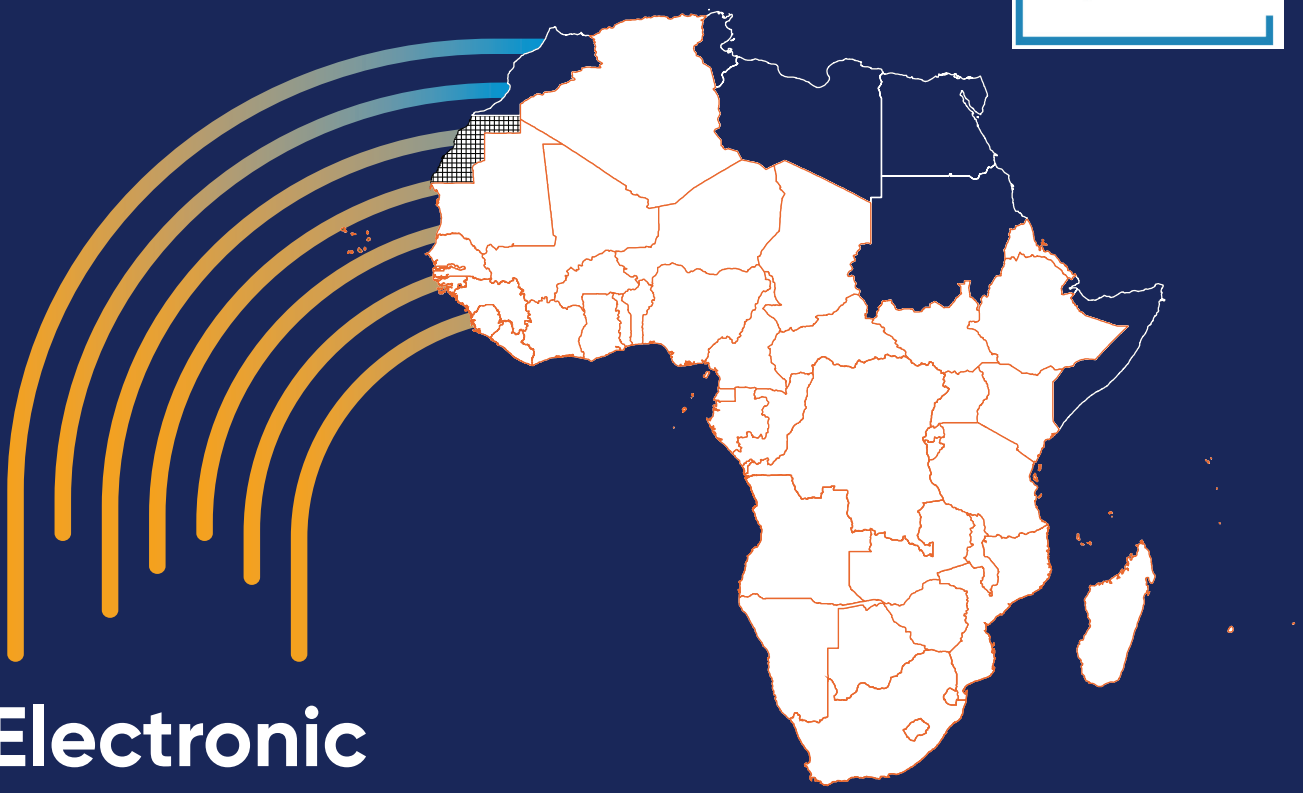
World Health Organization
African Region

