

The Role of WHO in Protecting Angolans Against Polio: A REPORT ON THE 2023 NATIONAL CAMPAIGN

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NATIONAL CAMPAIGN**



**World Health
Organization**

Angola

Introduction



In the months of September and October 2023, Angola witnessed a significant win in its battle against polio, marked by a national campaign carried out in two rounds, the first on 8-11 September and the second on 13-16 October, over 5.6 million (104%) children in round 1 and 6.2 million children in round 2 (111%) were vaccinated against a target of 5.4 million.

This initiative was led by the Government of Angola with support from the Global Polio Eradication Initiative (GPEI) and partners such as the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), Rotary International and Centers for Disease Control and Prevention (CDC). Recognising the historical challenges in immunisation within the country, WHO went beyond conventional efforts, deploying staff across provinces, co-ordinating extensive training programs, and elevating community engagement to new levels.

The National Polio Campaign brought together the diverse provinces of Angola under the shared vision of a polio-free nation. This report will give you a brief overview of the campaign, highlighting WHO's role and the synergy of coordination and innovation.

What is Polio and need for campaign

Polio is a highly infectious viral disease that largely affects children under 5 years of age. The virus is transmitted by person-to-person spread mainly through the faecal-oral route or, less frequently, by a common vehicle (e.g., contaminated water or food) and multiplies in the intestine, from where it can invade the nervous system and cause paralysis.

In 1988, the World Health Assembly adopted a resolution for the worldwide eradication of polio, marking the launch of the Global Polio Eradication Initiative, spearheaded by national governments, WHO, Rotary International, CDC, UNICEF, and later joined by the Bill & Melinda Gates Foundation and Gavi, the Vaccine Alliance.

While there is no cure for polio, the disease can be prevented through administration of a simple and effective vaccine. The cold chain, active and passive, play a vital role in ensuring that vaccination culminates to Immunisation.

Angola health system is made up of 3,325 health facilities, with 2,087 implementing the Essential Programme on Immunisation (EPI) program, meaning that more than 60% of Angola territory is covered by health facilities offering vaccination services to communities.

Angola is one of several countries with low performance of EPI and where Immunisation in children has been sub-optimal. The coverage rate for the third dose of DTP-containing vaccine in 2021 was only 45%, the lowest-level it has been since 2001. Similarly, the measles vaccination coverage for the first dose was 36% in 2021, the lowest since 2006. The low coverage rate, combined with the relatively high population size, resulted in more than 707,000 under-immunised children and more than 500,000 zero-dose children. This suggests an urgent need to fully strengthen EPI and implement catch-up vaccination strategies in Angola.

Independent Monitoring and Lot Quality Assurance Sampling

Independent polio campaign monitoring is carried out to assess the quality and impact of supplementary Immunisation activities. It is critical to guiding any necessary mid-course corrections if gaps or problems are found.

Lot Quality Assurance Sampling (LQAS) is a rapid survey method that assesses evidence of campaign quality following Supplementary Immunisation Activities (SIA) in pre-defined areas (known as “Lots”), using a small sample size. LQAS survey identifies lots with insufficient evidence of high vaccination coverage based on the results of a sample of 60 children located in randomly selected clusters.

For the national campaign in Angola, WHO enlisted more than 600 independent monitors and over 164 LQAS evaluators organizing a series of training sessions. Their primary role was to ensure that the vaccination initiative unfolded seamlessly and met its objectives.

The independent monitoring results at the end of the campaign corroborate the data from the administrative coverage achieved in both rounds of vaccination and show that between Round 1 and Round 2, 94% and 96% of children in the target group were vaccinated, respectively. Additionally, the LQAS assessment revealed that the number of municipalities failing to meet the target of vaccinating 95% of children decreased from 135 of 170 in the first round to 95 of 170 in the second round.

Partnerships

The success of this campaign cannot be discussed without mentioning the importance of effective and quality partnerships. Collaboration with GPEI and its members like UNICEF has been crucial. New partners such as the Private University of Angola (UPRA) have added unique value to the campaign. This partnership, which had been strengthening since the 2nd International Medicine Congress in July, culminated in an innovative approach to enhance the independent monitoring process. WHO entrusted 18 UPRA students, after comprehensive training, to function as trainers for the independent monitors across various provinces. This decision not only showcased the deepening trust and collaboration between

WHO and UPRA but also highlighted the invaluable role of academic institutions in augmenting health campaigns.

A strategic partnership was also forged with National Institute of Medical Emergencies of Angola (INEMA) to amplify sensitisation efforts in populous neighbourhoods and markets of Benguela. This collaboration allowed WHO to reach these community and harnessed INEMA’s reach and influence to foster wider community support and participation.



