April 2022

COVID-19 information note 20

Accelerated immunization campaign for COVID-19 and childhood vaccines, Somalia, November 2021–January 2022: progress and lessons learnt

Consequences of falling behind in routine immunization in a fragile setting

In coronavirus disease 2019 (COVID-19) information note 16[1], we reported an alarming relapse in childhood immunization during COVID-19 as a result of disruption to the routine immunization programme in Somalia. WHO estimated that 186 000 children younger than 1 year missed their measles vaccine, 170 000 missed the third dose of the pentavalent vaccine and 106 000 missed their first dose of the pentavalent vaccine in 2020. This was more than the previous year where 171 920, 140 110 and 66 957 children, respectively, missed these vaccinations.

As explained in COVID-19 information note 13[2], there could be many reasons for the disruption, including the diversion of health care resources to COVID-19 and mobility restrictions stopping people from accessing health care or health workers from reaching marginalized populations.

Other challenges also directly affected the routine immunization programme for children younger than 5 years in 2021 in Somalia.

WHO also warned that, in a country where one in five children misses out on routine vaccines, any further disruption and drop in immunization activities, would likely lead to a resurgence of measles and other vaccines-preventable diseases.

Highlights

- In 2021 in Somalia, thousands of children missed their routine vaccinations. Reasons include diversion of health care resources to COVID-19, movement restrictions and focus on COVID-19 vaccination.
- WHO and UNICEF supported the federal and state ministries to conduct an accelerated campaign for childhood immunization.
- A total of 765 257 children younger than 2 years who were due vaccinations or who had missed out on vaccinations and women of child-bearing age received vaccines in accordance with the EPI policy of the government.
- Lesson learnt include: fixed and accelerated outreach services can improve vaccine uptake; a clear strategy is needed to reach zero-dose children; scaling up routine immunization programmes should strengthen access to primary health care; and health should be included in the social protection programme.

While the country still needed to bring childhood vaccine programmes back on track, there was intensified focus on rapid distribution and administration of the COVID-19 vaccines for the adult population. Given the country's fragile health system, WHO warned that unless children who had missed vaccinations were brought in to vaccination centres at a higher rate, childhood immunization in the country would be seriously impeded because the COVID-19 vaccination programme was using the same immunization services, networks and vaccinators across the country. The resulting fatigue of the vaccinators could substantially disrupt the childhood immunization services in Somalia.

World Health Organization
Somalia

[1] COVID-19 information note 16. Mogadishu: World Health Organization Somalia Country Office; 2021. http://www.emro.who.int/images/stories/somalia/documents/covid-19-information-note-16.pdf

[2] COVID-19 information note 13. Mogadishu: World Health Organization, Somalia Country Office; 2021. http://www.emro.who.int/images/stories/somalia/documents/covid-19-information-note-13.pdf

Our concerns were confirmed as from 1 January to 31 March 2022, 4 790 measles cases were reported across the country, a four-fold increase compared with the previous 2 years combined. Pockets of measles cases have also been reported across the country which led the country to officially declare a measles outbreak and call for urgent assistance form its partners. This outbreak is directly attributed to the decrease in routine immunization uptake, especially the measles vaccines over the past 2 years.

Accelerated immunization campaign to target zero-dose children

WHO and UNICEF supported the federal and state ministries of health of Somalia including Somaliland to conduct three rounds of an accelerated campaign over a period of 8 days a month from November 2021 to January 2022. The first round of this campaign was conducted from 21 to 29 November followed by a second round on 21–29 December 2021. The third and final round of the campaign was undertaken on 21–29 January 2022. The accelerated campaign targeted 54 districts which were selected because of their low immunization coverage, number of zero-dose children, population density and reported outbreaks of vaccines-preventable diseases. According to the policy of the national Expanded Programme on Immunization, all children younger than 2 years who were due vaccinations or who had missed out on vaccinations were targeted. The aim of this acceleration immunization activity was to reverse the relapse in immunization coverage and vaccinate the children who missed out on routine immunization because of the COVID-19 pandemic and thereby boost the immunity of children, improve immunization coverage within a short time and prevent the occurrence of outbreaks of vaccine-preventable diseases.