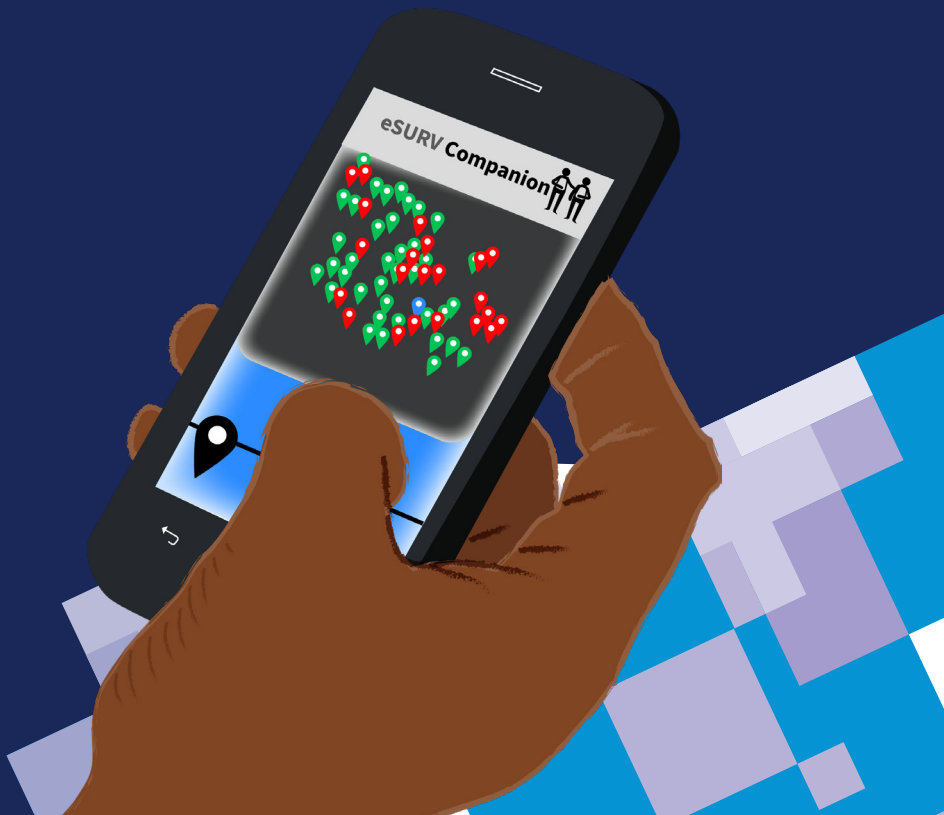
polio global eradication initiative

AFRO GIS CENTRE
World Health Organization African Region
POLIO GLOBAL ERADICATION INITIATIVE



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.



March

2026

Volume 1 | Issue 3

KEY HIGHLIGHTS OF eSURV PERFORMANCE INDICATORS: MARCH 2026

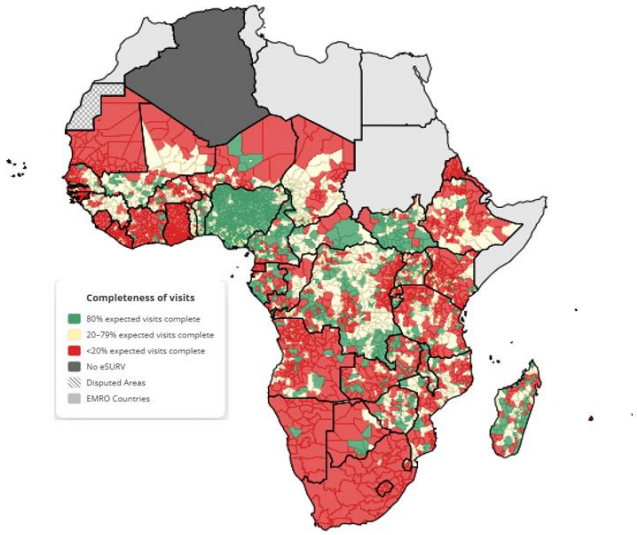
118, 500
Total Visits Conducted

52.3 %
Districts Coverage

836
Unreported AFP Cases

4,269
Unreported Suspected VPDs

Figure1: eSURV implementing Countries



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OVERVIEW

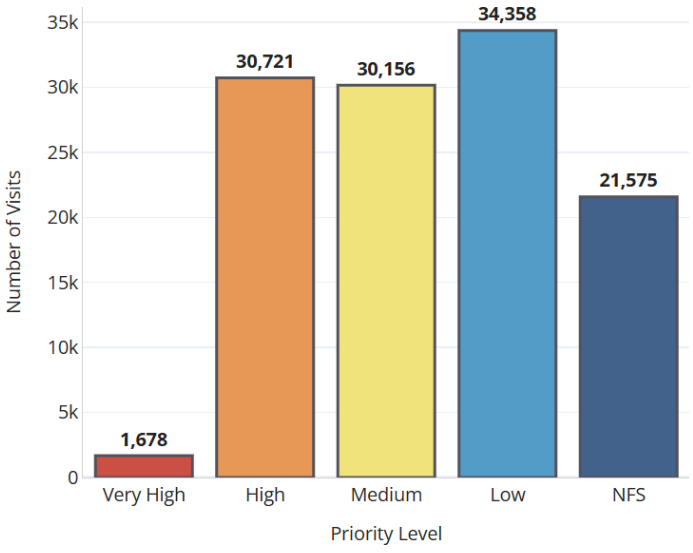
The eSURV/ISS mechanism provides pivotal, near real-time evidence from field operations, which is essential for informed decision-making.

