

Electronic SURVEILLANCE

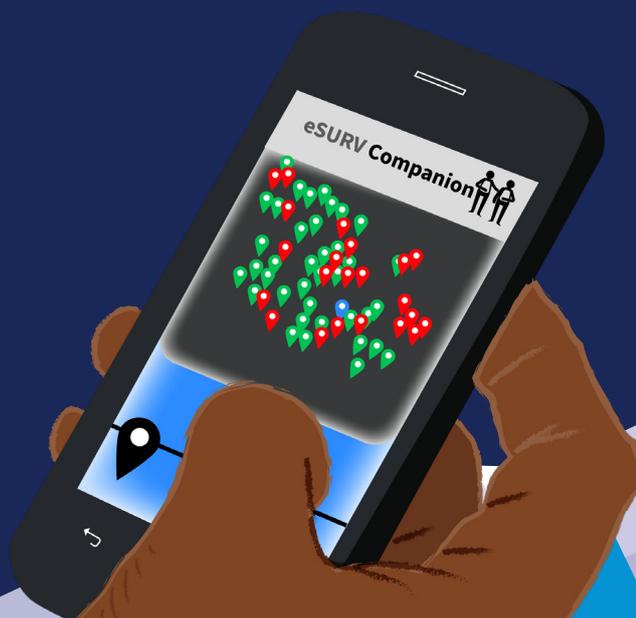
MONTHLY BULLETIN

The BULLETIN provides standardized updates on eSURV/ISS implementation, key performance indicators in WHO AFRO, aiding stakeholders in monitoring active surveillance progress, addressing gaps, and guiding evidence-based decisions at regional and national, and subnational levels.



February
2026

Volume 1 Issue 2



KEY SUMMARY OF eSURV PERFORMANCE INDICATORS: FEBRUARY 2026

110,085

Total Visits
Conducted



53.1 %

Districts
Coverage

229

Unreported AFP
Cases

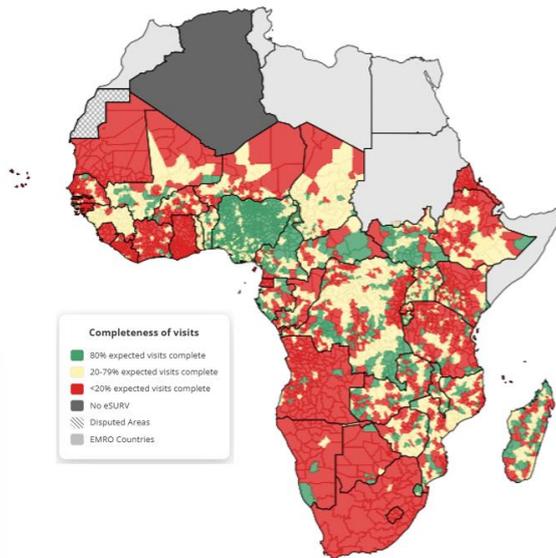


3,550

Unreported
Suspected VPDs



Figure 1: eSURV implementing Countries



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

KEY OBSERVATION: FEBRUARY 2026

1. During the month in focus, low active surveillance visits activities have been observed in many countries across the region as indicated in **fig. 1**.
2. Many of the visits conducted in February 2026 exhibited a higher frequency in sites categorized as low priority, followed by medium and then high, as illustrated in **Figure 2**.

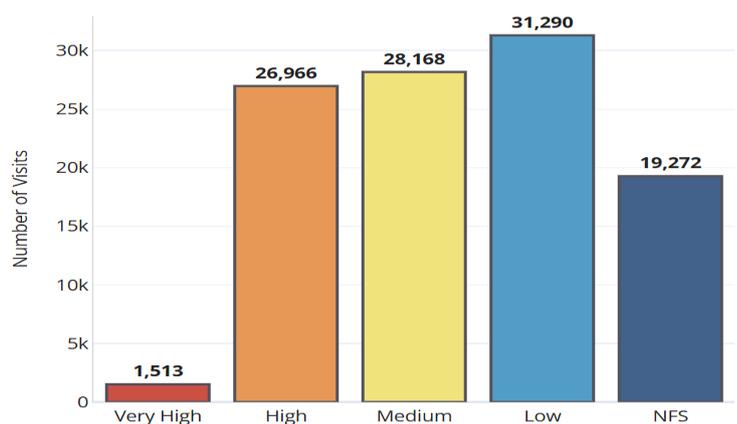
OVERVIEW

eSURV: stands for Electronic Surveillance. It is also an mHealth solution to ensure that government surveillance agents conduct active searches using mobile phones in health facilities and in the community.

