



**World Health  
Organization**

REGIONAL OFFICE FOR **Africa**

AFR/RC67/INF.DOC/5  
5 June 2017

**REGIONAL COMMITTEE FOR AFRICA**

**ORIGINAL: ENGLISH**

Sixty-seventh session

Victoria Falls, Republic of Zimbabwe, 28 August–1 September 2017

Provisional agenda item 19.5

**PROGRESS REPORT ON POLIO ERADICATION STATUS AND ENDGAME STRATEGY  
IN THE AFRICAN REGION**

**Information Document**

**CONTENTS**

	<b>Paragraphs</b>
BACKGROUND .....	1–3
PROGRESS MADE.....	4–10
NEXT STEPS .....	11

## BACKGROUND

1. The African Region has made tremendous progress towards eradication of poliomyelitis. In 2012, the African Region reported 128 wild poliovirus (WPV) cases, which accounted for more than half of the global burden, and only four cases in 2016. Interventions included improving the quality of polio supplementary immunization activities, strengthening acute flaccid paralysis (AFP) surveillance, timely response to polio outbreaks and strengthening routine immunization, including introduction of inactivated poliovirus vaccine (IPV).
2. In May 2015, the Sixty-eighth World Health Assembly adopted a resolution<sup>1</sup> to ensure interruption of WPV transmission; achieve and maintain certification-standard surveillance; and introduce IPV before the global withdrawal of the type 2 component of the trivalent oral polio vaccine (tOPV) in April 2016. Efforts have been made to ensure that polio assets, lessons learnt and knowledge acquired are used to support other national health priorities.
3. This report documents the progress made towards polio eradication in the African Region and the status of implementation of the Polio Eradication and Endgame Strategic Plan 2013–2018. It also highlights the remaining challenges and proposes the next steps to achieve certification of polio eradication in the Region.

## PROGRESS MADE

4. Over the last five years, the African Region reported 128 WPV cases in 2012, seventy-six cases in 2013 and 17 cases in 2014. There was no reported case of WPV in 2015. In July 2016, after almost two years, four cases were confirmed from the insecure areas of Borno State in Nigeria. Five synchronized<sup>2</sup> outbreak response rounds were successfully implemented in a timely manner.
5. By May 2017, no case of WPV had been confirmed in the African Region since the last case in Nigeria with onset on 21 August 2016. More than six months have passed since the latest case of confirmed circulating vaccine-derived poliovirus type 2 (cVDPV2), also in Nigeria, with onset on 28 October 2016.
6. By May 2017, environmental surveillance to complement AFP surveillance for polioviruses detection had been expanded to seven additional countries<sup>3</sup> in the Region. Ten out of the 13<sup>4</sup> confirmed vaccine-derived polioviruses (VDPVs) in the African Region in 2017 were detected from environmental surveillance sewage sites, thereby confirming the importance of this technology in augmenting polio surveillance.
7. There was a successful withdrawal of the type 2 oral polio vaccine in May 2016 in all countries in the African Region. Thirty-one countries<sup>5</sup> have introduced IPV in their routine immunization programmes.
8. By April 2017, the Africa Regional Certification Commission for Polio Eradication (ARCC) had accepted polio-free status documentation from 38 out of 47 countries. The ARCC has finalized a plan for certification of the remaining nine countries<sup>6</sup> by the end of 2019.

---

<sup>1</sup> World Health Assembly, resolution A68.3 – 26 May 2015.

<sup>2</sup> Cameroon, Central African Republic, Chad, Niger and Nigeria.

<sup>3</sup> Ethiopia, Gabon, Equatorial Guinea, Democratic Republic of the Congo, South Sudan, Uganda and Mozambique.

<sup>4</sup> Ten VDPVs types in Nigeria isolated from environmental surveillance, two in Democratic Republic of the Congo from AFP cases and one in Mozambique from an AFP case.

<sup>5</sup> WHO/IVD database on IPV introduction, November 2016.

9. The African Region has implemented the reduction of polio-funded staff in countries as per the projected country human resource budget ceilings for 2017. In April 2017, WHO in the African Region contributed to the World Health Assembly 2017 position paper<sup>7</sup> on the projected impact of polio transition planning on other public health interventions.

10. Despite the progress made, a number of challenges remain. These include the insecurity affecting implementation of planned polio activities, emergence of VDPV2 and global IPV shortage. The planned reduction of polio-funded personnel<sup>8</sup> in 2018-2019 poses programmatic risks towards achieving certification of polio eradication and support to other public health interventions.

## **NEXT STEPS**

11. The following actions are proposed to Member States:

- (a) Strengthen AFP and environmental surveillance for timely detection of any poliovirus transmission or importation from endemic countries and further improve the quality of outbreak response
- (b) Conduct and document laboratory bio-containment and destruction of the type 2 component of OPV
- (c) Strengthen national polio committees for documenting and evaluating progress towards polio eradication
- (d) Strengthen routine immunization to increase population immunity and stop emergence of VDPVs
- (e) Finalize preparation of polio transition plans with Government leadership and ownership of the processes.
- (f) Mobilize adequate domestic and international resources to fully implement polio eradication activities until global certification of eradication.

---

<sup>6</sup> Cameroon, Central African Republic, Ethiopia, Equatorial Guinea, Gabon, Guinea-Bissau, Madagascar, Nigeria and South Sudan.

<sup>7</sup> WHO Report on Transitional Planning to Member States, Geneva, 28 April 2017.

<sup>8</sup> WHO Executive Board 2013, Polio Human Resources.