- Despite numerous operational challenges in March 2026, it is significant that active surveillance activities are being ***effectively implemented*** across the region, achieving district-level coverage of 52.3%. **See fig. 1**

KEY OBSERVATION: MARCH 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 March 2026 exhibited a higher frequency in sites categorized as **low priority**, followed by medium and then high, as illustrated in **Figure 2.**

Figure 2: Total # of visits conducted by priority level



Proportion of Joint Supportive Supervision Conducted: March 2026

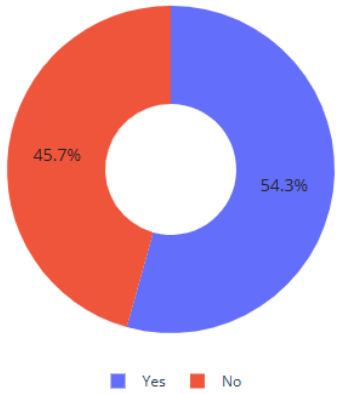
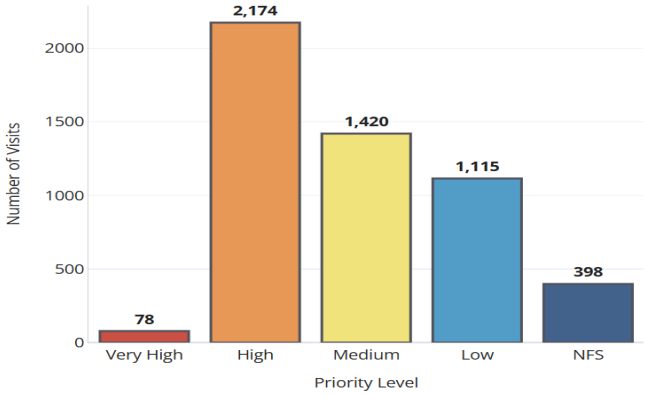


Figure 3: Proportion of JSS conducted

- **Regional Implementation Metrics:** As of end of March 2026, 118,500 active case search visits were conducted, out of which 5,186 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/health workers, 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: March 2026

The eSURV/ISS data analysis revealed improved unreported AFP case identifying 836 unreported cases in March 2026.

DRC, Cameroon and Burkina Faso had the highest incidence among the top 10 countries ***(see Table 1).***

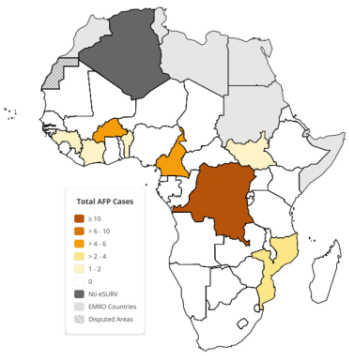


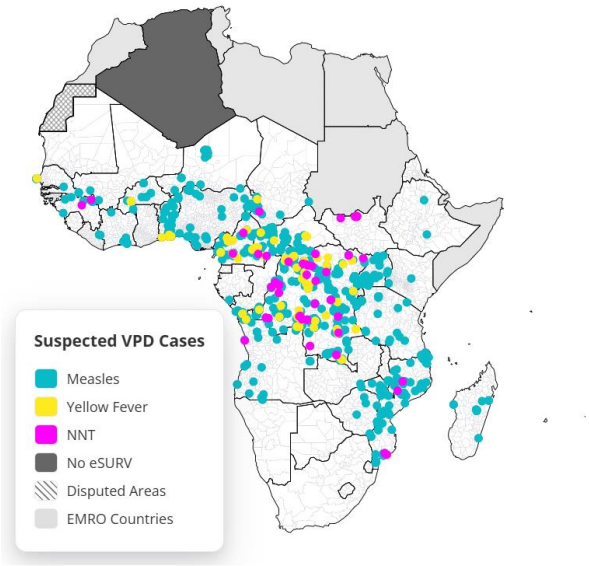
Figure 5: Map of Unreported AFP

Table 1: Top 10 Countries with most Unreported AFP cases

COUNTRY	AFP CASES	DISTRICTS REPORTED	FACILITIES REPORTED	TREND
DRC	10	5	3	
Cameroon	6	4	5	
Burkina Faso	6	5	6	
Mozambique	3	2	3	
South Sudan	1	1	1	
Benin	1	1	1	
Côte D'Ivoire	1	1	1	
Guinea	1	1	1	