The eSURV/ISS mechanism provides pivotal, near real-time evidence from field operations, which is essential for informed decision-making.

- Despite numerous operational challenges, it is noteworthy that active surveillance activities are being effectively implemented across the region, achieving district-level coverage of 53.1%. **See fig. 1**

Figure 2: Total # of visits conducted by priority level



Proportion of Joint Supportive Supervision Conducted: February 2026

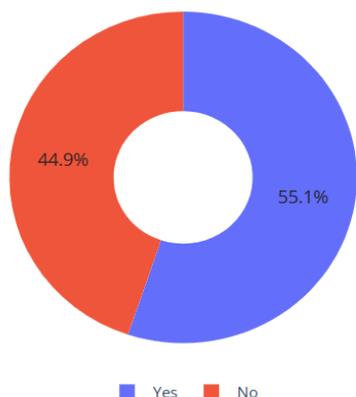
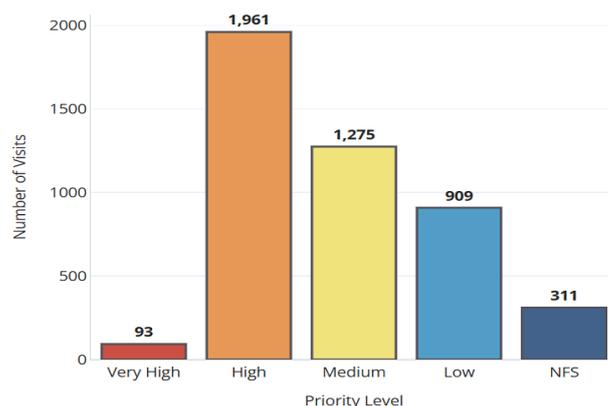


Figure 3: Proportion of JSS conducted

- Regional Implementation Metrics:** As of February 2026, 110,085 active case search visits were conducted, out of which 4,550 were Joint Supportive Supervision visits.
- Interpretation of Engagement:** The high rate of co-implementation demonstrates significant and active participation by Ministry of Health counterparts and partners in the operational deployment and usage of the eSURV tools and ISS methodology.

- Definition and Purpose:** Joint Supportive Supervision (JSS) is a collaborative mechanism between government ministries (MoH) and WHO, designed to strengthen national surveillance systems at the operational level through direct partnership.
- Core Activities:** During JSS visits, teams conduct systematic assessments to identify gaps in reporting structures, provide on-the-job training for surveillance officers, and resolve technical and logistical issues within the reporting channels.

Figure 4: Number of ISS visits conducted by priority



Unreported AFP found during Active Case Search Visits: February 2026

The eSURV/ISS data analysis revealed improved AFP case detection, identifying 229 unreported cases in February 2026. **Nigeria, DRC, Chad, and Benin** had the highest incidence among the top 10 countries (see Table 1).

