Winning the battle against the scourge of poliomyelitis in the African Region

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ABSTRACT

Introduction: Recently we have recorded some progress against the transmission of poliovirus in the African Region. This is attributable to a number of factors, including commitment of global partnerships against polio, advancement of existing strategies as well as a number of innovations in response to the disease in the Region.

Methods: The WHO Regional Office in Africa documented these practices that led to the noticeable progress in the polio eradication initiative in the African Region, as lessons learnt and as part of polio legacy planning. The documentation exercise covered eight countries, namely Angola, Chad, Cote d’Ivoire, Democratic Republic of Congo, Ethiopia, Nigeria, Tanzania and Togo.

Results: A number of practices were identified. Some of these practices cut across countries while others were peculiar to specific countries. We have thus developed some manuscripts to capture these practices for publication in scientific journals so as to place them in the public domain for use.

Conclusion: It is hoped that these practices will be deployed to other public health programmes in the Region and beyond.

1. Successes recorded in polio eradication in the African Region

As late as 2012, the African Region was home to more than half of global polio cases [1]. The beginning of 2016 marked an important milestone, because for more than twenty months in a stretch, no case of wild poliovirus (WPV) type has been reported in the African Region [2,3]. Nigeria, which for several years was the only country endemic for transmission of WPV in the Region, was removed from the list of endemic countries in September 2015 having reported no WPV case for more than a year with onset of the latest case on 24th July 2014 [3,4]. This signifies tremendous progress towards winning the battle, over the scourge of poliomyelitis, in the Region [1]. In September 2015, the Global Commission for Certification of Polio Eradication (GCC) declared that WPV type 2 had been eradicated globally. The African Region has not detected any WPV type 3 for more than 40 months since the onset of the latest case in November 2012 from Nigeria.

Currently, there are few cases of circulating vaccine derived polio virus (cVDPV) reported in the Region [5]. These are also on the decline following the success of vaccination campaigns, using trivalent oral polio vaccine, and introduction of at least one dose of inactivated poliovirus vaccine (IPV) in routine immunization to boost systemic immunity against the virus as well as the general improvement in the performance of routine immunization in the Region. As more countries introduce IPV and switch from trivalent oral poliovirus vaccine to bivalent oral poliovirus vaccine, it is expected that the cVDPV will also be stopped soon.

To sustain the recent improvements in polio eradication activities and outcomes, steps are being taken to further strengthen surveillance for acute flaccid paralysis (AFP) to become highly sensitive, and communities involved in active search for cases of AFP and sample collection improved with quick turnover in laboratory processing to ensure prompt vaccination campaigns in response to any poliovirus outbreaks [6]. The Region is also expanding environmental surveillance to supplement AFP surveillance, so that any poliovirus circulation in the sewage systems and environment, in general, is not missed. When these are successfully instituted, the Region will be set to achieve victory over poliomyelitis and be certified polio free with no WPV case reported in three years.

2. Factors responsible for progress in the battle against poliomyelitis in the African Region

The successes recorded are largely attributable to improvement of existing strategies as well as a number of innovations in response to the disease in the Region [2,7–13]. Some of these
include strong leadership and unwavering commitment of national governments, traditional and community leaders, dedicated partners, who never gave up even when the disease was unrelenting and polio eradication targets seemed unattainable. The field staff also demonstrated unprecedented courage, zeal and determination, often devising innovative ways to deliver polio vaccines to infants and children in insecure areas, resulting in some cases the ultimate sacrifice of their lives in the pursuit of this public health undertaking.

Over time, the polio funded staff have become highly skilled and acquired experiences relevant for the attainment of not only the goals of polio eradication but of other public health interventions, in a Region with a huge share of the global burden of communicable diseases, weak health systems, and limited resources. The skills and innovative practices of these staff have made them attractive for deployment in response to other disease outbreaks or delivery of other public health interventions in the Region. As an example, the use of polio eradication initiative skills and coordination practices was crucial for containment and mitigation against the impact of the Ebola Virus Disease (EVD) outbreaks in Nigeria and other West African countries [13,14]. These best practices can be employed in public health programmes, especially routine immunization, measles elimination, control of other immunizable diseases and application of the International Health Regulations (IHR).

3. Polio best practices and other public health initiatives

The analysis of the contribution of the polio eradication initiative practices to other public health programmes in the African Region, together with discussion on their sustainability presented in this supplement is extremely useful and timely. The articles carefully document steps for the implementation of the different practices and strategies and also chart pathways for their successful adaptation to other public health intervention in the African Region and globally.

This supplement is designed to sensitize all public health stakeholders – governments and people of the African Region as well as health partners – on these proven best practices and to encourage their adaptation to other public health challenges. Governments and partners should support the process of adaptation of these best practices, including training of public health and community personnel on the required skills. Armed with such effective practices we shall, together, ensure and secure our collective health stock in the Region.

Let me end by noting that while the battle against the scourge of poliomyelitis seems won the war is still has to be won. There is need for vigilance and guarding of the seeming victory until the Region is certified polio free later in 2017, and the world also certified polio free in the near future.

Conflict of interest

There is no conflict to declare.

References


There is no conflict to declare.

References


