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**PROGRESS REPORT ON POLIOMYELITIS ERADICATION
IN THE AFRICAN REGION**

Progress Report

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BACKGROUND

1. At its Sixty-first session in May 2008, the World Health Assembly called for a new plan to complete polio eradication. Subsequently the Sixty-third session of the World Health Assembly adopted the new Global Polio Eradication Initiative (GPEI) Strategic Plan 2010–2012¹ which aims at interrupting transmission globally by the end of 2012. This plan defines eradication strategies and clear milestones. The milestones are: (i) cessation of all polio outbreaks with onset in 2009 by mid 2010, validated when at least six months have passed without a wild poliovirus (WPV) case linked to the 2009 importation is confirmed (Milestone 1); (ii) cessation of all 're-established' poliovirus transmission by end 2010, validated when at least 12 months have passed without a WPV case linked to the previously circulating virus (Milestone 2); (iii) cessation of all polio transmission in at least two of the four endemic countries by end 2011, validated when at least 12 months have passed without a WPV case linked to the indigenous transmission (Milestone 3).

2. In September 2010 the Sixtieth Regional Committee, by its Resolution AFR/RC60/R4, adopted actions aimed at strengthening routine immunization and polio eradication activities in the African Region. The Committee also urged Member States to advocate for and foster continued collaboration with international and multilateral agencies, donor organizations and EPI partners to rally behind the goals of polio eradication and routine immunization in Africa.

3. At the request of the World Health Assembly, an Independent Monitoring Board (IMB) was established in November 2010 to monitor and guide progress in implementing the GPEI Strategic Plan. Over time, key resolutions have been adopted by the World Health Assembly and the Regional Committee, and recommendations made to countries and partners by various Technical Advisory Groups (TAGs), aimed at strengthening or improving national ownership and leadership, advocacy and partnerships, resource mobilization, routine immunization, quality of supplementary immunization activities (SIAs) and AFP surveillance especially at subnational level.

4. This report documents the progress made and proposes the steps to be taken to interrupt transmission of WPV as outlined in the GPEI Strategic Plan.

PROGRESS MADE

5. The WHO Director-General and Regional Director, UNICEF Executive Director, senior officials of Rotary International, and the Bill and Melinda Gates Foundation undertook high level advocacy visits to the priority countries, namely: Angola, Chad, Democratic Republic of Congo and Nigeria. This led to a renewed momentum for polio eradication. There was improvement in the engagement of Governors, religious and traditional leaders in the priority countries. Additionally more resources were mobilized locally in some countries in support of immunization.

6. Several rounds of synchronized supplementary immunization activities (SIAs) were implemented in the Region in 2010, reaching over 114 million under five-year children. Synchronized SIAs were also conducted from January to May 2011, reaching an additional 100 million children. The proportion of missed children during SIAs declined in most countries as shown by independent monitoring (IM) data.

¹ www.polioeradication.org.

7. Acute flaccid paralysis (AFP) surveillance in the Region has improved with 38 out of 46 countries achieving and sustaining certification-standard performance indicators² in 2010. By June 2011, 35 countries had already met the same indicators. With the introduction of the advanced technique for intratypic differentiation in 14 out of the existing 16 laboratories, the performance of the African Polio surveillance Laboratory Network has markedly improved.

8. Certification and containment are ongoing. The Africa Regional Certification Commission (ARCC) has so far reviewed 28 complete country documentations out of which 25 were accepted.

9. The IMB issued its first report in April 2011 in which the status of the achievement of the milestones was outlined. The Board noted that the importation countries^{3, 4} are on track for milestone 1. Country-specific recommendations were also made.

10. In 2009, the African Region experienced WPV outbreaks in 15 countries.⁵ These outbreaks were interrupted by the end of June 2010. New outbreaks occurred in eight countries⁶ in 2010 and were all interrupted within six months. In Nigeria, there was a 95% reduction of reported WPV cases in 2010, compared to the previous year.

11. In spite of the aforementioned achievements, some gains were not sustained and new outbreaks occurred in the Region. From January to December 2010, 657 confirmed cases of WPV were reported in 12 countries⁷ compared to 691 reported cases in 19 countries⁸ in 2009. A major polio outbreak occurred in Congo from September to December 2010, affecting mostly adults (74% of cases). There were 441 cases which accounted for 67% of all cases in the Region in 2010.