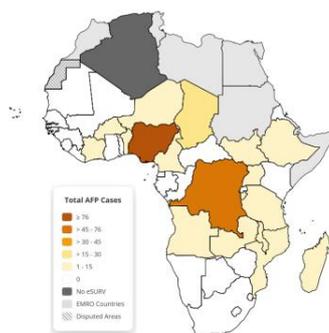


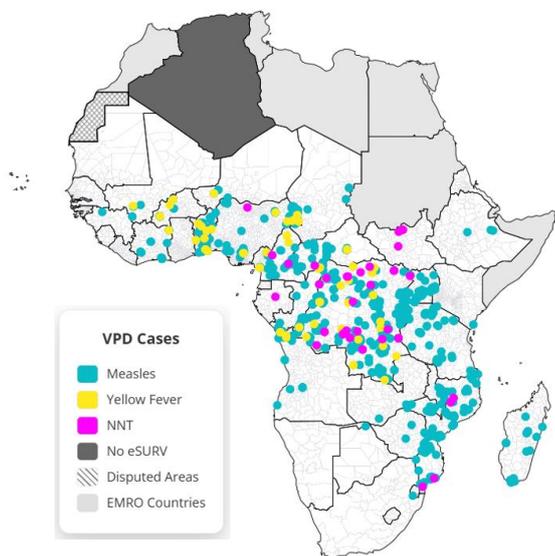
Figure 5: Map of Unreported AFP

Table 1: Top 10 Countries with most Unreported AFP cases

COUNTRY	AFP CASES	DISTRICTS REPORTED	FACILITIES REPORTED
Nigeria	76	31	37
DRC	74	58	60
Chad	18	10	14
Benin	15	7	7
Ethiopia	6	4	4
United Republic Of Tanzania	6	3	3
South Sudan	6	4	5
Burkina Faso	5	4	5
Uganda	4	4	4

Unreported Suspected VPDs found during Active Case Search Visits: February 2026

Figure 6: Dot map of Unreported Suspected VPDs



Active case search data (eSURV/ISS) from February 2026 reveal a high burden of unreported suspected VPDs, primarily measles, concentrated in the **East and Southern Africa Block** (Mozambique, Tanzania, Uganda, Burundi and Rwanda), in the **West Block** (Benin, Togo) and in **Lake Chad Basin** (Nigeria, Cameroun and western part of Central African Republic) signaling a potential outbreak and necessitating targeted field investigation.

- *The observation highlights possible gap in passive surveillance, indicating an immediate need to strengthen the implementation of field activities and enable timely containment actions.*

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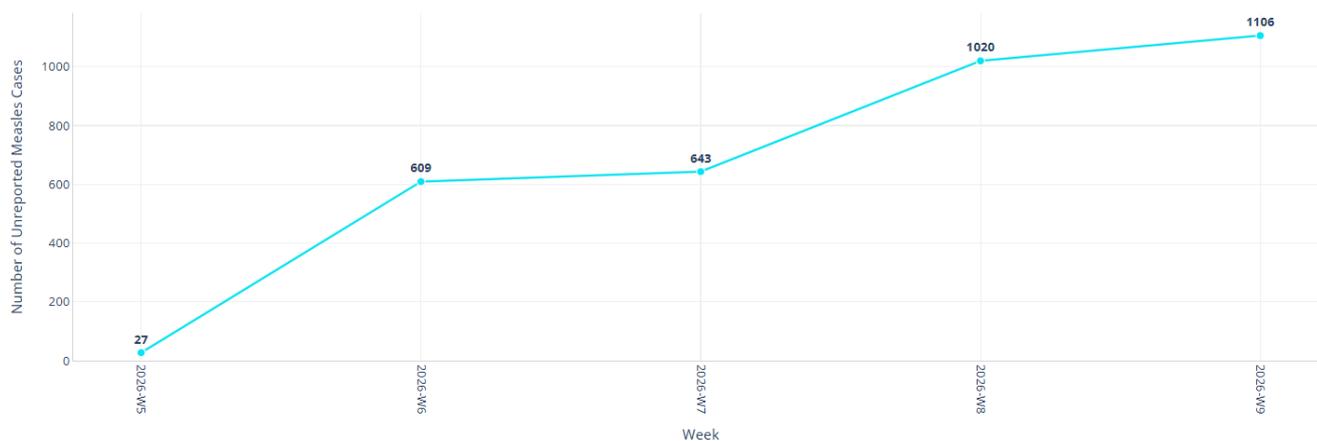
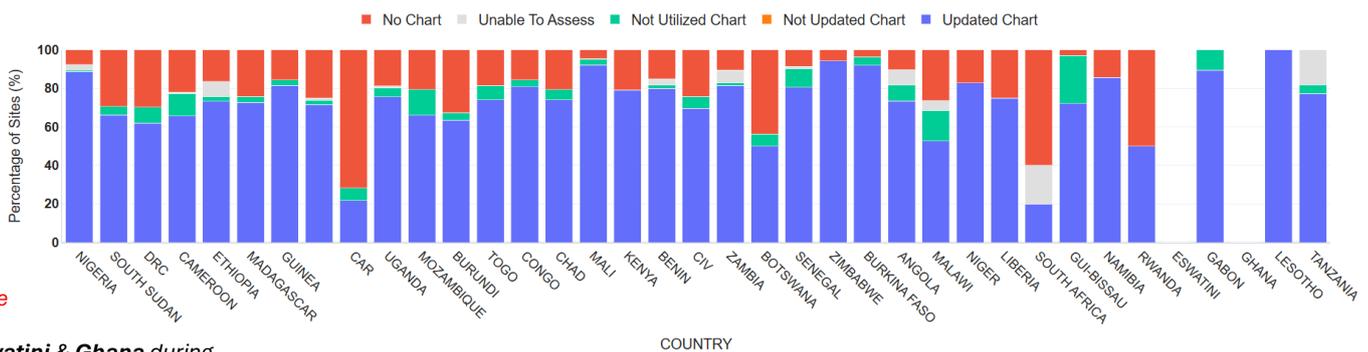


