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**PROGRESS REPORT TOWARDS CERTIFICATION OF POLIO ERADICATION
AND ENDGAME STRATEGY IN THE AFRICAN REGION**

Information Document

CONTENTS

	Paragraphs
BACKGROUND	1–4
PROGRESS MADE.....	5–10
NEXT STEPS	11–13

BACKGROUND

1. In 2012, the African Region reported 128 wild poliovirus (WPV) cases, which accounted for more than half of the global poliomyelitis cases; that figure has declined to zero WPV cases since August 2016. This progress has been made possible by the continued efforts of governments, health workers, communities, partners and stakeholders to eradicate poliomyelitis since the World Health Assembly (WHA) Declaration of May 1988.¹
2. In May 2015, the Sixty-eighth session of the WHA adopted resolution WHA68.3² to ensure interruption of WPV transmission; achieve and maintain certification-standard surveillance; and introduce inactivated polio vaccine (IPV) before the global withdrawal of the type 2 component of the trivalent oral polio vaccine (tOPV) in April 2016. Additionally, efforts have been made to ensure that polio assets, lessons learned and knowledge acquired are used to support other national health priorities.
3. During the Sixty-eighth session of the WHO Regional Committee for Africa in August 2018, Member States endorsed the Framework for Certification of Poliomyelitis Eradication in the African Region.³ The Framework articulates priority interventions that Member States should implement to avoid delaying certification of polio eradication.
4. This report presents the progress made towards polio eradication in the African Region and the status of implementation of the Framework for Certification of Polio Eradication. It also highlights the remaining challenges and proposes the next steps to achieve certification of polio eradication.

PROGRESS MADE

5. By February 2019, no WPV type 1 case had been confirmed in the African Region for 30 months since the last case in Nigeria with onset on 21 August 2016. The last WPV type 3 case was reported in November 2012, more than six years ago.⁴ WPV type 2 was declared to have been eradicated globally, by the Global Certification Commission (GCC) for Polio Eradication in September 2015, more than three years ago.⁵
6. By December 2018, forty-three Member States⁶ had established geographical information systems (GIS) for intensifying acute flaccid paralysis (AFP) surveillance with real-time monitoring and provision of evidence of surveillance activities in the field. Environmental surveillance to complement AFP surveillance and increase sensitivity for detecting any lingering poliovirus transmission in the Region had been established in 23 priority countries⁷ compared to only six countries in 2014.
7. Since the certification of the global eradication of WPV type 2 in September 2015, the type 2 component of the oral polio vaccine (OPV) was withdrawn in all Member States in the Region in April 2016. With the recent increase in global availability of IPV, by January 2019, all Member

¹ Report of the Forty-first session of the World Health Assembly, May 1988.

² World Health Assembly, Document A68/21/ Add1 – 15 May 2015.

³ Report of the Sixty-eighth session of the WHO Regional Committee for Africa, Dakar, Senegal, September 2018.

⁴ Global Certification Commission (GCC) Meeting Report, Amman, Jordan, October 2018.

⁵ GCC Meeting Report, Bali, Indonesia, October 2015.

⁶ All Member States except Algeria, Cabo Verde, Comoros and Seychelles.

⁷ Algeria, Angola, Burkina Faso, Cameroon, Chad, Central African Republic, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Equatorial Guinea, Gabon, Ghana, Guinea, Madagascar, Mali, Mozambique, Niger, Nigeria, Kenya, South Sudan, Senegal, Uganda, and Zambia.

States in the Region except Zimbabwe, were administering IPV in their routine immunization services, compared to 30 Member States in 2017.

8. By December 2018, the African Regional Certification Commission for Polio Eradication (ARCC) had accepted the polio-free status documentation of 40 out of 47 Member States.⁸ The ARCC has finalized a plan for certification of the remaining seven countries by the end of 2019. With the current progress, the African Region is on course for certification of polio eradication by the end of 2019 or early 2020.

9. Pursuant to the WHO Executive Board decision of 2013, the African Region has implemented the ramp-down of polio funded staff in Member States based on projected country human resource budget ceilings for 2017–2018. By December 2018, six⁹ out of the seven priority countries had finalized their costed polio transition plans for their polio assets to benefit other public health interventions.

10. However, the African Region continues to be affected by a number of challenges and risks. These include localized inaccessible areas due to insecurity affecting implementation of planned activities, surveillance gaps that could delay certification, emergence of circulating vaccine-derived polioviruses type 2 (cVDPV2) in some countries¹⁰ and stagnation of routine immunization coverage at 72% over the past five years¹¹ resulting in low population immunity. Furthermore, the reduction in funding and human resources for the programme may affect full implementation of planned activities.

NEXT STEPS

11. The following actions are proposed:

Member States should:

- (a) implement the priority interventions contained in the Framework for Certification of Poliomyelitis Eradication in the African Region and monitor achievement of the stipulated milestones;
- (b) conduct and document bio-containment of polioviruses and potential infectious materials (PIM) to avoid leakage and re-introduction into the environment and population;
- (c) provide technical support to national polio committees to submit updated progress reports in a timely manner for certification of polio eradication;
- (d) strengthen routine immunization service delivery and increase IPV coverage to increase population immunity and stop emergence of new cases of cVDPV2;
- (e) mobilize adequate domestic and international resources to fully implement polio eradication activities and transition plans.

12. WHO and partners should:

- (a) provide technical guidance and support for implementing the proposed actions.

13. The Regional Committee took note of the progress report and endorsed the proposed next steps.

⁸ Seven countries with pending polio-free documentation: Cameroon, Central African Republic, Equatorial Guinea, Guinea-Bissau, Nigeria, South Africa and South Sudan.

⁹ Angola, Cameroon, Chad, Democratic Republic of the Congo, Ethiopia and South Sudan.

¹⁰ cVDPV2 outbreaks in 2018-2019: Democratic Republic of the Congo, Kenya, Mozambique, Nigeria and Niger.

¹¹ Routine Immunization Technical Advisory Group (RITAG) report 23 January 2019.