12. Between 1 January and 22 June 2011, Angola, Chad and Democratic Republic of Congo reported 144 cases, representing 81% of all reported cases in the Region. Furthermore, Nigeria reported 16 cases compared to three in the same period in 2010, implying a five-fold increase. In addition, there is a resurgence of WPV type 3 transmission in Côte d'Ivoire, Guinea, Mali, Niger and Nigeria.

13. Noting this alarming increase, the Regional Director, in June 2011, convened a three-day consultation with WHO Representatives and Immunization Focal Points from Angola, Chad, Democratic Republic of Congo and Nigeria to agree on key actions and additional resources required to support these four priority countries to accelerate the achievement of agreed milestones. The consultation recognized the urgent need to interrupt WPV transmission by the end of 2011 taking into account risk analysis with a focus on high risk areas. Additional activities and resources required were identified to accelerate the implementation of the Emergency Plans in the four priority countries.

² Certification standard surveillance is defined as at least 80% of stools from acute flaccid paralysis (AFP) cases collected within 14 days of onset of paralysis and at least one AFP case detected in every 100 000 children below 15 years of age in defined populations.

³ In 2009: Benin, Burkina Faso, Burundi, Cameroon, Central Africa Republic, Côte d'Ivoire, Guinea, Kenya, Liberia, Mali, Mauritania, Niger, Sierra Leone, Togo and Uganda.

⁴ In 2010: Congo, Liberia, Mali, Mauritania, Niger, Senegal, Sierra Leone and Uganda.

⁵ Benin, Burkina Faso, Burundi, Cameroon, Central Africa Republic, Côte d'Ivoire, Guinea, Kenya, Liberia, Mali, Mauritania, Niger, Sierra Leone, Togo and Uganda.

⁶ Congo, Liberia, Mali, Mauritania, Niger, Senegal, Sierra Leone and Uganda.

⁷ Angola, Chad, Congo, Democratic Republic of Congo, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone and Uganda.

⁸ Angola, Benin, Burkina Faso, Burundi, Cameroon, Central Africa Republic, Chad, Côte d'Ivoire, Democratic Republic of Congo, Guinea, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, Sierra Leone, Togo and Uganda.

14. Despite the progress made, some challenges remain, namely: (i) inadequate programme ownership and communication strategies; (ii) low population immunity; (iii) suboptimal supplementary immunization activities; (iv) weak surveillance systems; (v) inadequate collaboration along and across borders; and (vi) low level of domestic funding.

15. The IMB report also noted that the three re-established transmission countries (Angola, Chad and Democratic Republic of Congo) missed milestone 2 and Nigeria, the only endemic country in the Region, is not on track to achieve milestone 3 despite progress made in 2010.

NEXT STEPS

16. To address the remaining challenges, the following actions are proposed to Member States with the support of both local and international partners:

- (i) to pursue effective and timely implementation of recommendations made by Technical Advisory Groups and the IMB, including those on re-engagement of Governors and other leaders and administrators at subnational level, traditional and religious leaders, and monitor the progress towards polio eradication;
- (ii) Angola, Chad, Democratic Republic of Congo and Nigeria should implement fully and in a timely manner their recently developed emergency plans to interrupt WPV transmission by the end of 2011;
- (iii) to enhance AFP surveillance at subnational level in order to achieve and maintain certification standards. Any outbreaks of WPV should be investigated within 72 hours and appropriately responded to within four weeks of confirmation;
- (iv) to improve the quality of SIAs by implementing Independent Monitoring in all SIAs and by using the data to guide immediate revaccination where required;
- (v) to mobilize and allocate more resources in national budgets to strengthen routine immunization with the aim of achieving at least 80% OPV3 coverage at subnational level, as well as enhance collaboration with neighbouring countries along and across borders.