WHO also worked with many independent contractors throughout the country who were invaluable in their support ensuring that WHO could provide the best support to the government as possible across Angola.

Highlights from the campaign

This section demonstrates some of the campaign highlights and achievements that marked this campaign and journey towards a polio-free Angola.

1. Extensive Coordination and Collaborative Spirit

A key highlight was the extensive coordination and collaboration led by the Government of Angola with support from WHO and partners. Regular coordination meetings, high-profile involvement, and inter-agency cooperation were visible, from the coordination of the integration of technical health secretaries to support the campaign, which combined healthcare expertise with traditional governance structures to Lunda Norte's engagement with the Vice Governor and Zaire's healthy cross-border initiatives with the Democratic Republic of Congo (DRC).

WHO provided technical support to the Ministry of Health (MINSA) in developing the plan for this vaccination campaign, estimating the necessary human and material resources, preparing materials, and training all those involved in the process of preparation, implementation, and quality assessment of the campaign.

In Uige and Cunene, strategic alignment between provincial and national plans and the integration of local authorities demonstrated a strong collaborative spirit. The campaign in all provinces including Benguela and Bengo witnessed thorough planning, with the government, WHO and partners such as UNICEF working harmoniously, ensuring a cohesive approach.



2. Logistical Solutions

Logistics was also key for the campaign and many of the complex challenges were addressed through collaborative work with ingenuity.

WHO supported MINSA and UNICEF in completing an inventory with a physical count of all passive and active cold chain equipment to immediately address the gaps identified at the operational level in each of the municipalities in Angola. Additionally, WHO assisted in the distribution of vaccines and Information, Education and Communication (IEC) materials via WHO colleagues, who travelled to each province to support the campaign.

WHO's intervention in Cuando Cubango and Huila circumvented fuel shortages, while in Uige and Cunene, rapid material distribution, despite initial delays, kept the momentum of the campaign. Benguela's quick response to incidents with the assistance of the national police and Bengo's acquisition of additional carriers from Luanda highlighted adaptability. These provinces, though diverse in their challenges, were unified by the logistical coordination of the Government with WHO support, ensuring that as many children as possible were vaccinated.

3. Engaging and Mobilising Communities

Community engagement was not merely a strategy, but a dialogue rooted in trust and inclusivity, enhanced by robust advocacy efforts and fundamentally multi-sectoral collaboration, involving essential sectors such as municipal, communal, and district administration, as well as transport, education, police, and the military.



The campaign's reach extended from distributing Information, Education, and Communication (IEC) materials in Moxico to organising 'Café de Ideas' events across the country, especially in provinces like Luanda, Zaire, and Benguela. The involvement of traditional leaders in Uige, Cunene, and Cuanza Norte was pivotal, exemplified by the Soba (traditional leader) of the Cazengo community personally accompanying vaccination teams. This approach resonated deeply with the local communities. In Huambo, a media-engagement strategy and in Bie, a culturally sensitive approach with early vaccinations demonstrated a profound understanding of community dynamics.

The WHO supported the Luanda Provincial Health Directorate in intensifying engagement with key community groups, including taxi drivers, motorbike riders, teachers, students, childcare centres, neighbourhood residents, political parties, youth groups, and traditional therapists. This was complemented by an enhanced dissemination of content on digital and social media platforms. The WHO also allocated additional funds for purchasing megaphone batteries and hiring nine sound-equipped vehicles, which circulated in all of Luanda's municipalities for seven days. These vehicles have been broadcasting in certain neighbourhoods, further amplifying the campaign's reach.

4. Addressing Challenges and Overcoming Obstacles

There were some challenges, but what was clear in many provinces was not the challenges encountered but the resilience showcased through collaborative and decisive action. Transportation issues, vaccine hesitancy, logistic delays, and even concurrent health challenges like Moxico's measles situation and cases of scabies in Bengo were met with unwavering resolve. WHO's presence, guidance, and resources were catalysts in finding solutions.

Given the specific nature of Luanda and considering the low vaccination coverage achieved up to the MopUp campaign, WHO provided technical and financial support to the provincial health team in implementing an additional two days of revaccination, focusing on areas with poor performance and greater vaccine hesitancy, to reach unvaccinated children.



