polio global eradication initiative

Dar es Salaam, Tanzania
29 October - 1 November 2024

34th meeting of the Africa Regional Certification Commission (ARCC) for polio eradication

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Africa Regional Certification Commission for polio eradication

Report of the 34th meeting

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Abbreviations

AFP	acute flaccid paralysis
ARCC	Africa Regional Certification Commission for Polio Eradication
bOPV	bivalent oral polio vaccine
CDC	Centers for Disease Control and Prevention
EPI	Expanded Programme on Immunization
ES	environmental surveillance
GPEI	Global Polio Eradication Initiative
IM	independent monitoring
IPV	inactivated polio vaccine
IPV2	second dose of IPV
LQAS	lot quality assurance sampling
nOPV2	novel oral polio vaccine type 2
NCC	National Certification Committee
NPEC	National Polio Expert Committee
OBRA	outbreak response assessment
ODK	Open Data Kit
RI	routine immunization
SAGE	Strategic Advisory Group of Experts on Immunization
SIAs	supplementary immunization activities
UNICEF	United Nations Children's Fund
VPD	vaccine-preventable disease
WPV	wild poliovirus
WPV1	WPV type 1
WHO	World Health Organization

Executive summary

This report captures key discussions, decisions and recommendations of the 34th meeting of the African Regional Certification Commission for polio eradication (ARCC) held in Dar-es-Salaam, Tanzania, from 29 October to 1 November 2024. The content focuses on the critical pillars of polio eradication, including routine immunization (RI), supplementary immunization activities (SIAs), surveillance of vaccine-preventable diseases and related areas that support immunization systems.

Six countries were represented at the meeting, namely Burundi, the Democratic Republic of the Congo, Ethiopia, Kenya, South Sudan and Tanzania. The ARCC members were joined by several delegations made up of participants from the invited countries, core partners of the Global Polio Eradication Initiative (GPEI), other partners and donors.

The agenda covered four days of work. The first day covered the opening session and global and regional updates on polio developments. The second day focused on presentations on the polio situation in the six countries. The third day was dedicated to country-specific closed sessions with ARCC members, while the fourth day covered the closing session.

The meeting was opened by the Deputy Minister of Health of Zanzibar, Honourable Hassan Khamis Hafidh. He thanked the World Health Organization (WHO) for organizing the meeting and commended the efforts and initiatives of many countries to curb poliovirus transmission in the region. He stressed the government's determination to end outbreaks of circulating poliovirus variants in order to achieve polio eradication. The Deputy Minister of Health warmly welcomed and thanked the ARCC members, the delegates of the six countries represented and all the other guests.

During the opening session, Dr Jamal Ahmed, the Polio Eradication Programme Coordinator in Africa, urged everyone to redouble their efforts to meet the challenges ahead. The ARCC chairperson, Professor Rose Leke, assured that the ARCC remains fully committed to support the Region in interrupting all poliovirus variants by 2026. They both thanked the Government of Tanzania for hosting the meeting and encouraged participants to build on the progress achieved against wild poliovirus (WPV) in the region and against the circulating poliovirus variants in a number of countries. Dr Vida Mmbaga, the Acting Director of Preventive Services in Tanzania, expressed the government's appreciation to WHO and its partners for their support to the Expanded Programme on Immunization (EPI) in the country and, in particular, to the fight against poliomyelitis.

ARCC members and the participants were informed of the global and regional polio eradication context and priorities for the future, the status of implementation of the recommendations of the 33rd ARCC meeting and polio eradication activities in Burundi, the Democratic Republic of the Congo, Ethiopia, Kenya, South Sudan and Tanzania.

In-depth discussions were held, including updates on polio eradication efforts, outbreak response, surveillance performance, SIAs, RI, polio laboratory networks, resource availability and containment.

The Commission took note of the GPEI Polio Oversight Board’s decision in 2024 to extend the timeline of the Polio eradication strategy 2022-2026 *(1)* to the end of 2029 *(2)*. The Commission further noted with concern the increase in WPV1 cases in the two remaining endemic countries in 2024, despite ongoing efforts to control transmission significant challenges and potential risks to the African Region.

The ARCC appreciated the vaccine response to the type 2 variant poliovirus outbreak in Gaza amid the severe humanitarian crisis and highlighted the persistent risk of global spread of polio, as evidenced by the recent detection of circulating type 2 variant poliovirus in Spain and circulating type 3 variant poliovirus in French Guiana and Guinea. The ARCC noted the Strategic Advisory Group of Experts on Immunization (SAGE) expressed support for planning

the eventual cessation of the bivalent oral polio vaccine (bOPV) *(3),* which will only occur after the eradication of WPV1 and the elimination of type 2 variant poliovirus. Concerns were raised about novel oral polio vaccine type 2 (nOPV2) supply challenges in 2024 and insufficient funding for preventive SIAs.

