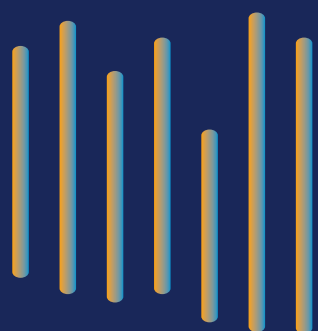


Electronic SURVEILLANCE

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.



April
2026

Volume 1 Issue 4



KEY HIGHLIGHTS OF eSURV/ISS PERFORMANCE INDICATORS: APRIL 2026

109,906
Total Visits
Conducted



52.9 %
Districts
Coverage

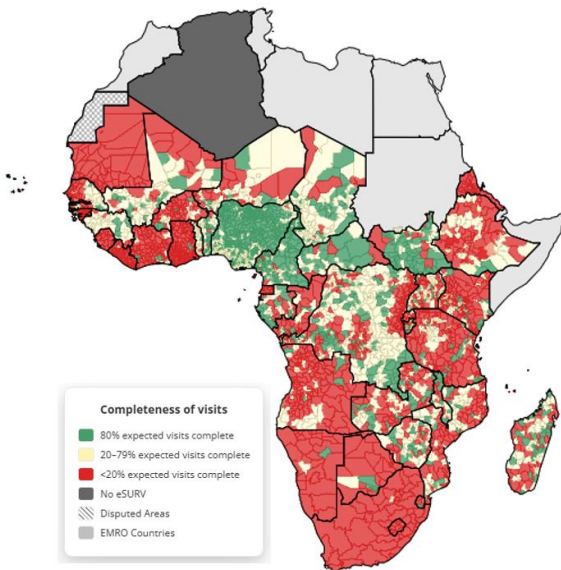
421
Unreported AFP
Cases



4,918
Unreported
Suspected VPDs



Figure 1: eSURV implementing Countries



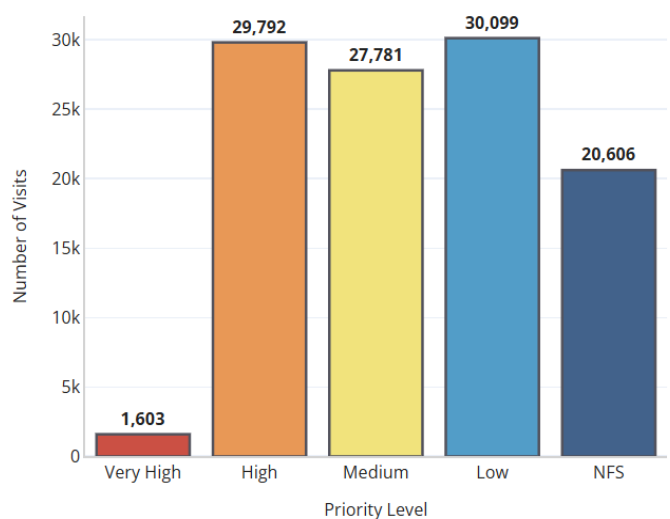
The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers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

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 **April 2026**, it is significant to emphasize that active surveillance activities are being **effectively implemented** across the region, achieving district-level coverage of **52.9%**. See fig 1.
- Notably, no active case-search activities were recorded in Cabo Verde, Eritrea, and Equatorial Guinea throughout the reporting period.

Figure 2: Total # of visits conducted by priority level



KEY OBSERVATION: APRIL 2026

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

Proportion of Joint Supportive Supervision Conducted: April 2026

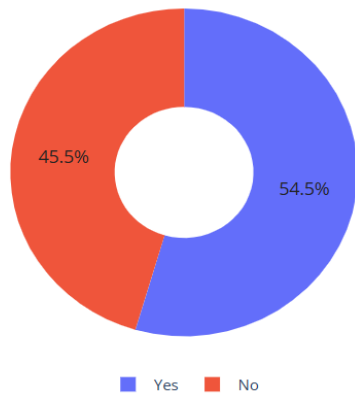
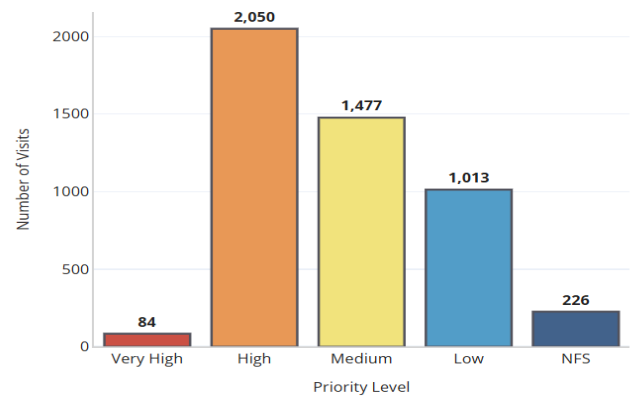