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

Figure 6: Dot map of Unreported Suspected VPDs



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Active case search data (eSURV/ISS) from March 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 **DRC-Angola Block** (DRC, Angola), 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.*

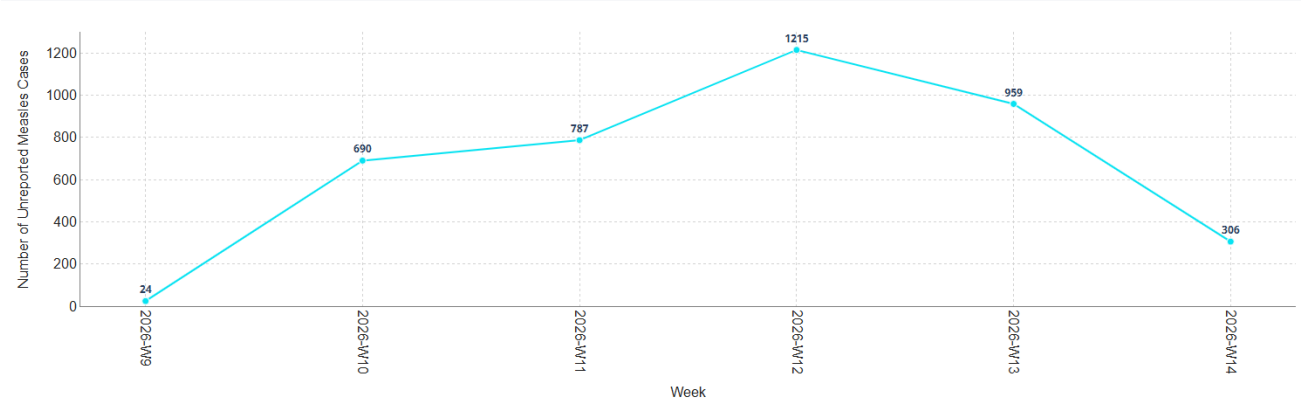
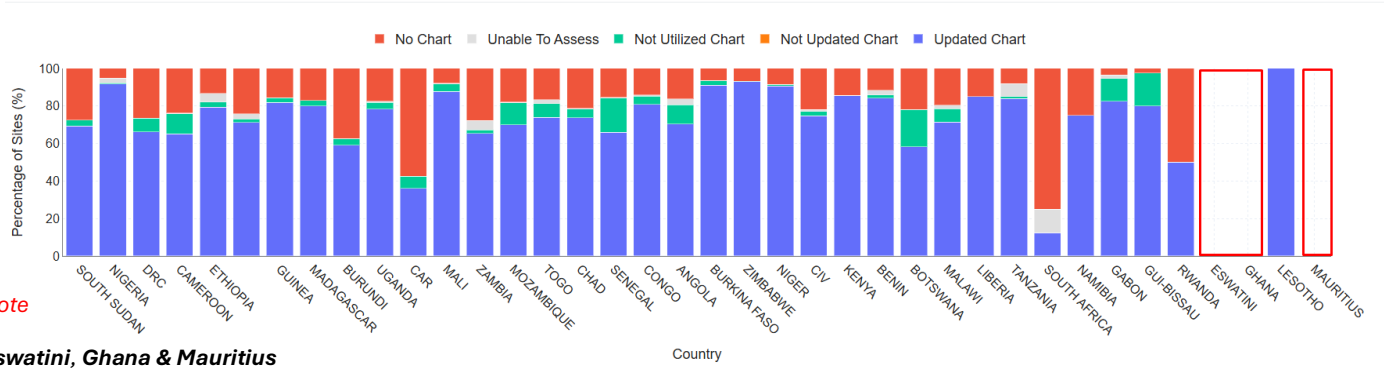


Figure 7: Weekly Trend of Unreported Suspected VPDs (Measles)

Monitoring Chart Availability and Usage: March 2026

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 *(see the graph below)*

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



Note

Eswatini, Ghana & Mauritius *during the quarter in review didn't contain data.*

Figure 8: Monitoring Chart Usage by Country

Stock Status of Blank Case Investigation Forms: March 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 March 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.