In the African Region, the ARCC noted the following progress made in the elimination of all forms of poliomyelitis.

- Closure of the WPV1 outbreak in southern Africa in May 2024, due to the rapid and coordinated efforts of Malawi and Mozambique, as well as the neighbouring countries of Tanzania, Zambia and Zimbabwe.
- Reduction in detections of circulating poliovirus variant type 1 over the past 24 months; the number of cases has increased from 192 cases in 2022 to 134 cases in 2023, to only eight cases since the beginning of the year.
- Madagascar's has gone 12 months without reporting a case or environmental isolate.
- Reduction in the number of cases of circulating variant poliovirus type 2 over the past 24 months in the Region, where the number of cases increased from 514 cases in 2022 to 371 cases in 2023, but then decreased to 140 cases since the beginning of 2024.
- Significant reduction in detections of variant poliovirus type 1 and type 2 over the past 12 months in the Democratic Republic of the Congo.
- Burundi, Rwanda and Botswana, which are now well on their way to ending type 2 epidemics in their respective countries.

The ARCC took note of the WHO African regional action plan for 2024/2025 *(4)*, and the Polio eradication cross-border coordination plan 2024/2025: Lake Chad Basin and Sahel countries *(5).* These publications and associated initiatives aim to strengthen joint efforts to eradicate polio and prevent its resurgence in Africa.

The Commission also noted ongoing efforts to improve performance of polio detection laboratories, including facility upgrades, increased staffing, expanded training and advancements in rapid polio diagnosis and sequencing technologies, to strengthen outbreak detection and response.

The ARCC observed that some annual reports submitted by countries lacked sufficient epidemiological details, including information on person, place and time, as well as on the origins and transmission routes of the virus. It also expressed concern about uncertainties in the population denominators used for SIA planning, RI, and other programmes due to outdated census information and other factors such as population migration.

The Commission made several recommendations to WHO and countries to strengthen polio eradication efforts. These recommendations cover a variety of areas, including for reducing risks for WPV1 and circulating variant poliovirus type 1 and 2, and improving performance of outbreak response, surveillance, environmental surveillance (ES), laboratories, RI, SIAs, containment and cross-cutting issues. Specific observations and recommendations were provided for the six countries, including measures to strengthen surveillance, improve vaccination coverage, address challenges related to population movement and improve cross-border coordination.

In Burundi, the ARCC recommended the country to:

- conduct cross-border coordination with neighbouring countries and support the country in expanding ES taking into account local risks and capacities with WHO support;
- strengthen the capacity of the national polio eradication committees (NPECs) and ensure that meetings are regular, advocate for proper ownership of surveillance and vaccination activities by national authorities, and, where possible, integrate the resources available to implement surveillance and vaccination activities;

- review and revitalize active surveillance for polio, measles and other diseases, in line with the Guidelines for poliovirus surveillance in the WHO African Region *(6)*;
- accelerate the implementation of the Big Catch-up and implement the "Reach Every Child" approach;
- identify and use the best possible estimates of the operational denominator for immunization coverage at the national, provincial and district levels;
- include impact assessments of activities to strengthen surveillance and population immunity;
- accelerate the introduction of the second dose of the inactivated poliovirus vaccine (IPV2);
- update the national epidemic preparedness and response action plan, including mechanisms for rapid communication with decision-makers;
- urge the National Certification Committee to complete all parts of the 2024 annual report when it is submitted early next year, including sections related to the Ugandan laboratory performance for Burundi samples and containment; and
- validate the data in the annual update report to ensure that it reflects the real situation on the ground.

For the Democratic Republic of the Congo, the ARCC made the following recommendations:

- WHO to accelerate the training of NPECs, schedule regular refresher sessions and provide regular follow-up;
- WHO to assist the country in reviewing all ES sites, addressing performance gaps and closing sites with 0% enterovirus detections in the past 12 months;
- improve the quality of preparedness and implementation of outbreak response campaigns;
- enhance SIA quality in provinces with persistent transmission, including Tshopo Tanganyika and Maindombe;
- strengthen community outreach and listening efforts to address underlying reasons for refusals and develop appropriate community engagement strategies to reduce the number of missed children;
- ensure that all compatible cases of AFP are thoroughly investigated and documented;
- investigate and resolve bottlenecks in shipping stool and environmental samples, and identify cost-effective and feasible ways to reduce laboratory time;
- consider using polio laboratories in neighbouring countries to address any delays in sample processing; and
- strengthen the data tracking mechanism to improve the completeness of routine reports for reliable analysis.

