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**POLIO ERADICATION: PROGRESS REPORT**

**Information document**

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## BACKGROUND

1. Acceleration of polio eradication activities is one of the main objectives of the Regional strategic plan for the Expanded Programme on Immunization, 2006–2009 and its resolution (AFR/RC56/R1) adopted at the fifty-sixth session of the Regional Committee.
2. Increased political commitment and improved quality of polio eradication activities have been realized in most countries following the adoption of Resolution AFR/RC54/R8 at the fifty-fourth session of the Regional Committee which aimed at addressing the resurgence of wild poliovirus transmission.
3. This information document provides an update on the status of polio eradication in the WHO African Region and proposes the way forward in achieving the interruption of wild poliovirus transmission.

## PROGRESS MADE

4. As of 31 March 2007, Nigeria remained the only country in the Region with endemic wild poliovirus. In 2006, Nigeria accounted for 94% of all confirmed wild poliovirus cases in the Region; this was reduced to 79% in the first quarter of 2007.<sup>1</sup> Endemic transmission continues to be restricted to Northern Nigeria.
5. Progress continues to be registered in improving the quality of polio eradication activities in the remaining polio-endemic reservoir in Northern Nigeria. Immunization Plus Days (IPDs), during which additional antigens and other child survival interventions are administered together with oral polio vaccine (OPV), have resulted in an increase in community participation and in the number of children vaccinated. Using this innovative approach, several key states in Northern Nigeria have registered more than 25% increase in the number of children vaccinated, with evidence of declining wild poliovirus transmission in the high-burden states.<sup>2</sup>
6. In 2006, eight countries<sup>3</sup> experienced wild poliovirus importations and successfully contained the outbreaks (Figure 1). Supplemental immunization activities (SIAs) were conducted in neighbouring countries with the participation of independent monitors to assess the quality of immunization. Over 25 million children under five out of 26 million targeted were immunized with OPV. As of 31 March 2007, two countries (Democratic Republic of Congo and Niger) confirmed wild poliovirus importation (Figure 2). Pre-emptive SIAs were also carried out in six countries<sup>4</sup> at risk of importation of wild poliovirus.
7. High quality acute flaccid paralysis (AFP) surveillance continues to be maintained in most Member States. By the end of December 2006, 89% of the countries in the Region had achieved certification-standard AFP surveillance performance indicators, i.e. at least 80% stool adequacy; and detection of at least one non-polio AFP case per 100 000 children below 15 years.

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<sup>1</sup> WHO, weekly reports of the African Regional Polio Laboratory Network, World Health Organization, Regional Office for Africa, Brazzaville, March 2007.

<sup>2</sup> Ministry of Health, Report of the 11th Expert Review Committee on Immunization in Nigeria, Abuja, December 2006.

<sup>3</sup> Angola, Cameroon, Chad, Democratic Republic of Congo, Ethiopia, Kenya, Namibia and Niger.

<sup>4</sup> Benin, Chad, Republic of Congo, Cote d'Ivoire, South Africa and Uganda.

8. Global Certification Commission guidelines state that certification of polio eradication can only be declared by region, not by country. Between 2004 and 2006, 18 complete country documentations were reviewed by the Africa Regional Certification Commission: 15 countries<sup>5</sup> met the required standard which is to maintain a polio-free status for at least 3 years in the presence of certification-standard AFP surveillance. The remaining Member States will be required to present satisfactory documentation before regional certification of polio eradication is declared.

9. Routine immunization coverage continues to improve in the Region. The number of countries that achieved at least 80% OPV coverage among infants increased from 17 in 2005 to 22 in 2006.

10. During a recent (February 2007) polio eradication stakeholders consultation meeting in Geneva convened by the WHO Director-General, the Federal Government of Nigeria reaffirmed actions being taken to sustain political commitment and participation of communities in priority polio eradication activities in highest risk areas.

## **CHALLENGES**

11. Ensuring interruption of wild poliovirus transmission in the remaining endemic reservoirs of Northern Nigeria, as well as in re-infected areas as a result of importation, will necessitate innovative and effective strategies which ensure that all susceptible children are reached and vaccinated. It will be crucial to overcome the challenges of community acceptance and participation as well as the service delivery problems associated with suboptimal health systems.

12. The programme continues to face an acute funding gap. As of 31 March 2007, the overall shortfall for 2007-2008 activities was estimated at US\$ 123 million, which included Nigeria's estimated gap of US\$ 94 million. Mobilizing additional resources from domestic as well as international resources is a major challenge, especially while there are competing health and socioeconomic priorities.

## **NEXT STEPS**

13. To address the remaining challenges facing the polio eradication initiative in the WHO African Region, the following interventions are proposed:

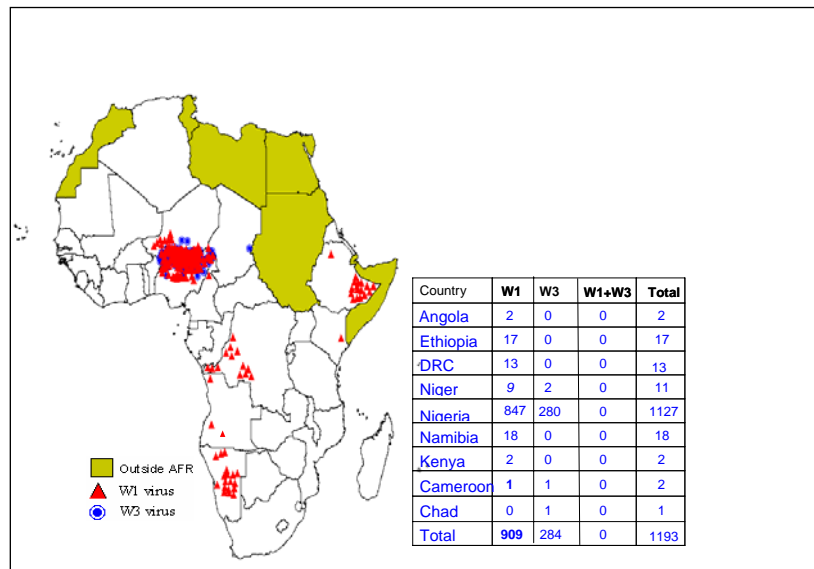
- (a) interruption of endemic wild poliovirus transmission in Northern Nigeria: implement several rounds of high-quality immunization activities in polio-infected areas through innovative approaches such as IPDs, increased quality and coverage of immunization campaigns in these areas, sustained optimum involvement of communities in the high-risk areas that continue to harbour wild poliovirus;
- (b) ensuring timely and effective control of polio outbreaks: Countries confirming wild poliovirus importation should conduct prompt investigation, implement a minimum of three large-scale immunization rounds with an aim of reaching 95% of target-age children, and enhance AFP surveillance;

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<sup>5</sup> Botswana, Burundi, Gambia, Kenya, Lesotho, Malawi, Mauritius, Rwanda, Senegal, Seychelles, South Africa, Swaziland, Uganda, Zambia and Zimbabwe.

- (c) achieving sustainable high routine OPV coverage: the Reaching Every District approach should continue to be implemented in all countries of the Region to achieve high routine coverage in all districts;
- (d) achievement and maintenance of high polio immunization coverage as well as maintaining certification-standard AFP surveillance;
- (e) advocacy and resource mobilization.

**Figure 1: Distribution of wild poliovirus cases, WHO/AFRO, 2006**



**Figure 2: Distribution of wild poliovirus cases, WHO/AFRO, 2007**