Figure 7: Weekly Trend of Unreported Suspected VPDs (Measles)

Monitoring Chart Availability and Usage

The monitoring chart in active surveillance sites allows the surveillance officers at district, provincial, and national levels to analyze disease trends, guide clinical decisions, enhance quality and safety, and support continuous improvement

Consistent maintenance of these tools ensures accurate tracking of operational-level activity implementation, supporting informed decision-making and program effectiveness.



Note

Eswatini & Ghana during the month in review didn't contain data.

Figure 8: Monitoring Chart Usage by Country

Stock Status of Blank Case Investigation Forms: February 2026

The case investigation form (CIF) is as essential as stool sample collection kits or viral transport medium (VTM) tubes in active surveillance sites.

As of February 2026, High shortage (over 60%) of CIF is reported in **LESOTHO, DRC, CHAD, BURUNDI, ESTWATINI, MADAGASCAR, MALI, and CONGO** as illustrated in the graph below.

There is a pressing requirement to replenish these essential resources in the designated countries to ensure uninterrupted field operations and prevent disruptions in the data and sample collection workflow.

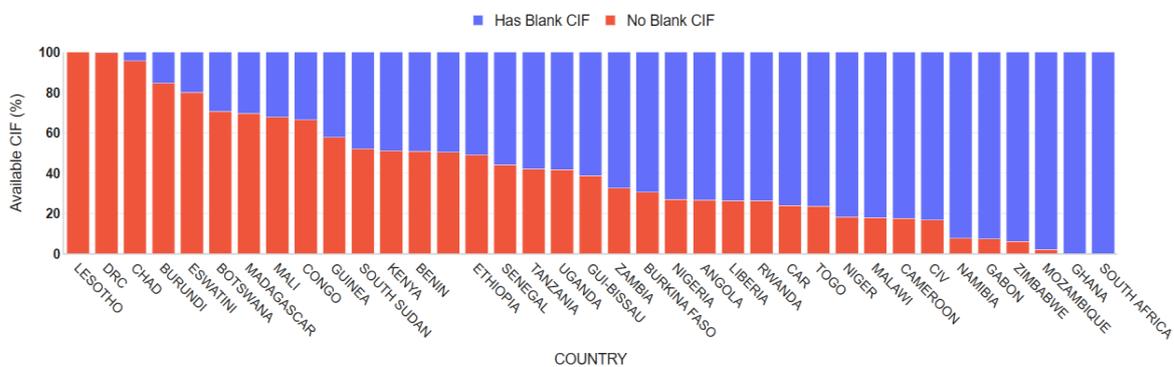


Figure 9: Stock of Blank CIF by Country

Stock Status of Stool Collection Containers: February 2026

As of February 2026, High shortage (over 50%) of Stool Collection Kits and/or VTM is reported in GHANA, LESOTHO, DRC, CHAD, BURUNDI, AND MALI as illustrated in the graph below.