For Ethiopia, the ARCC requested that the country:

- strengthen AFP surveillance in areas with sub-optimal surveillance quality, particularly in conflict-affected areas and the National Capital Region, and organize refresher training on AFP surveillance based on the Guidelines for poliovirus surveillance in the WHO African Region *(6)* with a focus on active surveillance and analyzing the reasons for delayed case notification and sample collection;
- intensify cross-border coordination of polio activities with neighbouring countries;
- review the methodology and process for monitoring the quality of SIAs through LQAS surveys and post-campaign surveys and consider validating LQAS and post-campaign survey results through spot checks by WHO and partner staff;
- explore options to obtain more accurate population denominators for immunization coverage for RI and SIAs, such as birth and antenatal care registries;
- continue to work with WHO and the Gates Foundation to provide a more adequate laboratory workspace, expanded to meet the increased workload; and

- partner with humanitarian organizations and civil society organizations to strengthen surveillance and reach unvaccinated children through RI campaigns and other efforts.

For Kenya, the ARCC requested that the country:

- facilitate a high-level advocacy visit, focused on supporting the revitalization of NPECs and strengthening RI and routine surveillance with support from WHO AFRO;
- strengthen cross-border collaboration among neighbouring countries with assistance from WHO AFRO;
- improve the capacity and effectiveness of the NCC and all NPECs;
- accelerate the implementation and impact evaluation of interventions including the Big Catch-up, introduction of IPV2, integrated support supervision and vaccination weeks;
- expand ES sites to include major population movement corridors, especially in Nakuru, Eldoret, Bungoma, Kiambu and Kajiado;
- deploy surge teams to work with their national counterparts in high-risk areas where surveillance and population immunity are lacking in order to implement intensified activities;
- increase the use of digital surveillance solutions, such as the eSURV Companion mobile application, to improve the accountability and effectiveness of active search visits, guide surveillance for community health promoters and educate clinicians through follow-up reminders; and
- strengthen surveillance in the West and centre of the country, which are now at high risk of outbreaks.

For South Sudan, the ARCC also made the following recommendations:

- WHO should support the implementation of high-quality SIAs, carry out refresher AFP surveillance trainings for surveillance staff and conventional and traditional health service providers, aligned with updated national guidelines, and strengthen cross-border collaboration and scale up efforts at all points of entry;
- strengthen active surveillance in Central Equatoria, especially in the large health facilities in the Juba region;
- update national AFP surveillance guidelines, including the case investigation form, using the Guidelines for poliovirus surveillance in the WHO African Region *(6)*;
- reduce the time required to transport AFP and ES samples to the laboratory in Entebbe, Uganda;
- accelerate the implementation of planned immunity enhancement and population surveillance activities, including the Big Catch-up, Gavi's Zero-dose immunization programme, periodic intensification of routine immunization, mobile awareness programmes, community surveillance and vaccination weeks in Payam and assess the impact of the interventions; and
- refocus efforts to optimize the quality of the ES network in line with the recommendations of ES assessments.

For Tanzania, the ARCC recommended that WHO support the country in assessing risks and developing immunity profiles for type 2 poliovirus. It also advised Tanzania to:

- conduct two to three nOPV2 rounds as soon as possible, targeting children born after the switch from the trivalent oral polio vaccine (tOPV) to bOPV in 2016, to close immunity gaps and to mitigate against the risk of large-scale poliovirus variant type 2 outbreaks;
- plan and synchronize the implementation of supplementary immunization activities with neighbouring countries;
- strengthen cross-border collaboration for surveillance and outbreak response activities;

- provide refresher training to supervisors and medical staff on acute flaccid paralysis (AFP) surveillance, with a specific focus on tertiary institutions (public and private) as well as professional associations;
- strengthen active surveillance in Dar es Salaam, focusing on high and ultra-high priority health facilities;
- revise the case investigation form to align with the Guidelines for poliovirus surveillance in the WHO African Region *(6)*; disaggregate positive and negative laboratory results when assessing turnaround times; and
- assess the validity and reliability of lot quality assurance sampling (LQAS) results from SIAs and ensure compliance with the independent monitoring (IM) and LQAS guidelines during campaigns.

1 Introduction

The ARCC is an independent body that was established in 1998 to oversee the African Region's polio-free certification status. The ARCC held its 34th meeting from 29 October – 1 November 2024 in Dar Es Salaam, Tanzania. Chaired by Professor Rose Leke, the meeting brought together members of the ARCC, delegates from Burundi, the Democratic Republic of the Congo, Ethiopia, Kenya, South Sudan, Tanzania, GPEI partners and other guests.

This second ARCC meeting of 2024 provided a platform for members and stakeholders to assess progress, discuss challenges and plan future actions to interrupt the circulation of WPV1 and circulating variant polioviruses in the African Region, with a particular focus on documentation from the six participating countries.

2 Objectives

The aim of the meeting was to strengthen polio eradication activities in the African Region.

The specific objectives were to:

- brief the members of the Commission and participants on progress, challenges and prospects in the implementation of the GPEI strategy at global and regional levels;
- critically review polio eradication activities in Burundi, the Democratic Republic of the Congo, Ethiopia, Kenya, South Sudan and Tanzania;
- review implementation of the ARCC's 33rd meeting recommendations held from 6 – 10 May 2024 in Benin; and
- update the ARCC plan of action for 2025.