Figure 3: Proportion of JSS conducted

- Regional Implementation Metrics:** As of end of April 2026, 109,906 active case search visits were conducted, out of which 4,851 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: April 2026

The eSURV/ISS data analysis revealed improved unreported AFP case identifying 421 unreported cases in April 2026.

Nigeria and DRC having the **highest incidence** among the top 10 countries (**see Table 1**).

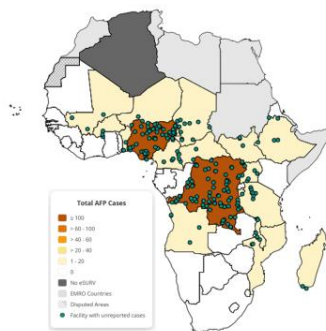


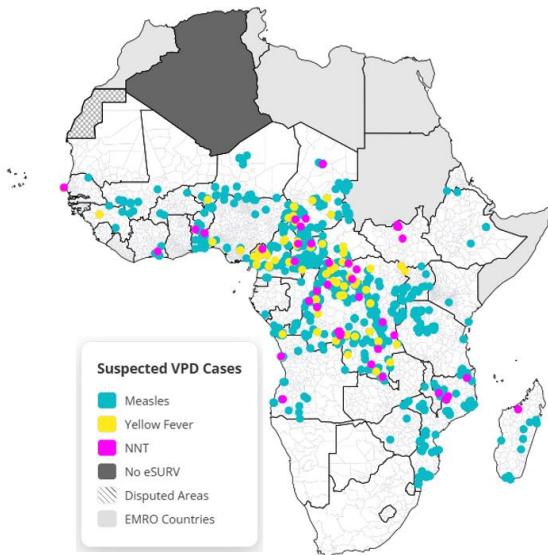
Figure 5: Map of Unreported AFP

Table 1: Top 10 Countries with most Unreported AFP cases

| COUNTRY | AFP CASES | DISTRICTS REPORTED | FACILITIES REPORTED | TREND |
|-------------|-----------|--------------------|---------------------|-------|
| Nigeria | 165 | 47 | 53 | |
| DRC | 156 | 81 | 90 | |
| Cameroon | 17 | 12 | 15 | |
| Chad | 15 | 11 | 14 | |
| South Sudan | 10 | 3 | 4 | |
| Tanzania | 9 | 6 | 8 | |
| Angola | 9 | 4 | 4 | |
| Uganda | 6 | 5 | 5 | |
| Mali | 5 | 3 | 3 | |
| Mozambique | 5 | 2 | 3 | |