17. The Regional Committee took note of this progress report and endorsed the actions proposed.

Annex:

Figure 1: Distribution of WPV cases in the African Region in 2010

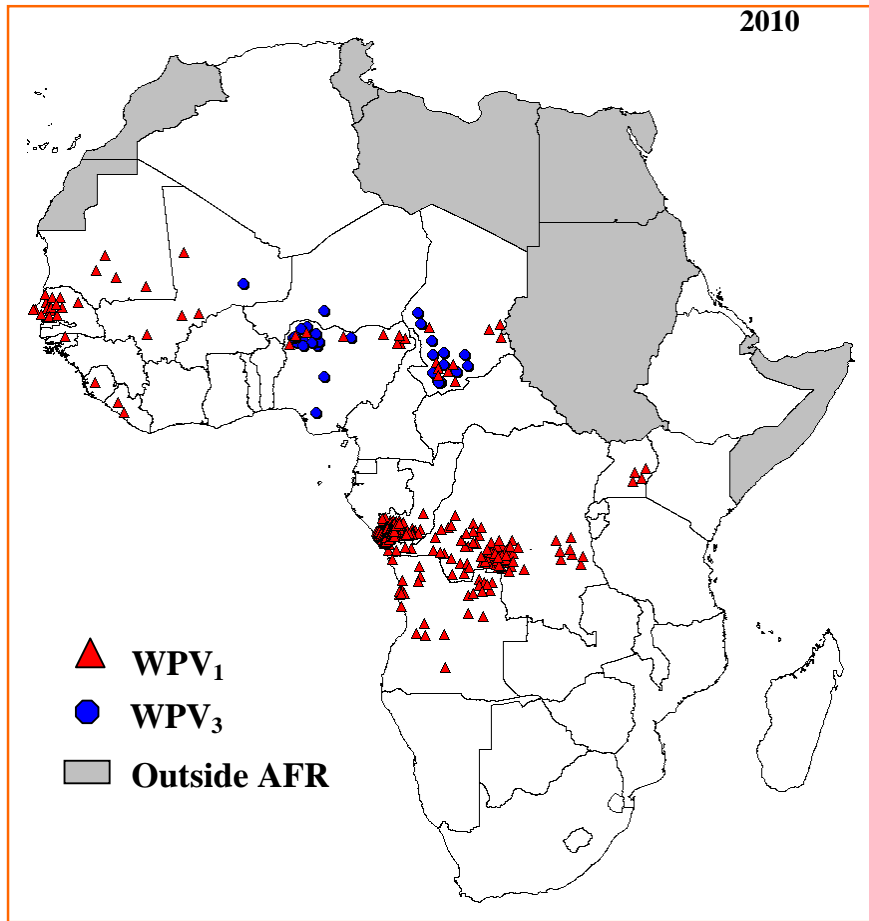
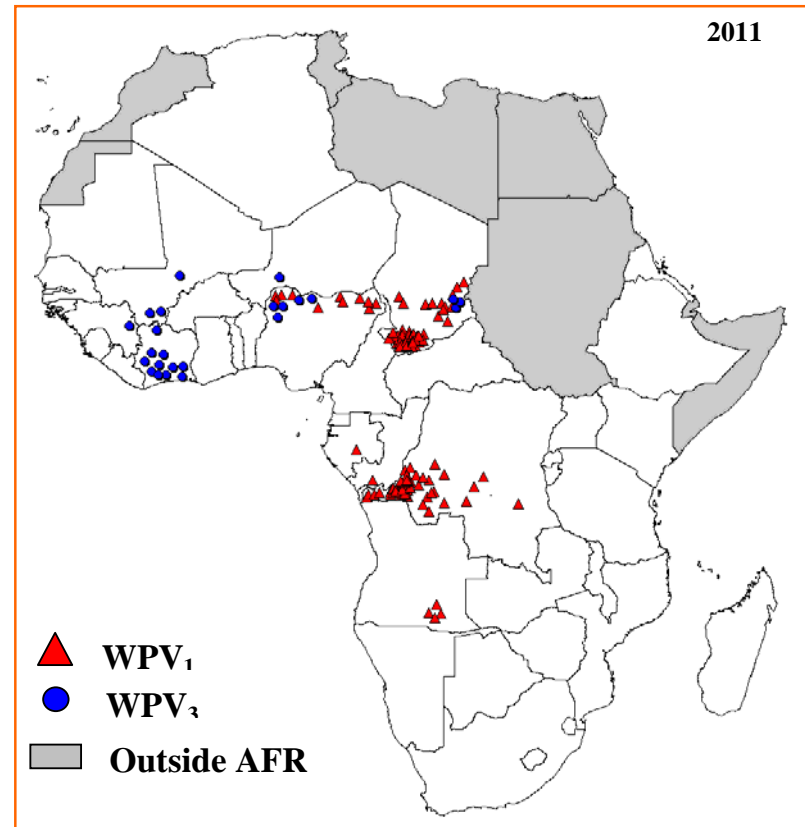