3 Meeting proceedings

The meeting was preceded by a minute of silence in memory of the late Mr Aidan O'Leary, Director for Polio Eradication at WHO.

Dr Jamal Ahmed, Polio Programme Coordinator, WHO Regional Office for Africa, thanked the Government of Tanzania for hosting the meeting. He encouraged participants to build on the progress made in the fight against wild poliovirus in the Region and in addressing circulating poliovirus variants in affected of countries. Dr Ahmed also called for renewed efforts to overcome the challenges ahead. The ARCC Chairperson, Professor Rose Leke, expressed her appreciation to Tanzania for hosting the meeting and reiterated the Commission's commitment to continue supporting African countries in achieving the Region's goal of interrupting all poliovirus variants by the end of 2026.

Dr Vida Mmbaga, acting Director of Preventive Services in Tanzania, expressed the government's appreciation to WHO and its partners for their support to the EPI and polio programmes. She highlighted Tanzania's progress made in maintaining its WPV1-free status.

The meeting was officially opened by Honourable Hassan Khamis Hafidh, Deputy Minister of Health of Zanzibar. In his opening remarks, he thanked WHO for organizing the meeting and commended the efforts of countries to stop poliovirus transmission in the Region. He stressed the government's determination to end variant poliovirus outbreaks to achieve eradication. The Deputy Minister also welcomed and thanked the ARCC members, delegates from the six participating countries and other guests.

During the meeting, ARCC members and participants were briefed on:

- the global and African regional status of polio eradication and future priorities;
- progress in implementing recommendations from the 33rd meeting of the ARCC;

- polio eradication activities in Burundi, the Democratic Republic of the Congo, Ethiopia, Kenya, South Sudan and Tanzania; and
- the advocacy visit plan for 2025.

Following the presentations and discussions of the invited countries, the ARCC provided observations and issued both general and country-specific recommendations.

The meeting was officially closed by Dr Vida Makundi, Director of Preventive Services of the Ministry of Health of Tanzania who expressed her gratitude to the participants and delegates from all the invited countries. She also thanked the ARCC Chair and the members for their informed deliberations and valuable recommendations.

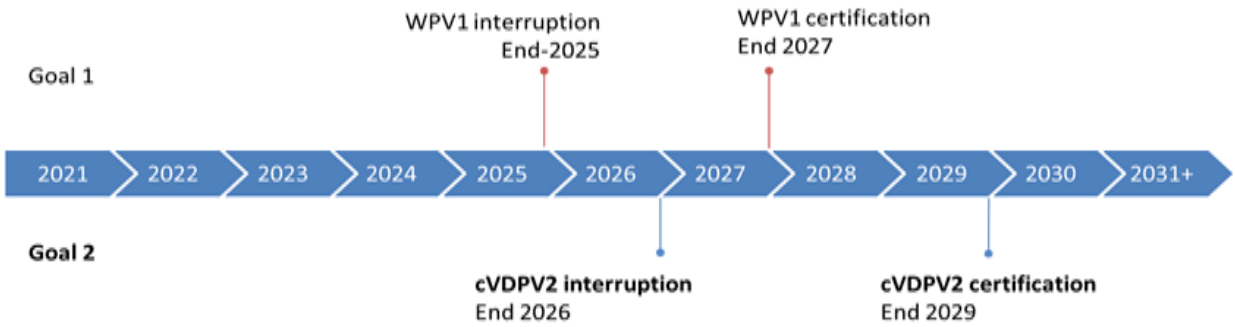
4 General observations

4.1 Global overview

The ARCC reviewed the global polio situation and noted the following key developments.

- The GPEI Polio Oversight Board extended the timeline of the GPEI Strategy *(2)*, including the goal of ending WPV1 transmission in the remaining two endemic countries and stopping type 2 variant poliovirus transmission (see Figure 1).
- A concerning increase in WPV1 cases in Afghanistan and Pakistan in 2024, despite ongoing efforts to control transmission amid significant challenges, poses significant risks for the African Region.
- The vaccine response to the variant poliovirus type 2 outbreak in Gaza amid a severe humanitarian crisis.
- The persistent risk of global spread of the poliovirus, highlighting the recent detection of variant poliovirus type 2 in Spain and type 3 in French Guiana and Guinea.
- SAGE's support for the planning of bOPV cessation, which will occur after WPV1 and variant poliovirus type 2 eradication.
- Ongoing difficulties in the supply of nOPV2 vaccine in 2024 and lack of financial resources to conduct preventive SIAs.

Figure 1. Revised global timelines for the GPEI strategy



4.2 Regional overview

The ARCC notes the progress made in the elimination of all forms of polio in Africa.