WHO and UNICEF also supported the federal and state ministries of health in planning and implementing an accelerated COVID 19 vaccination campaign at the same time as the accelerated routine immunization campaign using the same outreach, mobile and fixed immunization posts deployed during this accelerated campaign.

The accelerated routine vaccination campaign had an astounding outcome. Although 151 200 children were initially targeted for vaccination during this campaign, in fact, 765 257 doses of all six antigen have been administered to all eligible, due and defaulter children and women of child-bearing age to boost their immunity. Overall, 75 217 zero-dose children were vaccinated. The 231 outreach teams deployed over 54 districts also vaccinated more than 104 000 children with the measles vaccine while more than 82 000 children received the inactivated poliovirus vaccine (Table 1). Of those who received vaccines,

Table 1. Number of children younger than 2 years vaccinated against six antigens during the three rounds of the accelerated vaccine campaign in Somalia, November 2021 to January 2022

Antigens	First round	Second round	Third round	Total
BCG	19 216	16 822	12 311	48 349
OPV-0	11 567	9 248	9 919	30 734
OPV-1	27 273	29 385	21 523	78 181
OPV-2	20 092	24 820	21 319	66 231
OPV-3	20 625	24 567	23 201	68 393
IPV-1	17 053	21 008	21 365	59 426
IPV-2	7 969	9 277	6 751	23 997
Pent-1	25 792	27 826	21 599	75 217
Pent-2	19 588	23 572	21 605	64 765
Pent-3	20 101	23 506	22 978	66 585
MCV-1	23 990	28 066	21 463	73 519
MCV-2	9 302	13 715	10 684	33 701
Td-1	10 541	12 860	9 220	32 621
Td-2	5 326	9 471	7 923	22 720
Td-3	2 158	3 900	3 055	9 113
Td-4	1 586	3 160	2 259	7 005
Td-5	981	2 053	1 666	4 700

BCG: Bacillus Calmette–Guérin vaccine; OPV: oral poliovirus vaccine; IPV: inactivated poliovirus vaccine; Pent: pentavalent vaccine; MCV: measles-containing vaccine; Td: tetanus toxoid vaccine.

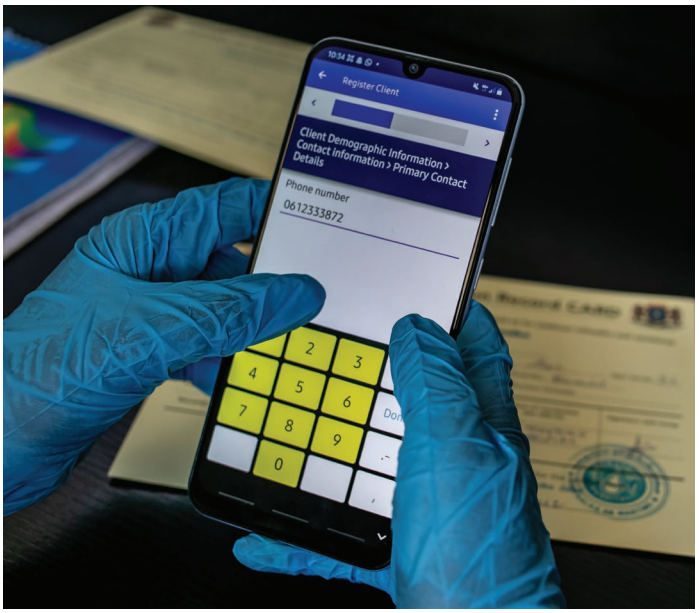
76 159 women of child-bearing age also received vaccines against tetanus toxoid. The campaign covered all states in Somalia including Somaliland. The campaign also covered COVID-19 vaccines and over 954 400 doses of COVID-19 vaccines were administered during this campaign. The routine immunization acceleration campaign cost WHO US$ 680 593.