Figure 2: Distribution of WPV cases in the African Region as of 22 June 2011



RESOLUTION

POLIOMYELITIS ERADICATION IN THE AFRICAN REGION

(Document AFR/RC61/11)

The Regional Committee,

Having carefully examined the progress report of the Regional Director on the current status of poliomyelitis eradication in the African Region;

Recalling resolutions AFR/RC52/R2 on the Regional strategy for immunization during the period 2003-2005; AFR/RC56/R1 on the Regional strategic plan for the Expanded Programme on Immunization 2006-2009; and AFR/RC60/R4 on Routine Immunization and polio eradication in the African Region;

Recognizing that while significant gains have been made in reducing wild poliovirus transmission in the African Region since the beginning of the polio eradication programme in the Region, a few countries continue to have persistent transmission of wild poliovirus;

Concerned that the remaining countries with poliovirus transmission in the African Region have been adjudged by the Independent Monitoring Board of the Global Polio Eradication Initiative as being unlikely to achieve interruption of persistent wild poliovirus transmission at the current level of programme performance;

Noting that transmission of poliovirus in any country poses risks of cross-border spread to countries within and beyond the Region;

Appreciating the very high level of commitment to the goal of Poliomyelitis Eradication among political leaders in the African Region;

Appreciating that some Member States are increasing domestic resources for the implementation of Polio Eradication strategies;

1. ADOPTS the Report of the Regional Director (Document AFR/RC61/11) and endorses the proposed actions to address the remaining challenges to Polio Eradication in the Region;
2. URGES all Member States where poliovirus continues to circulate or is newly detected:
 - (a) to declare the persistence of polio a national public health emergency;
 - (b) to systematically engage all leaders including political, traditional and other community leaders, at national and local levels, to ensure that all targeted children are reached during vaccination campaigns so that all the remaining transmission of wild poliovirus is interrupted as rapidly as possible;
3. URGES countries with re-established transmission of wild poliovirus (Angola, Chad, Democratic Republic of the Congo) and endemic for poliovirus transmission (Nigeria) to implement priority actions articulated in Emergency Plans aimed at ensuring interruption of poliovirus transmission within the shortest possible time;
4. URGES all Member States of the African Region:
 - (a) to achieve and maintain routine immunization coverage of at least 90%;

- (b) to enhance surveillance of Acute Flaccid Paralysis (AFP) and attain certification level standards at subnational level to rapidly detect any poliovirus circulation, and to ensure that response activities are implemented within four weeks of confirmation of any poliomyelitis case due to a new importation in a polio-free area;
- (c) to improve the quality of poliomyelitis eradication Supplementary Immunization Activities (SIAs) through improving vaccination delivery strategies, community demand and participation as well as strengthening independent monitoring of SIAs and use of the independent monitoring data to guide implementation of immediate remedial action where coverage is less than 90%;
- (d) to strengthen cross-border collaboration in enhancing the quality of immunization and surveillance activities;
- (e) to ensure that adequate level of domestic resources are mobilized for the implementation of the polio eradication strategies.

5. REQUESTS the Regional Director:

- (a) to provide technical support to Member States for the implementation of identified poliomyelitis eradication priority activities;
- (b) to liaise with the African Union and regional economic communities to promote subregional poliomyelitis eradication initiatives;
- (c) to strengthen partnerships with international and multilateral agencies, donor organizations and philanthropic foundations in order to mobilize the financial resources required for full implementation of the intensified eradication efforts;
- (d) to report on progress to the Sixty-second session of the Regional Committee and on a regular basis thereafter until the transmission of wild poliovirus is stopped in the African Region.