Innovations At the Forefront

In line with WHO's commitment to embrace modern solutions, the campaign was full of innovations:

1. **Training on exploitation, sexual abuse, and sexual harassment** conducted for trainer of trainers in accordance with the WHO/UN Code of Conduct for protection against exploitation, harassment, and sexual abuse.
2. **ODK Tool Integration:** Throughout Angola, the implementation of the ODK tool improved real-time validation of the status of preparedness for campaign, training verification and field supervision.
3. **REDIV Platform Integration:** In Bié, an innovative data management solution was introduced, where a local Excel database was created to safeguard data, ensuring a reliable repository of information, supplementing the REDIV platform.
4. **Enhanced Monitoring:** The active deployment of some 600 independent monitoring and some 164 Lot Quality Assurance Sampling (LQAS) evaluators throughout Angola to conduct monitoring and post vaccination quality evaluation.
5. **Localized Solutions:** To address resource shortages, local acquisitions and strategic stock distributions were initiated. Furthermore, contingency plans, including prefunding phone recharges for supervisors, depicted WHO's foresight.
 - a. Local production of ice packs in Huambo at the provincial cold chain level to support the municipalities
 - b. Rapid procurement and distribution of 50 porta vaccines bags in Malanje to address sudden shortages at municipality level
 - c. Many provinces such as Cuando Cubango showcased a noteworthy public-private partnership with Sonangol, ensuring priority fuel allocation to the campaign's vehicles prioritized access to fuel in provinces that had fuel shortages
 - d. The establishment of a fixed vaccination post at the border during the campaign, ensuring early vaccination of children crossing the border
6. **Involvement of Security Forces:** The involvement of provincial dignitaries, armed forces, national police, and health directors in different regions underscored the campaign's significance and solidified public trust.
 - a. 187 security personnel were deployed in Benguela to support vaccination efforts and provide additional security to vaccinators showing the commitment of the forces ensure that no child was left unvaccinated.
 - b. 350 military personnel were deployed in the municipalities of Cacuaco, Viana, Kilamba Kiayi, and Quiçama in Luanda enhancing security, access, and trust in harder-to-reach areas.

7. **Students for Independent Monitors:** The use of students from UPRA to train independent monitors across Angola introducing them to a vaccination campaign for the first time.
8. **Use of digital communication:** The WHO was instrumental in fostering both inter-provincial and international cooperation, significantly enhancing real-time communication through platforms like WhatsApp groups and digital dashboards, thus ensuring cohesive strategies and rapid responsiveness to emerging challenges.
9. **“Café of Ideas” Innovative Mobilisation:** To cultivate an exchange of ideas between stakeholders and professionals, the Ministry of Health, alongside experts from UNICEF and the WHO, organised and guided discussions on campaign throughout the country.



Coordination

This chapter delves into the intricate weave of coordination, showcasing WHO's pivotal role in moulding the campaign's success across Angola's varied terrains.

Across provinces such as Moxico, Lunda Norte, Uige, Cunene, and Huambo, WHO demonstrated an unmatched commitment to supporting the government in the coordination and implementation of the campaign. Through daily coordination meetings, WHO was key in the administrative alignment with on-the-ground issue resolution. From ensuring the mobility of vaccination teams in the face of nationwide fuel shortages in Cunene and Cuando Cubango to swiftly addressing supply shortages with Vitamin A in Luanda, WHO's interventions showed its proactive, solution-driven approach.

The reports from Benguela and Bengo also echo this sentiment. When rains threatened to halt operations or local criminal activities posed risks in Benguela, WHO's adaptive leadership, in collaboration with local authorities, ensured the campaign continued. The procurement of essential supplies in Malanje or the innovative public engagement in Benguela further underscored WHO's important role in shaping the campaign at national and subnational levels.



Fusing Tradition with Modernity

As the campaign unfolded across provinces, it was evident that WHO's strategy was not one-size-fits-all. The integration of traditional leaders with health expertise in Uige and Zaire or religious leaders in Cuanza Norte was as impactful as the use of modern technological tools like the dynamic dashboard and the ODK applications. Such approaches, always tailored to the provincial context, showcased WHO's cultural sensitivity and deep understanding of Angola's socio-cultural context.

Cross-Border Collaborations: A Vision Beyond Boundaries

The campaign's scope was not just limited to Angola's borders. WHO orchestrated a massive coordination effort by bridging the Angola-DRC border. By synergising the vaccination activities with the DRC during their concurrent Polio-Measles-Vitamin A campaign, an efficient and collective approach was adopted, maximising the coverage, and combating the spread of the virus. This alliance, prioritising mutual efforts in vaccination and surveillance, highlighted the larger goal of regional health security.

Coordination to address challenges

As lessons learned from the first round, WHO guided the implementation of the strategy of local recruitment and the use of maps/sketches to direct the daily movement of teams on the ground, given that the main reasons identified for children not being vaccinated were related to the vaccination team not visiting the area and the absence of the child.