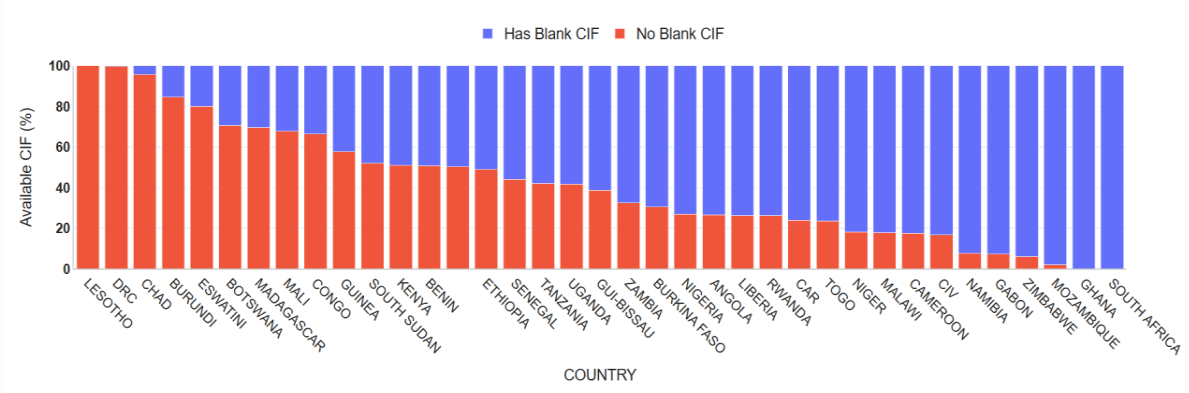


Figure 9: Stock of Blank CIF by Country

Stock Status of Stool Collection Containers: March 2026

As of March 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.

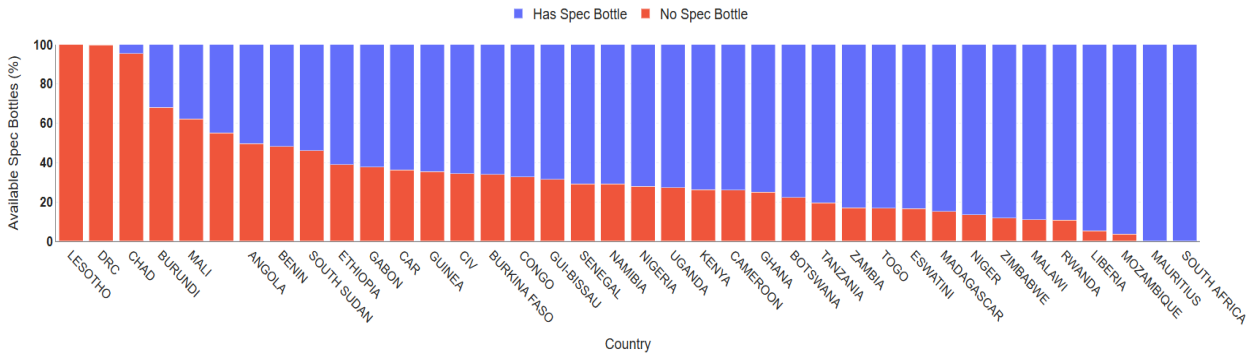


Figure 10: Stock of stool collection kits by Country

Knowledge of Acute Flaccid Paralysis (AFP) case definition: March 2026

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.