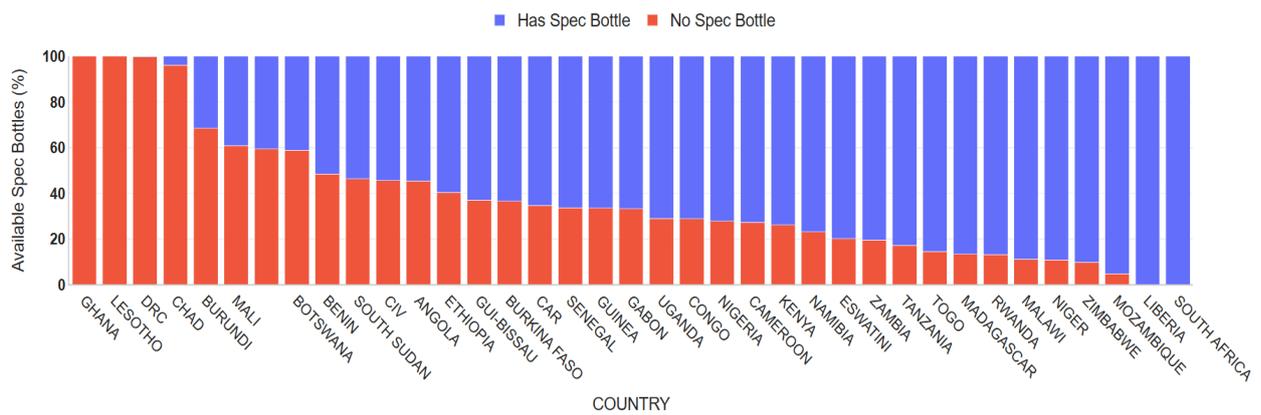


Figure 10: Stock of stool collection kits by Country

Knowledge of Acute Flaccid Paralysis (AFP) case definition

As an AFP focal point in an active surveillance site, understanding the AFP case definition is essential for accurate early detection and reporting. The eSURV data from the reporting month revealed significant findings on AFP knowledge gaps in select countries (see fig 11), underscoring the need for targeted capacity-building efforts.

While discrepancies in data may stem from multiple factors, persistent challenges in data quality and harmonization across eSURV-implementing countries remain. **Strengthening standardized reporting** and cross-country alignment is critical to enhancing the reliability and comparability of active surveillance outcomes.

The standardization of country forms is essential, as it ensures consistent data analysis and enables uniform interpretation of indicators—or variables—across the WHO AFRO region, facilitating seamless regional comparability and decision-making.