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

Figure 6: Dot map of Unreported Suspected VPDs



Active case search data (eSURV/ISS) from April 2026 reveal a high burden of unreported suspected VPDs, primarily measles, concentrated in the **East and Southern Africa Block** (Mozambique, Southern Uganda, Burundi and Rwanda), in the **DRC-Angola Block** (DRC), in the **West Block** (Benin) and in **Lake Chad Basin** (South-West Chad, 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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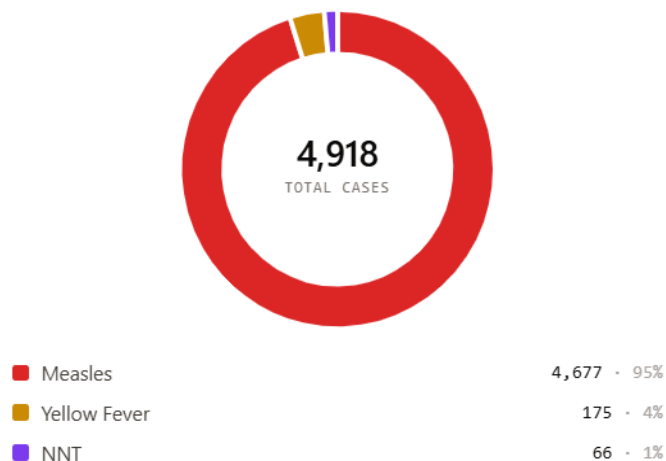
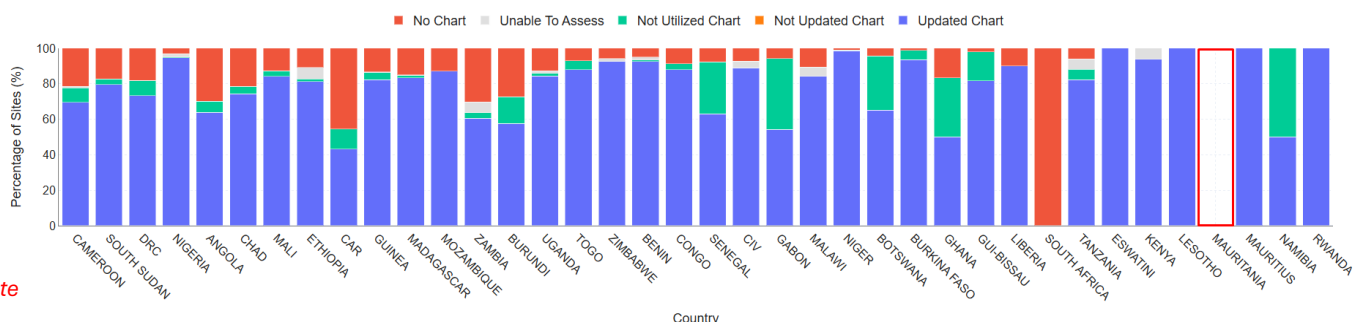


Figure 7: Distribution of Unreported Suspected VPDs(measles, YF, NNT)

Monitoring Chart Availability and Usage: April 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

Mauritania during the month in review didn't contain data.

Figure 8: Monitoring Chart Usage by Country

Stock Status of Blank Case Investigation Forms: April 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 April 2026, High shortage (over 60%) of CIF is reported in **DRC, Eswatini, Chad, Burundi, Lesotho, Mauritius, Congo, Ghana, Chad, Burundi, Madagascar and Mali** as illustrated in (Fig 9).

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.

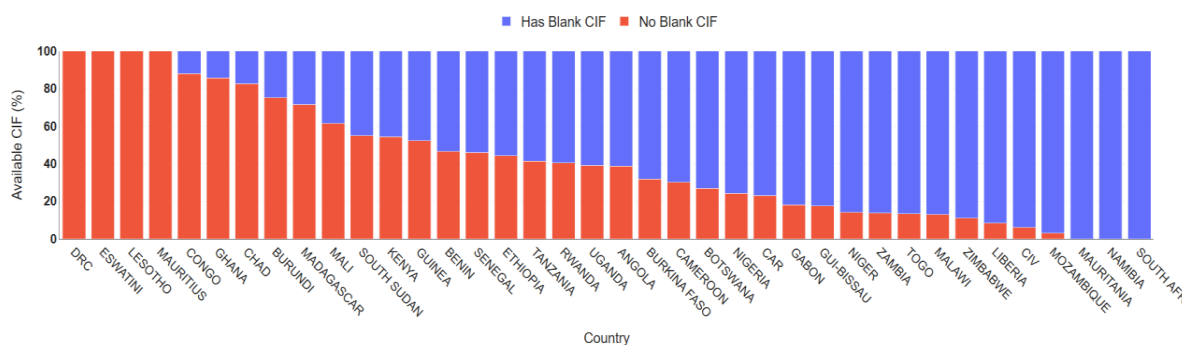


Figure 9: Stock of Blank CIF by Country

Stock Status of Stool Collection Containers: April 2026

As of April 2026, **Lesotho and the Democratic Republic of Congo (DRC)** reported a critical shortage of Stool Collection Kits and/or Viral Transport Media (VTM), with a 100% stockout recorded. Additionally, **Chad, Burundi, and Mali** reported significant supply deficits exceeding 60%, as illustrated in **Figure 10**.