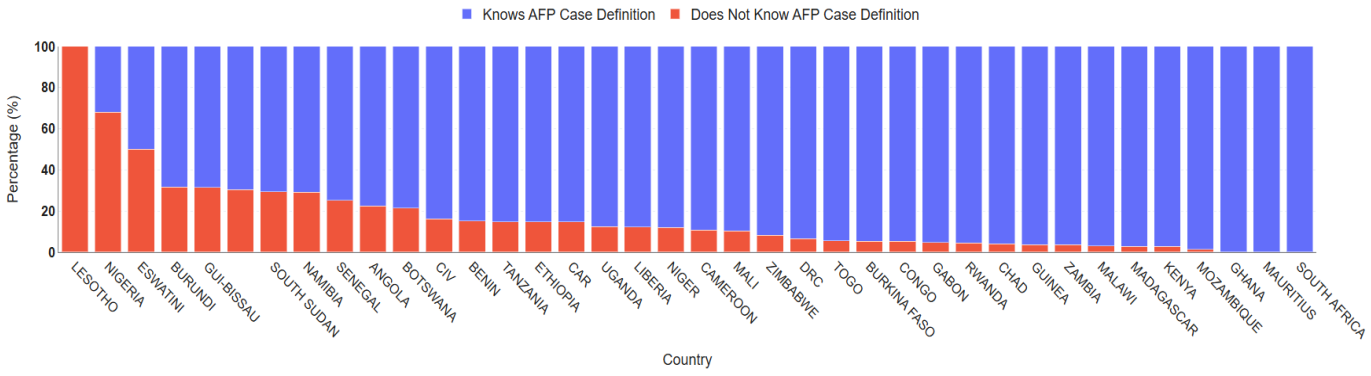
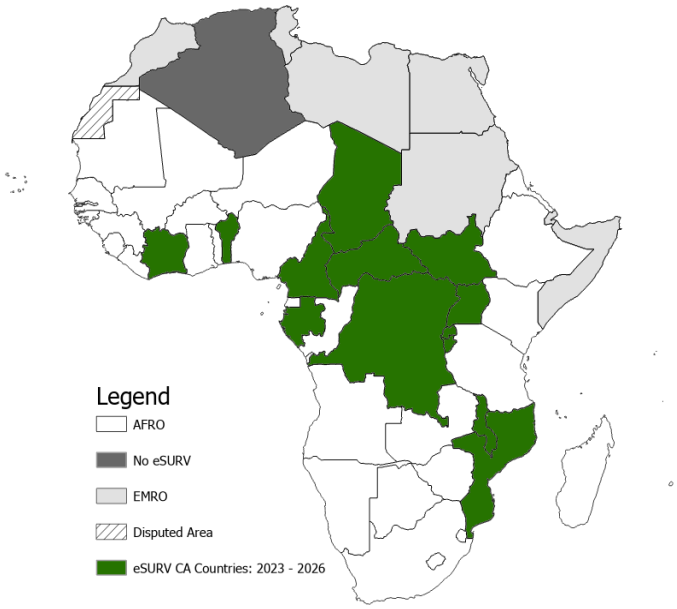


Figure 11: Knowledge of AFP Case Definition by Country

Key update: **March 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 **Chad and the remaining 3 provinces of the Democratic Republic of Congo**. This implementation marks **Chad** as the **Thirteenth-member state** to adopt the Companion App in 2026, expanding the operational network to a total of thirteen countries.



Deployed Countries:

1. Benin
2. Burundi
3. Cameroon
4. Central African Republic
5. **Chad****
6. Côte d'Ivoire
7. Democratic Republic of Congo
8. Gabon
9. Malawi
10. Mozambique
11. Rwanda
12. South Sudan
13. Uganda

Progress: **28%** of target countries have achieved full operational deployment.

****: recently deployed**

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 March 2026 recorded 118,500 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/sites**.