- The closure of the wild poliovirus type 1 outbreak in southern Africa in May 2024, following rapid and coordinated efforts by Malawi and Mozambique, as well as neighbouring countries Tanzania, Zambia and Zimbabwe.
- A decline in circulating poliovirus variant type 1 over the past 24 months (see Figures 2, 3 and 4), from 192 cases in 2022 to 134 cases in 2023, to 8 cases since the beginning of the year. The ARCC particularly commends Madagascar which has gone more than 12 months without reporting a case or environmental isolate.
- The reduction in the number of cases of circulating variant poliovirus type 2 over the last 24 months (see Figures 2, 3 and 5) from 514 cases in 2022 to 371 cases in 2023, then to 140 cases since the beginning of the year. The ARCC particularly appreciates the work done in the Democratic Republic of the Congo which has significantly reduced the number of detections over the past 12 months, as well as efforts in Burundi, Botswana and Rwanda which are making strong progress toward ending type 2 outbreaks in their respective countries.
- The development of the WHO African Region Regional Action Plan for 2024/2025 *(4)* and the Polio eradication cross-border coordination plan 2024/2025: Lake Chad Basin and Sahel countries *(5)* which aim to strengthen joint efforts to eradicate polio and prevent its resurgence in Africa.
- Major efforts to strengthen the performance and capacity of polio detection, including facility upgrades, increased staffing, expanded training and advancements in rapid polio diagnosis and sequencing technologies, to strengthen outbreak detection and response.

Despite significant progress, the ARCC notes the following significant challenges:

- Persistent transmission of circulating variant poliovirus type 2 in the region, particularly in Nigeria and the Lake Chad Basin countries (see Figure 6);
- The impact of conflict and political and institutional fragility on the polio programme, with approximately 85% of cases and ES detections reported in 2024 from fragile, conflict-affected and vulnerable countries;
- Vaccine hesitancy and misinformation, including scepticism about vaccine safety which remains a significant barrier to achieving full immunization coverage;
- Concerns regarding the quality of annual reports submitted by countries, particularly gaps in epidemiological details, including on person, place and time, as well as the origins and transmission routes of the virus; and
- Significant uncertainty about the denominators used for SIAs, RI and other programmes due to outdated census information and factors such as population migration.

Figure 2. Distribution of polio cases in the African Region by month of onset, 2020 – 2024

