes of child morbidity & mortality
- NVIs is a unique opportunity to strengthen the health system in Somalia.
- NVIs is an opportunity for making better synergies, complementarities and efficiencies (Damaal Caafimad, Better Lives, Gavi, GF)

Thank you,,,