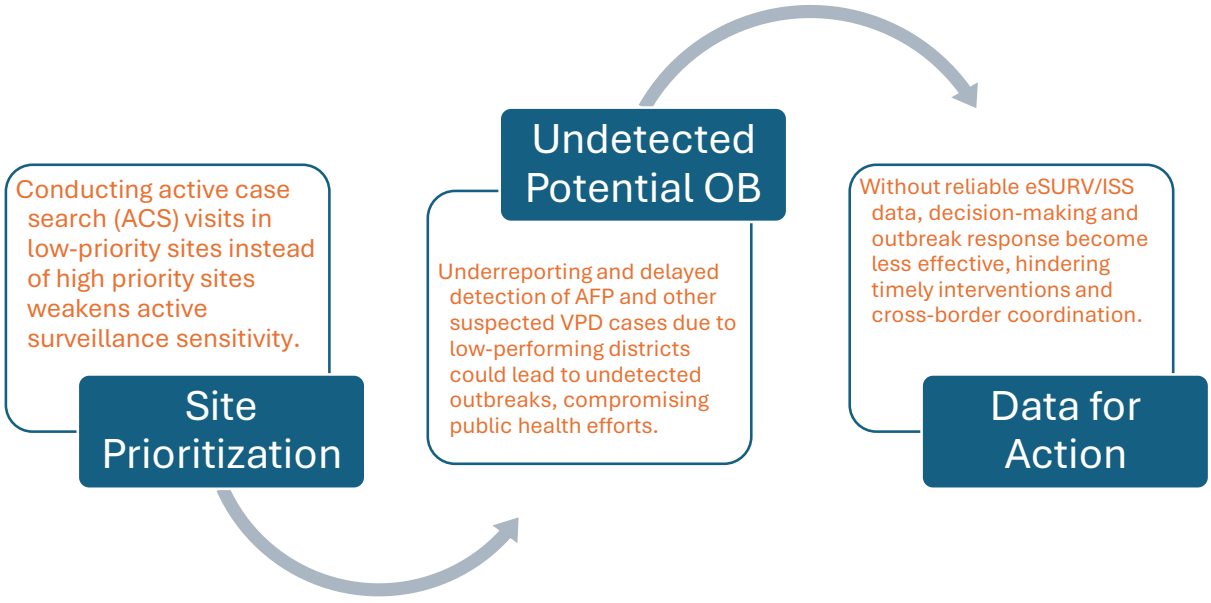
   Furthermore, visit distribution did not adhere to the outlined framework, which defines optimal frequency based on **priority levels.** This inefficiency may compromise active surveillance sensitivity and early outbreak detection, particularly in **high-risk regions/hard to reach areas**, necessitating 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 period of March 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



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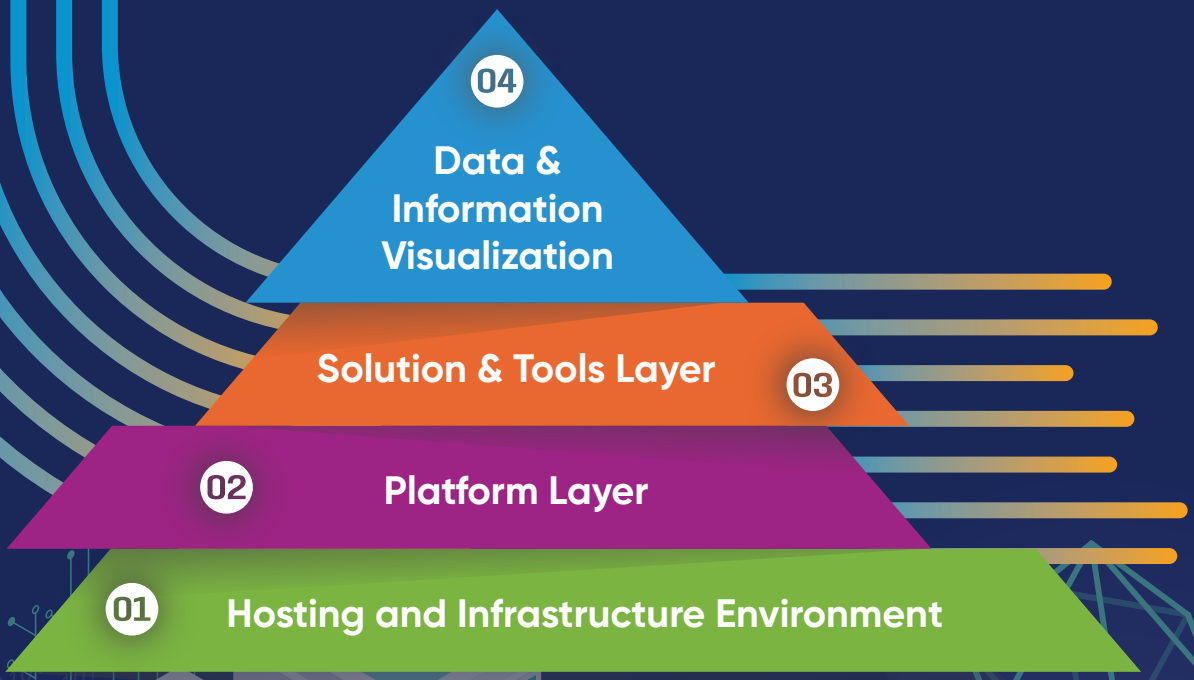

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Contact us:
afgiscenter@who.int

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