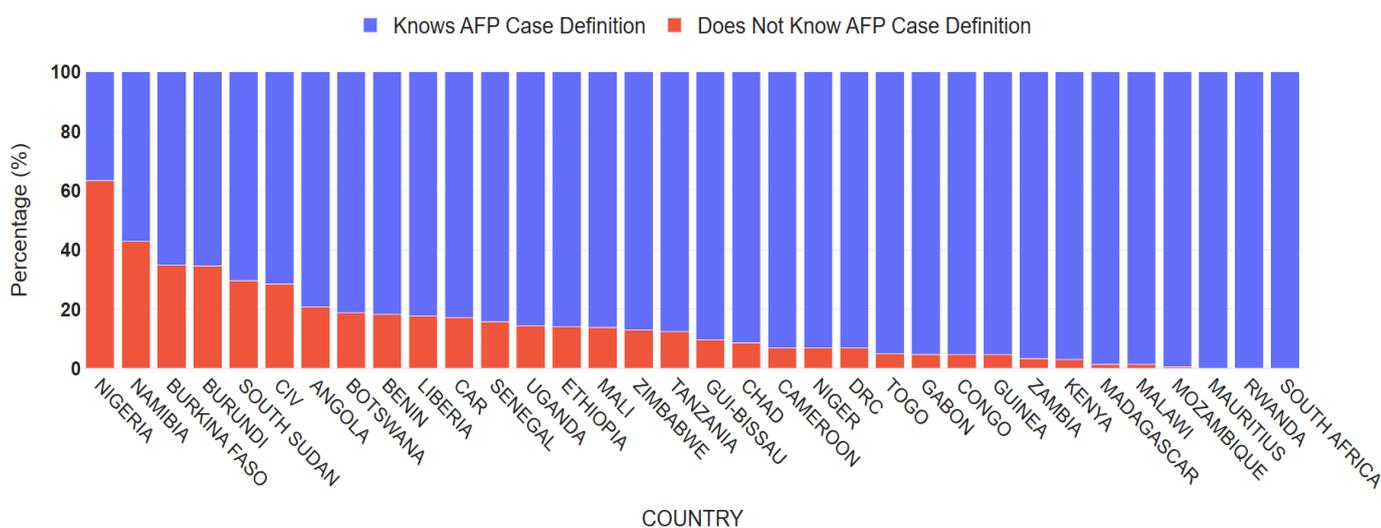


Figure 11: Knowledge of AFP Case Definition by Country

Key eSURV Update: February 2026

During the reporting period, the AFRO GIS Centre, via its eSURV technical team, successfully executed the field deployment of the eSURV Companion App in Benin. This implementation marks Benin as the twelfth member state to adopt the Companion App in 2026, expanding the operational network to a total of twelve countries.

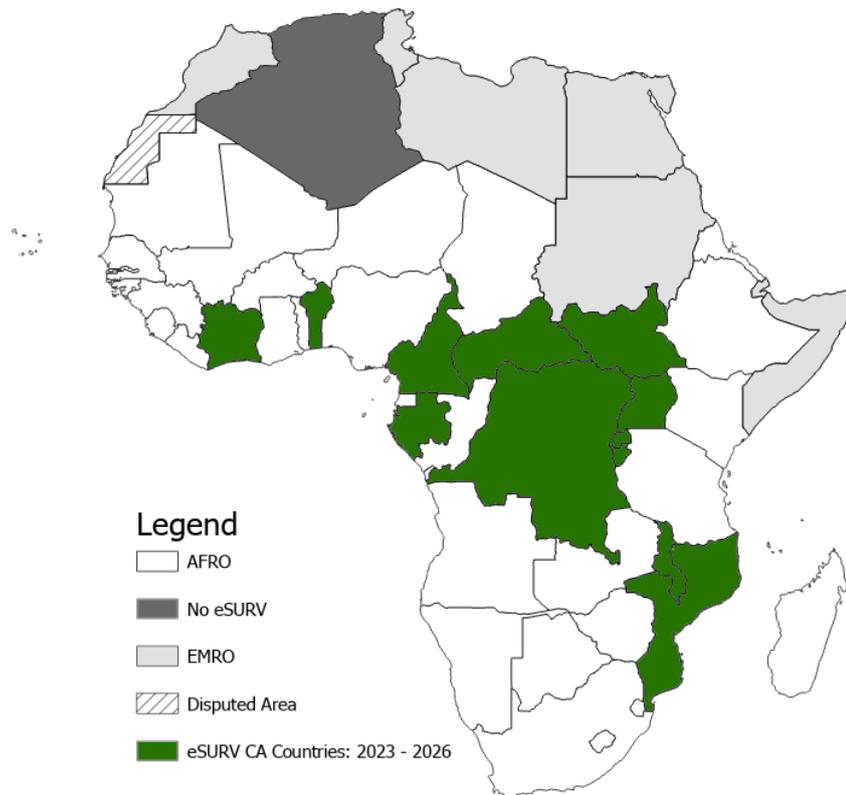


Figure 12: eSURV Companion App implementing Countries

Follow this link to the active surveillance KPI Public Dashboard:

<https://afro-rrt-who.hub.arcgis.com/pages/surveillance>

CONCLUSION

1. Active Surveillance Performance and Resource Allocation

WHO AFRO active surveillance data for February 2026 recorded 110,085 active case search (ACS) visits via the eSURV/ISS tools implementation. However, analysis indicates a misalignment in prioritization, with most visits conducted at **low-priority sites** rather than **high-risk areas**.

