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POLIOMYELITIS IN THE AFRICAN REGION: PROGRESS REPORT

Information document

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BACKGROUND

1. In May 2012, the Sixty-fifth World Health Assembly declared the completion of poliovirus eradication as a programmatic emergency for global public health and requested the Director-General to develop and rapidly finalize a comprehensive polio eradication and endgame strategy up to the end of 2018.
2. In September 2013, the Sixty-third session of the Regional Committee for Africa discussed the Polio Eradication and Endgame Strategic Plan 2013–2018 whose objectives are: (a) detection and interruption of poliovirus transmission; (b) strengthening of immunization systems and withdrawal of OPV; (c) poliovirus containment and certification; (d) development of a comprehensive legacy plan.
3. On 5 May 2014, the Director-General of the World Health Organization declared the international spread of wild poliovirus (WPV) as a Public Health Emergency of International Concern (PHEIC).
4. This report documents the progress made in achieving the targets and milestones of the Polio Eradication and Endgame Strategic Plan 2013–2018 and proposes the steps to be taken to interrupt the transmission of wild poliovirus and achieve other milestones of the Polio Eradication and Endgame Strategic Plan 2013–2018.

PROGRESS MADE

5. As of 14 July 2014, the number of confirmed polio cases due to wild poliovirus infection in the remaining endemic reservoir in the WHO African Region, Nigeria, declined by nearly 60% (53 confirmed cases in 2013 compared with 122 confirmed cases in 2012). Between January and June 2014, the African Region had a total of 13 confirmed polio cases,¹ representing a 61% decline compared with 33 cases confirmed during the same period in 2013.² The most significant progress was recorded in Nigeria, the only remaining endemic country in the African Region and in recently polio-infected countries including those that had re-established polio transmission in 2009–2012, namely Angola, Chad and Democratic Republic of Congo. This progress resulted from the marked improvement in the quality of polio eradication activities, with closer oversight and more intensive implementation of annual polio eradication emergency plans by national authorities and partners. The stricter enforcement of the national polio eradication accountability framework at all levels has prompted marked improvements in immunization coverage in most high-risk areas in the target countries. However, there has been less progress in areas affected by conflict and insecurity.
6. In 2013, three previously polio-free countries in the African Region i.e. Cameroon, Ethiopia and Kenya experienced polio outbreaks following importation of wild poliovirus Type 1. The outbreaks in Cameroon and Ethiopia continued into 2014 while one country, Equatorial Guinea, experienced a new polio outbreak. Risk factors contributing to the polio outbreaks in the Region are suboptimal population immunity due to low routine immunization coverage, gaps in the recently-conducted Supplementary Immunization Activities (SIAs), suboptimal surveillance and significant population movements across long porous international borders.
7. All the wild poliovirus cases confirmed in the African Region in 2013/2014 were due to serotype 1. The last confirmed serotype 3 was reported in November 2012.

¹ Cameroon-three cases; Ethiopia-one case; Equatorial Guinea-five cases; Nigeria-four cases.

² Kenya-seven cases; Nigeria-26 cases.

8. Nearly 40% of the districts that experienced wild poliovirus transmission in 2013/2014 were characterized by insecurity and conflict. In March 2014, the WHO Regional Directors for Africa and the Eastern Mediterranean convened a meeting of polio-affected countries to exchange experiences in reaching and vaccinating children living in conflict and insecure areas. The meeting's deliberations and resolutions are now being used to improve the delivery of polio eradication and routine immunization interventions in all conflict-affected districts.

9. On 5 May 2014, in order to curb further spread of wild poliovirus from infected countries, the Director-General of the World Health Organization declared the international spread of wild poliovirus (WPV) as a Public Health Emergency of International Concern (PHEIC). As of the end of June 2014, two countries in the Region, Cameroon and Equatorial Guinea, have been confirmed, based on available genetic sequencing data, as polio-exporting countries. Both countries are implementing emergency actions to stop all poliovirus transmission and arrest further spread across their borders.

10. Following the deliberations of African ministers of health at the Sixty-third session of the Regional Committee for Africa, significant progress has been made in the effort to introduce inactivated poliovirus vaccine into national routine immunization programmes in the Region. All Member States were given technical orientation during the annual Regional EPI managers' meetings held in February-March 2014. So far, 20 countries in the Region have completed IPV introduction plans.

11. Of the 10 countries³ prioritized worldwide in the Polio Eradication and Endgame Strategic Plan 2013–2018 for strengthened routine immunization, six are in the African Region. National authorities, with the support of bilateral and multilateral partners, are implementing national routine immunization improvement plans in all these countries.

12. The African Regional Certification Commission (ARCC) was expanded and reactivated in 2013. Ten countries submitted polio-free documentation to the ARCC in April 2014. Five additional countries are expected to submit polio-free certification documentation to the ARCC in October 2014. A total of 10 countries in the Region have completed phase 1 containment activities in line with a recent recommendation from the Global Certification Commission (GCC).

13. At the Sixty-third session of the Regional Committee, African ministers of health reached a consensus that, following the attainment of GPEI goals, there should be a transfer of the lessons, assets and resources of the programme to benefit other existing and relevant national and regional public health programmes. Documentation on how the lessons learned from polio eradication have been used to strengthen other priority public health programmes, including integrated disease surveillance, routine immunization and other child health programmes, is being undertaken in 12 countries in the Region.

14. The main risks to achieving the goal of interruption of wild poliovirus transmission in the remaining polio-endemic country in the African Region are insecurity and lack of access to populations in security-compromised areas. The main risks in countries facing importation of wild poliovirus include suboptimal immunization coverage and gaps in acute flaccid paralysis (AFP) surveillance.

³ Angola, Chad, Democratic Republic of the Congo, Ethiopia, Nigeria and South Sudan.

NEXT STEPS

15. To interrupt wild poliovirus transmission and achieve the milestones as indicated in the Polio Eradication and Endgame Strategic Plan 2013–2018, the following actions are proposed to Member States for implementation, with the support of both local and international partners:

- (a) Continue to ensure full national ownership of the polio eradication programme, in all the infected countries, with full engagement of the relevant sectors of government in addition to ensuring full accountability of the responsible local leaders and stakeholders.
- (b) All countries that experience poliovirus transmission should consider it as a public health emergency and urgently articulate national emergency outbreak response plans in line with regional and global best practices in outbreak response.
- (c) Implement appropriate strategies to ensure that all children, particularly those living in high-risk, hard-to-reach, insecure and conflict-affected areas, are reached and vaccinated.
- (d) Enhance AFP surveillance quality and achieve the two main surveillance performance indicators at first administrative level in all countries. Particular effort should be made to ensure highest quality AFP surveillance in identified high-risk regions, targeting special communities and populations including migratory populations as well as populations affected by conflict and insecurity.
- (e) Strengthen routine immunization coverage in order to achieve and sustain OPV3 coverage of at least 80% with particular focus on identified high risk districts.
- (f) Implement outbreak response activities in line with the standards set in World Health Assembly resolution WHA59.1 and Regional Committee Resolution AFR/RC61/R4.
- (g) Ensure the highest possible level of population immunity, particularly in infected, recently infected and other high-risk districts through the implementation of high quality polio eradication Supplementary Immunization Activities (SIAs).
- (h) Mobilize the technical, financial and material resources required to introduce at least one dose of inactivated poliovirus vaccine into their routine immunization programmes, complete phase 1 containment and implement the regional legacy plan by the end of 2015.

16. The Regional Committee is invited to take note of this progress report and provide guidance on the actions proposed.