In addition to the evident strong collaboration highlighted in this report, WHO's effective coordination with partners enabled it to address challenges such as community resistance and misinformation. For instance, a situation in Sequele, Luanda arose where a pastor discouraged vaccination. Prompt intervention by WHO and the local Public Health Chief led to successful vaccinations for children who were initially at risk. In regions like Bie, Bengo, and Malanje, WHO and local health authorities showcased adaptability by revising vaccination schedules in response to the rainy season's unpredictability, even introducing evening sessions to accommodate families' schedules. This showcased WHO's commitment to community engagement and strategic flexibility.



Recommendations

<p>Logistical Readiness and Resource Allocation</p> <p>Given the recurrent theme of logistical challenges across multiple provinces, it's essential to:</p> <ul style="list-style-type: none"> • To update the inventory of passive and active cold chain equipment; • To develop a distribution plan for vaccines and risk communication and social mobilization materials early arrival at provincials and districts levels. • Pre-procure and distribute essential campaign materials and vaccines. • Develop detailed transportation plans in advance, focusing on regions with known logistical challenges. • Ensure fuel availability and prompt maintenance for the transportation fleet. 	<p>Financial Preparedness</p> <p>To minimize financial operational hitches:</p> <ul style="list-style-type: none"> • Ensure early and timely disbursement of funds for campaign activities. • Pre-fund necessary amenities like phone recharges to ensure real-time communication. • Appropriate allocation imperative • Agreements with local partners and high political engagement for leadership and ownership.
<p>Enhanced Communication and Collaboration</p> <p>Collaboration was key to the campaign's successes. To further this:</p> <ul style="list-style-type: none"> • Strengthen communication channels between WHO teams, governmental bodies, and other stakeholders. • Promote inclusivity by involving all relevant organizations and communities in planning and execution. 	<p>Capacity Building and Training</p> <p>Considering the significance of accurate data collection and reporting:</p> <ul style="list-style-type: none"> • Conduct frequent training sessions for local personnel on tools like ODK. • Improve data management protocols and familiarize teams with platforms such as REDIV for streamlined reporting. • Have clear ToR for everyone hired for the campaign • Emphasise the importance of correctly marking the fingernail as evidence used for assessing the quality of the vaccination campaign. • Strengthen the leadership of the Ministry of Health in supervising the activities.

Strategic Planning and Monitoring

A forward-looking approach requires:

- Comprehensive mapping of intervention areas and micro-planning.
- Conduct microplanning up to the level of coordination area.
- Involve local structures (Sobas, block leaders, neighbourhood chiefs) in microplanning.
- Carry out local recruitment of vaccination team members who are familiar with their area and increase community trust.
- Include marking of houses (with chalk, stickers) and the vaccination card to guide supervision and MI during the campaign, and to reinforce the evidence of a vaccinated child during the LQAS where the finger mark is not durable.
- Deploying well trained and equipped independent monitoring teams across regions to ensure unbiased evaluations.
- Emphasizing real-time solutions by fostering communication at all administrative levels.

Community and Governmental Engagement

Given the significant impact of local leaders:

- Strengthen community mobilization efforts, possibly expanding platforms like "Café de Ideias".
- Engage governmental figures early in the planning process to harness their influence for better campaign reception.

Continuous Evaluation and Improvement

As the campaign progresses:

- Host frequent debriefings with teams to assess progress and dynamically address challenges.
- Integrate technology further to optimize monitoring and track progress in real-time.
- Develop an improvement plan for the next campaign round and follow up on the proposed solutions to the identified problems.
- While the recent Polio campaign in Angola showcased impressive strides, there remains a need for improvement. Effective communication between WHO teams and other stakeholders at provincial and municipal levels is crucial for achieving optimal results. Lessons learned from the campaign should be carried forward, including maintaining a focus on training, capacity building, and data management, as well as enhancing transportation facilities.

Conclusion:

WHO's unwavering commitment and strategic innovation in the 2023 national polio campaign in Angola have set new benchmarks in the fight against polio. From extensive community and governmental engagements to pioneering logistical and technological solutions, WHO demonstrated an unparalleled depth of involvement and leadership in every aspect of the campaign. The campaigns' success, underscored by extensive community and governmental engagement, pioneering logistical and technological applications, and strong collaborations with entities like UNICEF, The Armed Forces, INEMA and UPRA, speaks volumes about the multi-layered approach adopted.

This comprehensive strategy was not without its challenges; however, the resilience, adaptability, and unified vision displayed by all parties involved transformed potential roadblocks into pathways for innovation. By managing and mitigating the challenges that arose, such as coordination issues and logistical shortages, and by capitalizing on strong collaborations with partners, WHO has played an instrumental role in advancing the polio eradication initiative in Angola.

This campaign is a testament to WHO's continuous pursuit of global health objectives. The lessons learned from this campaign are invaluable, providing a roadmap for enhancing future health campaigns and for reinforcing the ongoing global efforts to completely eradicate polio.

