



REGIONAL COMMITTEE FOR AFRICA

ORIGINAL: ENGLISH

Fifty-sixth session

Addis Ababa, Ethiopia, 28 August–1 September 2006

Provisional agenda item 10.1

POLIO ERADICATION IN THE AFRICAN REGION: PROGRESS REPORT

Information document

EXECUTIVE SUMMARY

1. Polio eradication efforts in countries of the African Region suffered a major setback in 2003–2005. During this period, wild poliovirus spread from the remaining endemic reservoir and re-infected 16 previously polio-free African countries. In 2004, the WHO Regional Committee for Africa adopted a resolution that called for the intensification of polio eradication activities in order to interrupt wild poliovirus transmission in the Region.
2. By the end of 2005, the number of endemic countries in the African Region had decreased from two (Niger and Nigeria) to one (Nigeria), while 12 countries that had suffered wild poliovirus importations in 2003–2005 had re-established their polio-free status.
3. Despite the progress made, there are still several challenges. There is high-intensity wild poliovirus transmission in northern Nigeria. The number of confirmed polio cases in Nigeria in the period January to June 2006 has more than doubled as compared to the same period in 2005. The country now accounts for over 80% of the 2006 global polio burden.
4. Several previously polio-free countries in the Region continue to have polio cases as a result of wild poliovirus importation. These include Democratic Republic of Congo, Ethiopia, Namibia and Niger. Persistent low routine immunization coverage, gaps in surveillance and poor quality of outbreak response campaigns are the main factors attributed to this resurgence.
5. This report on the status of the polio eradication initiative in the African Region is presented for the information of the Regional Committee.

CONTENTS

Paragraphs

INTRODUCTION	1
PROGRESS.....	2-7
ISSUES AND CHALLENGES.....	8-10
PLANNED INTERVENTIONS.....	11
CONCLUSION.....	12

INTRODUCTION

1. Polio eradication efforts in the WHO African Region suffered a setback in 2003–2005. During this period, wild poliovirus spread from the remaining endemic reservoir (Niger and Nigeria) and re-infected 16 polio-free African countries (see Table 1). This resurgence in wild poliovirus transmission occurred due to low routine immunization coverage, scaling down of vaccination campaigns and suspension of campaigns in the epicentre of the endemic reservoir in the Region. The fifty-fourth session of the Regional Committee adopted a resolution that called for the intensification of polio eradication activities in order to interrupt wild poliovirus transmission in the Region.

PROGRESS

2. Political commitment to polio eradication remains very high in the Region. African Heads of State attending the African Union summit in Abuja in January 2005 issued a statement of support for polio eradication. The African Union has championed several rounds of synchronized vaccination campaigns across central, east and west Africa.

3. Over 100 million children in 29 countries in central, east and west Africa received repeated doses of oral polio vaccine during several rounds of synchronized vaccination campaigns conducted between October 2004 and December 2005.

4. Innovations that have been used to improve the effectiveness of polio vaccination campaigns in the African Region include the use of monovalent oral polio vaccine that stimulates higher seroconversion rates. Integrated campaigns introducing a range of antigens as well as other child survival interventions (e.g. Immunization Plus Days) have improved the acceptability of polio vaccination in high-risk communities.

5. As a result of improved vaccination campaigns, the number of endemic countries in the Region decreased from two to one, while 12 countries that had suffered wild poliovirus importation in 2003–2005 re-established their polio-free status.

6. Progress was also registered in improving routine immunization coverage against polio in the African Region. By end of 2005, 37 of the 46 countries in the Region had reported routine trivalent oral polio vaccine coverage of at least 70%. The African Region sustained certification standard acute flaccid paralysis surveillance quality at regional level as well as at national level in 36 countries.

7. In addition, 28 countries in the Region sustained their polio-free status for at least 3 years; 14 of them, in the presence of certification standard acute flaccid paralysis surveillance, have presented polio-free documentation for review by the African Regional Certification Commission.

ISSUES AND CHALLENGES

8. There continues to be very high-intensity wild poliovirus transmission in the remaining endemic country in the Region. The number of confirmed polio cases in northern Nigeria more than doubled in the first five months of 2006 as compared to the same period in 2005. Nigeria now accounts for over 80% of the 2006 global polio burden.

9. Several countries in the African Region remain susceptible to wild poliovirus importations because of low routine immunization coverage and gaps in surveillance quality. In 2006, wild poliovirus transmission resulting from importations has occurred in Democratic Republic of Congo, Ethiopia, Namibia and Niger (Table 1).

10. Implementation of priority polio eradication activities continues to be hampered by persistent funding gaps faced by the Global Polio Eradication Initiative. There is a US\$ 85 million funding gap for 2006 and a US\$ 400 million gap for 2007-2008 polio eradication activities.

PLANNED INTERVENTIONS

11. The following interventions are proposed to address the remaining challenges being faced by the Polio Eradication Initiative in the African Region:

- (a) *Improved coverage of vaccination activities in remaining endemic states in northern Nigeria:* The quality of vaccination campaigns against polio conducted as part of the Immunization Plus Days should be further enhanced. Lessons learnt in mid 2006, particularly with regard to sustaining community participation and vaccination service delivery, should be applied to further improve future campaigns.
- (b) *Implementation of high-quality polio outbreak response activities in polio-free countries experiencing importations:* Polio outbreak response activities as endorsed by the Fifty-ninth World Health Assembly should be implemented and include: immediate field investigation, strengthening of surveillance activities and timely implementation of large-scale outbreak response vaccination activities with type specific monovalent oral polio vaccine.
- (c) *Strengthening of routine immunization performance and polio surveillance activities:* The Reaching Every District approach to routine immunization and the provincial active surveillance activities are the recommended strategies for achieving high routine immunization and certification standard surveillance, particularly in high-risk districts.
- (d) *Intensification of advocacy and resource mobilization efforts:* Sustained commitment to polio eradication by national governments, partners, civil society and communities is especially critical at this phase of polio eradication. Intensified mobilization for financial, material and technical resources to ensure effective implementation of priority polio eradication activities should also be conducted.

CONCLUSION

12. The progress made since the last Regional Committee resolution in 2004 is cause for optimism that despite the recent challenges experienced, the goal of polio eradication in the African Region is still within reach. Interruption of the remaining chains of wild poliovirus transmission is crucial through the implementation of high-quality vaccination campaigns with full participation of communities in high-risk areas, sustained routine immunization coverage and addressing gaps in surveillance. Ensuring adequate funding for the implementation of priority activities is especially important.

Table 1: Confirmed wild poliovirus¹ by country, 2002–2006

Country ²	2002	2003	2004	2005	2006
Angola				10	
Benin		2	6		
Botswana			1		
Burkina Faso		11	9		
Cameroon		2	13	1	
Cape Verde ³	1				
Central African Republic		1	30		
Chad		24	24		
Côte d'Ivoire		1	17		
Democratic Republic of Congo					3
Eritrea				1	
Ethiopia			1	22	6
Ghana		8			
Guinea			7		
Mali			19	13	
Namibia					13
Niger	3	39	25	10	4
Nigeria	202	354	783	823	526
Togo		1			
Regional total	206	443	935	872	552

¹ Data submitted from countries as of 27 June 2006; last modified 4 July 2006).

² Between 2003 and 2005, 16 countries were infected; of these, 12 were able to re-establish their polio-free status through interruption of wild poliovirus transmission.

³ The case reported in Cape Verde was imported from outside.