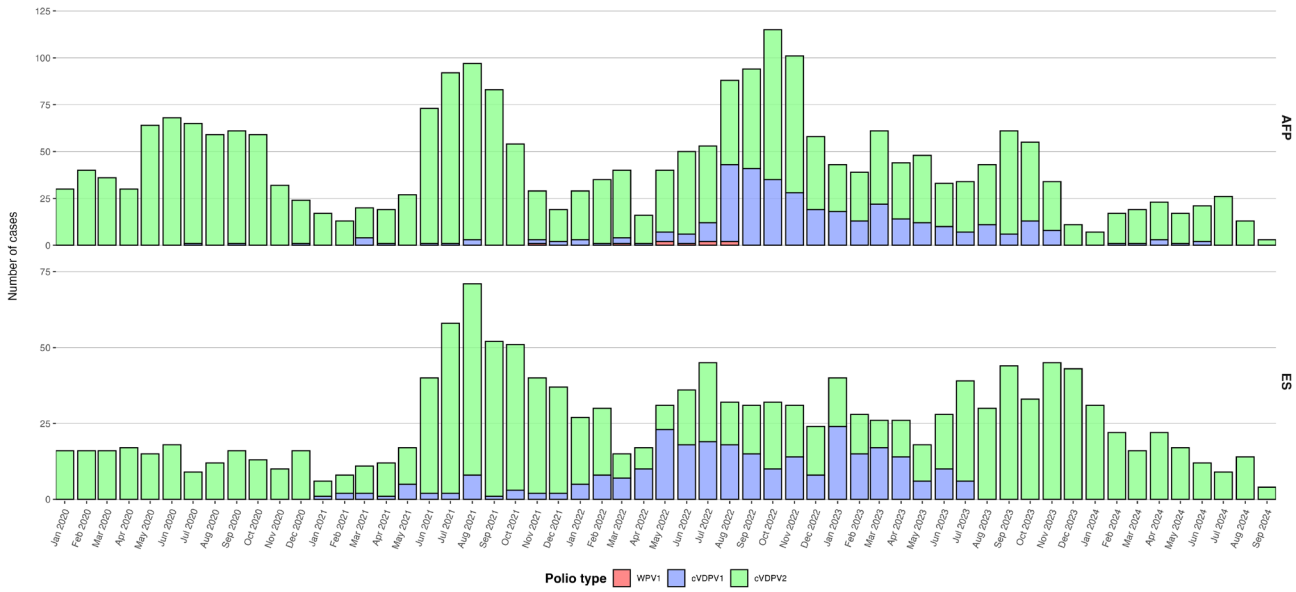


Figure 33. Poliovirus isolates in the African Region, 2021 – 2024

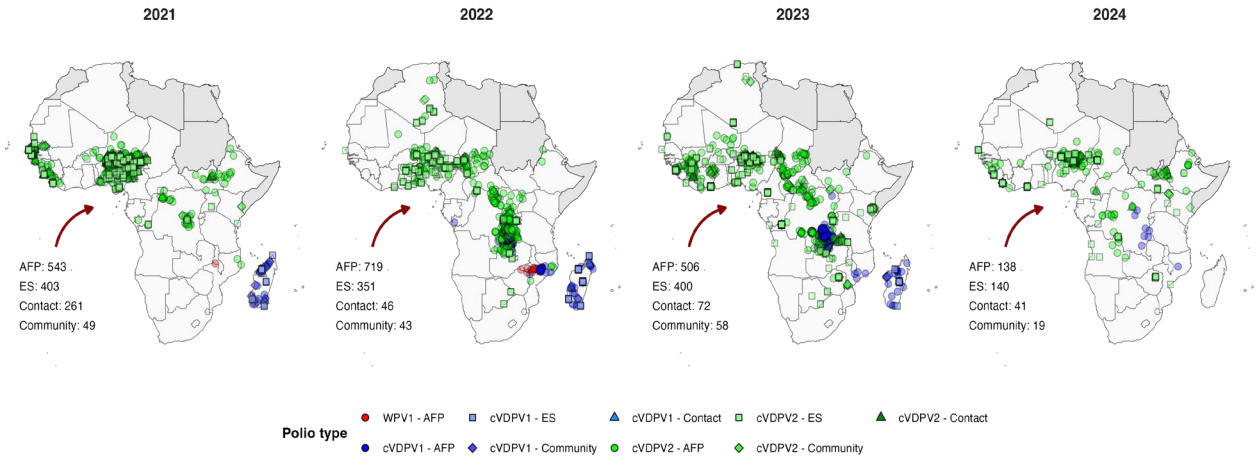


Figure 4. Evolution of circulating variant poliovirus type 1 detections, January 2023 – July 2024

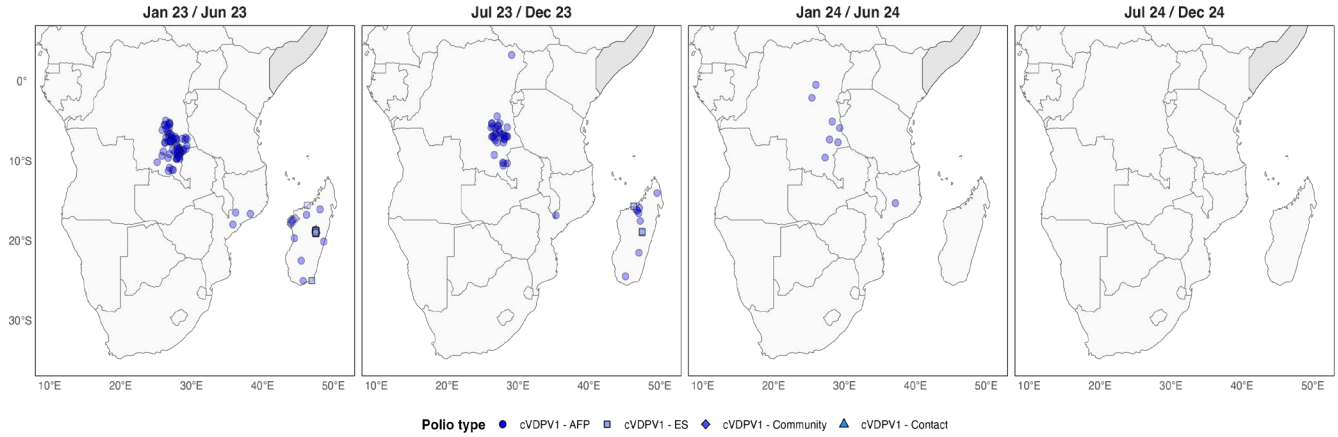


Figure 4. Monthly evolution of circulating variant poliovirus type 2 detections, January 2021 – September 2024.