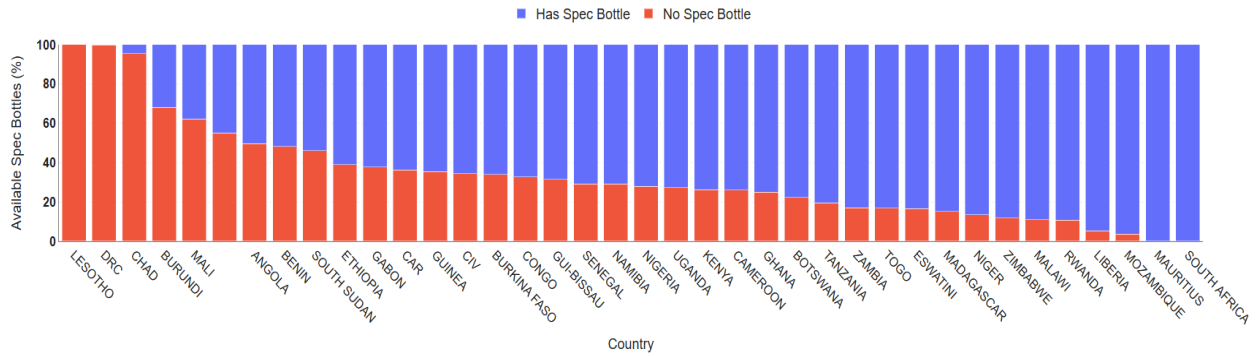


Figure 10: Stock of stool collection kits by Country

Knowledge of Acute Flaccid Paralysis (AFP) case definition: April 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.

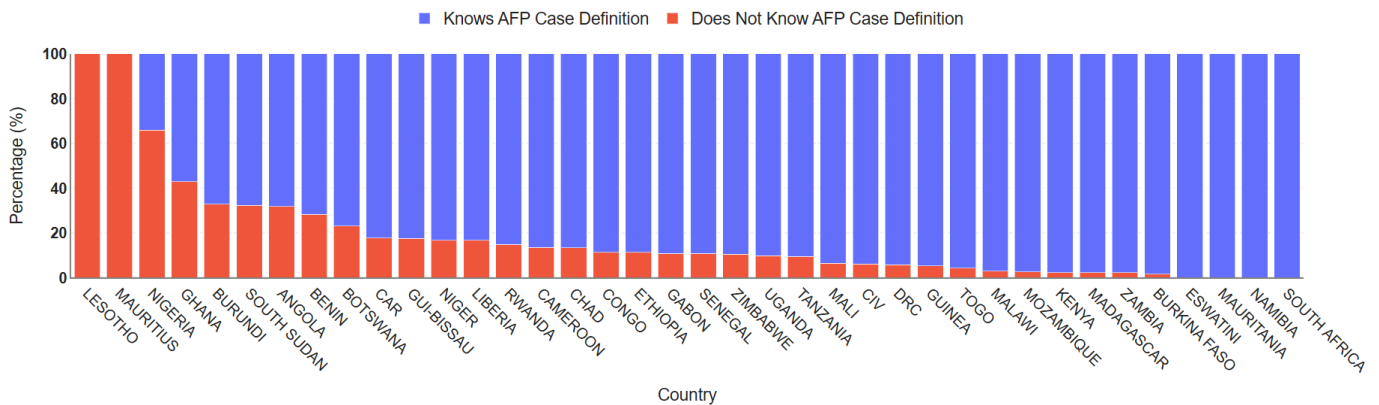


Figure 11: Knowledge of AFP Case Definition by Country

Key Update on eSURV Companion App field deployment: April 2026

As of April 2026, the number of WHO AFRO Member States actively implementing the eSURV Companion App remains at 13, as depicted in the map below. Progress updates on the rollout of the eSURV Companion App across additional Member States will continue to be disseminated through subsequent monthly bulletins.



Figure 12: eSURV Companion App implementing Countries

Implementing 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.

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 April 2026 recorded 109,906 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.