Lessons for the future: every child counts

Immunization is one of the most valuable and cost-effective public health interventions available. It prevents more than 4 million deaths every year. In addition to offering protection from preventable diseases, immunization also brings children and families into contact with the health system, offering an avenue for the delivery of other basic health services and laying the foundation for primary health care. Evidence has shown that delivering vaccines to households provides a contact point between families and primary health care services at least five times during the first year of a child's life, and ensuring universal access to vaccines is a vital entry point for universal health coverage.

Childhood vaccination has not only helped halve the number of child deaths worldwide since 1990, it also represents a sound financial investment. Every US$ 1 spent on childhood immunization returns an estimated US$ 44 in economic and social benefits[3].

In Somalia, spending on average only US$ 7 per child, it is possible to fully vaccinate all vulnerable children against all routine diseases targeted in the Expanded Programme on Immunization.



[3] Ozawa S, Clark S, Portnoy A, Grewal S, Brenzel L, Walker DG. Return on investment from childhood immunization in low- and middle-income countries, 2011–20. Health Aff (Millwood). 2016;35(2):199–207.

A few important lessons were learnt from the final results of the campaign

- Using a combination of fixed and accelerated outreach services can help improve uptake of routine immunization services in Somalia.
- Administration of the COVID-19 vaccine should now be embedded in the routine immunization programme run by the health centres and this should be supplemented by campaigns to target the most marginalized populations.
- A clear strategy will be needed to target and reach out to zero-dose children by addressing gender barriers and other equity concerns. An estimated two thirds of zero-dose children live in conflict-affected settings (inaccessible areas). Immunization equity needs to be achieved by reaching these children.
- Scaling up of routine immunization programmes using both fixed and outreach services should strengthen access to and delivery of primary health care as a pathway towards achieving universal health coverage.
- The use of community health workers visiting house-to-house could be a welcome strategy, especially in marginalized and missed communities who often face multiple deprivations and vulnerabilities, including lack of services, socioeconomic inequities and gender-related barriers. Emerging evidence suggests that zero-dose children belong to households and communities suffering from multiple and linked sources of disadvantage.
- The use of innovation such as electronic tracking and short message services (SMS) reminders should be explored to improve immunization coverage.
- Building and sustaining community demand will be key to achieving higher uptake of vaccination.
- Genuine and collaborative partnerships will need to be established with the private sector, and the nongovernmental organizations, which should be involved in delivery of immunization services under a private–public partnership.
- Outreach immunization services have boosted maternal immunization and provided an opportunity for pregnant mothers and women of child-bearing age to trust and seek immunization services, especially women who cannot afford transportation to a health facility to seek health care. The women in rural and nomadic communities particularly benefitted from these outreach services.
- Health should be included or considered in the social protection programme. Evidence has shown that conditional cash transfers can promote safe motherhood by improving antenatal and postnatal care and increasing births in health facilities as well as safe childhood by improving the immunization coverage of the poorest people.

WHO and UNICEF estimates of national immunization coverage show that Somalia's childhood routine immunization coverage has been one of the lowest in the world for pentavalent 1 vaccine (52%) and pentavalent 3 vaccine (42%), and that coverage of measles-containing vaccine 1 has plateaued at 46% for the past 4 years. As the country gradually recovers from the COVID-19 pandemic, the lessons learnt in managing the immunization programme in such a fragile setting—especially reaching out to zero-dose children and compensating for disruptions through different innovations—point to the need, now more than ever, for a renewed initiative and focus on immunization to ensure every child counts. Such an initiative will help thousands of children who have missed out on their routine immunization so that they too have an equal opportunity in their life. Only then can a fairer and more equitable health system be built after the COVID-19 pandemic. That goal should be the focus of every humanitarian agency.

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