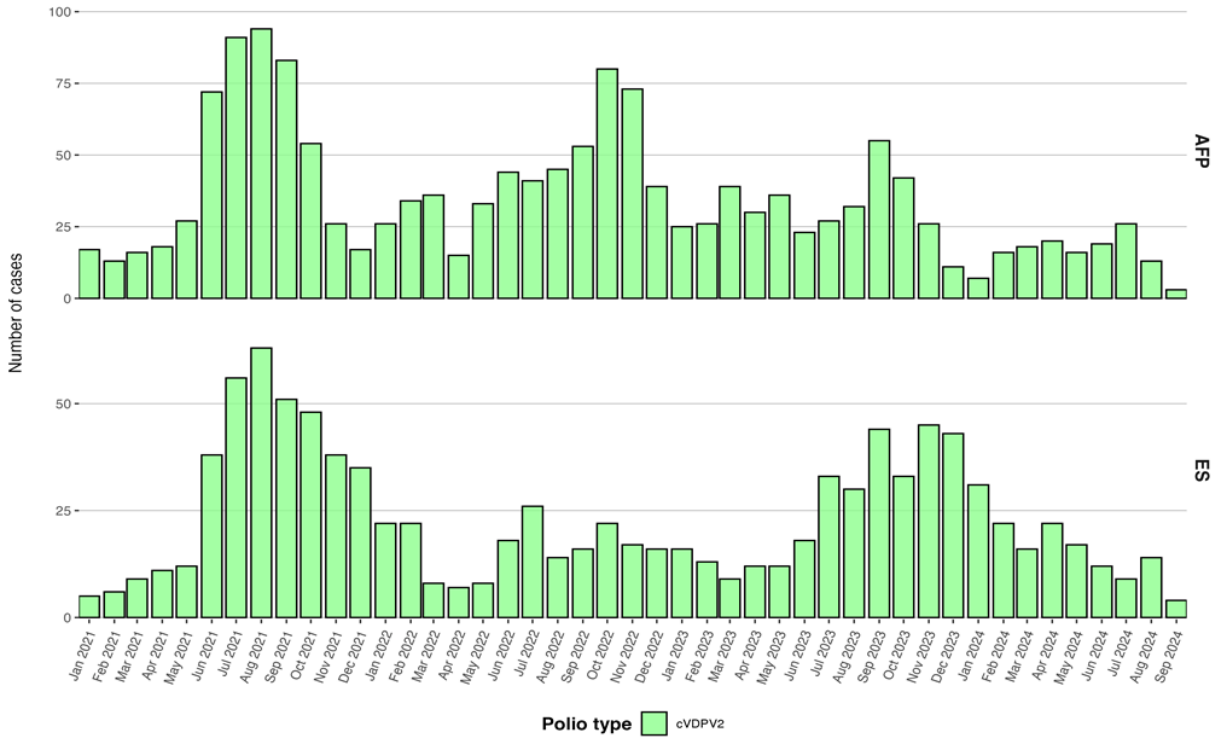
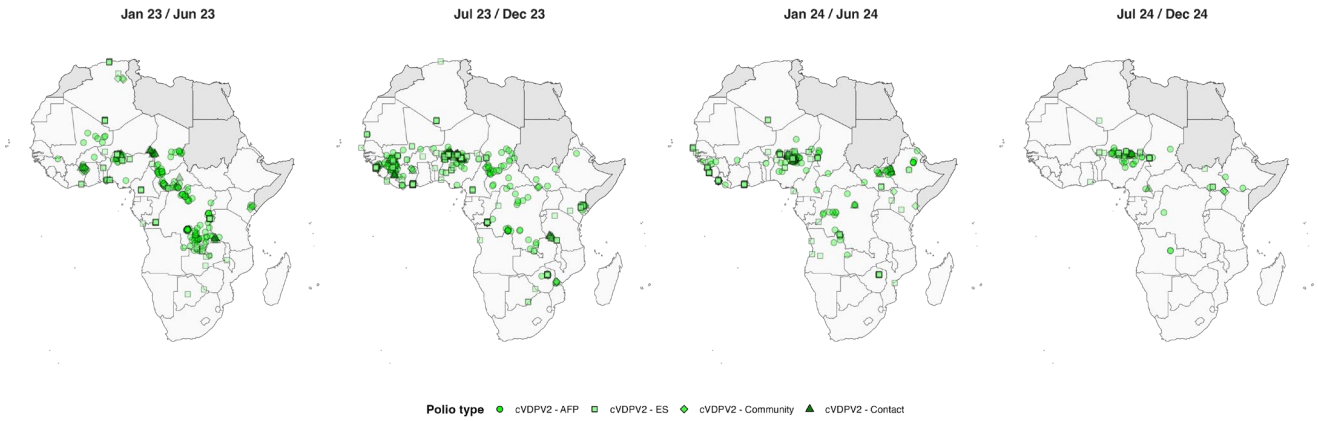