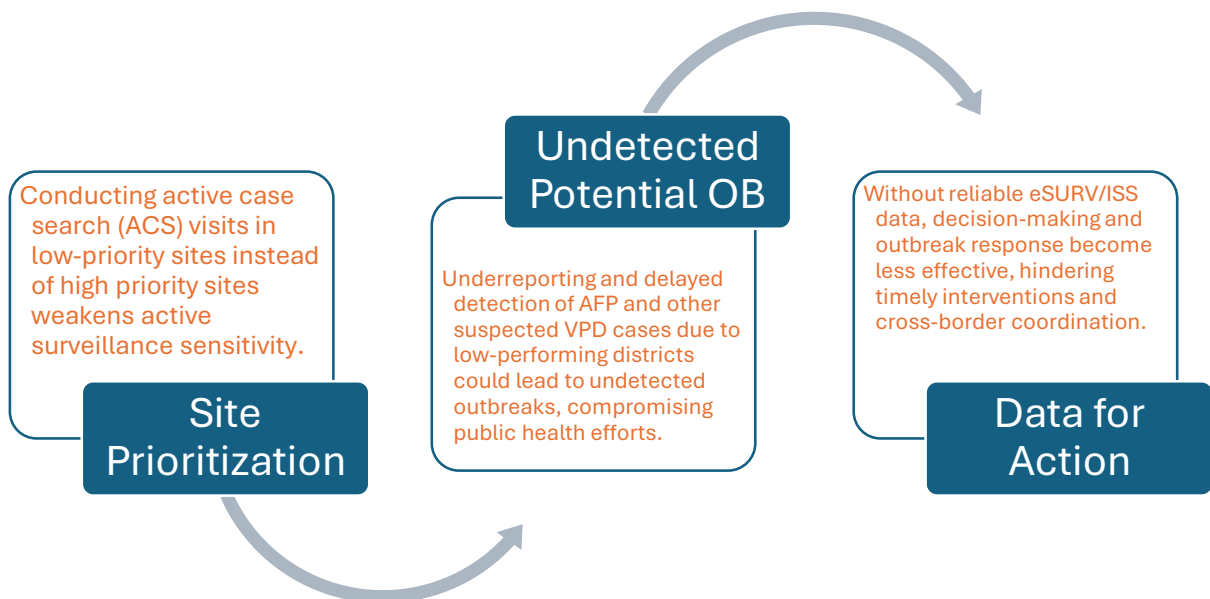
2. Operational Risks Due to under-performing districts

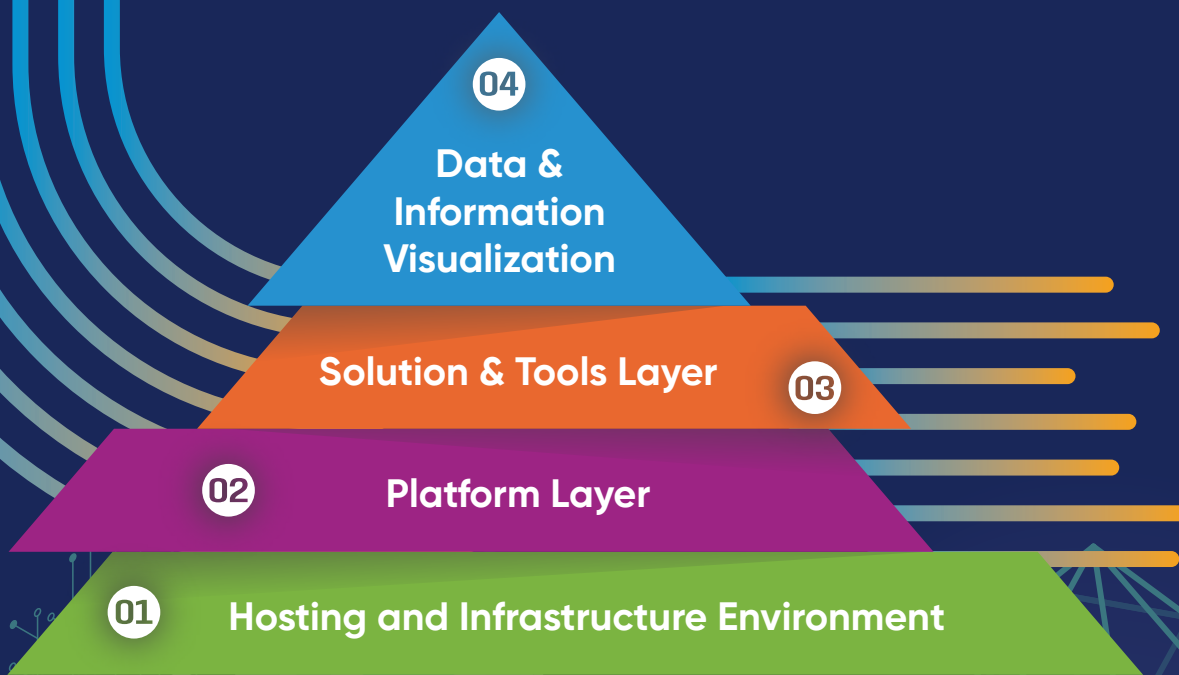
The low performance of active case search visits for the period of April 2026 in the implementing countries across the WHO AFRO region pose a significant operational risk, including **underreporting** and **delayed detection of AFP and other vaccine-preventable disease (VPD) cases**.

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





AFRO GIS CENTRE

World Health Organization
African Region

POLIO GLOBAL ERADICATION INITIATIVE

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Strengthening