Furthermore, visit distribution did not adhere to the outlined framework, which defines optimal frequency based on **priority levels**. This inefficiency may compromise active surveillance sensitivity and early outbreak detection, particularly in **high-risk regions/hard to reach areas**, necessitating corrective measures to realign resource allocation with epidemiological priorities.

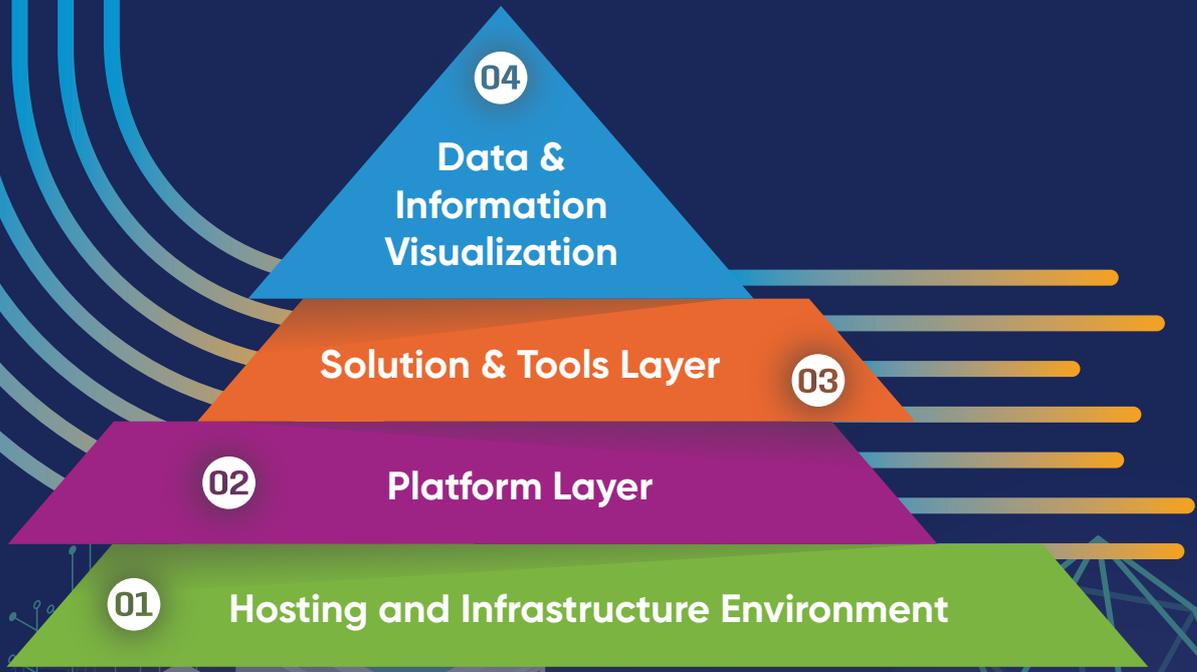
2. Operational Risks Due to under-performing districts

The low performance of active case search visits for the month of February 2026 in the implementing countries across the region pose a significant operational risk, including **underreporting** and **delayed detection of AFP and other vaccine-preventable disease (VPD) cases**.

The eSURV/ISS platform plays a critical role in generating near real-time field data, essential for evidence-based decision-making, outbreak response, and cross-border public health coordination. Its absence weakens active surveillance sensitivity, increasing the likelihood of undetected transmission and hindering regional outbreak containment efforts.

KEY IMPLICATIONS:

- ❖ Conducting most active case search (ACS) visits in low-priority sites instead of high priority sites weakens active surveillance sensitivity.
- ❖ This misalignment could delay outbreak detection in high-risk or hard-to-reach regions, increasing public health risks.
- ❖ Underreporting and delayed detection of AFP and other suspected VPD cases due to low-performing districts could lead to undetected outbreaks, compromising public health efforts.
- ❖ Without reliable eSURV/ISS data, decision-making and outbreak response become less effective, hindering timely interventions and cross-border coordination.



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