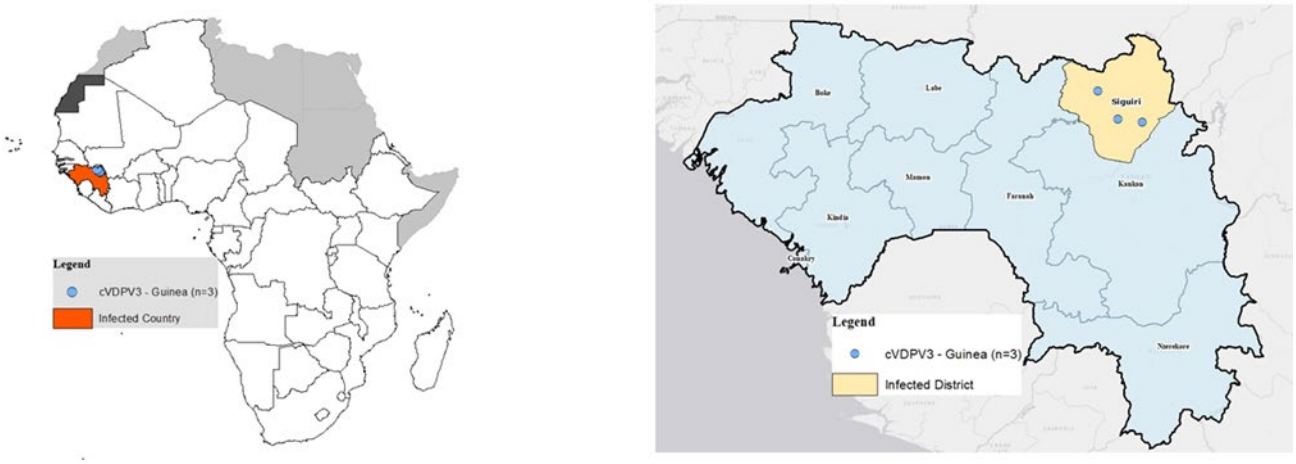
Figure 56. Circulating variant poliovirus type 2 detections, January 2023 – July 2024



4.3 Outbreak response

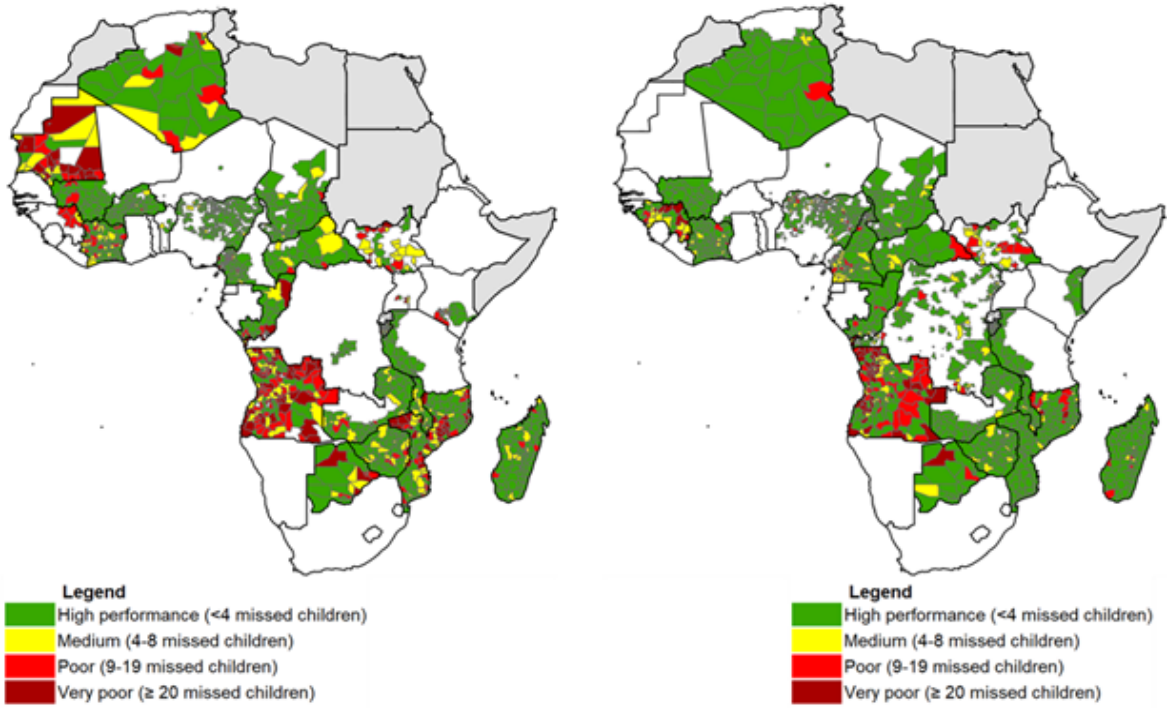
The ARCC expressed concern about the detection of circulating variant poliovirus type 3 detections in Guinea (see Figure 7), the new emergence of type 1 in the Democratic Republic of the Congo and encouraged an effective, aggressive and rapid response to the outbreaks.

Figure 6. Location of the circulating variant poliovirus case in Guinea in 2024



ARCC noted concern with the geographical expansion of variant poliovirus type 2 transmission in Ethiopia, Kenya, Tanzania and West Africa, with delays in outbreak response due to resource constraints and performance concerns due to suboptimal responses (see Figure 8).

Figure 7. LQAS results of the two most recent rounds of b/nOPV2 SIAs from January 2023 – April 2024



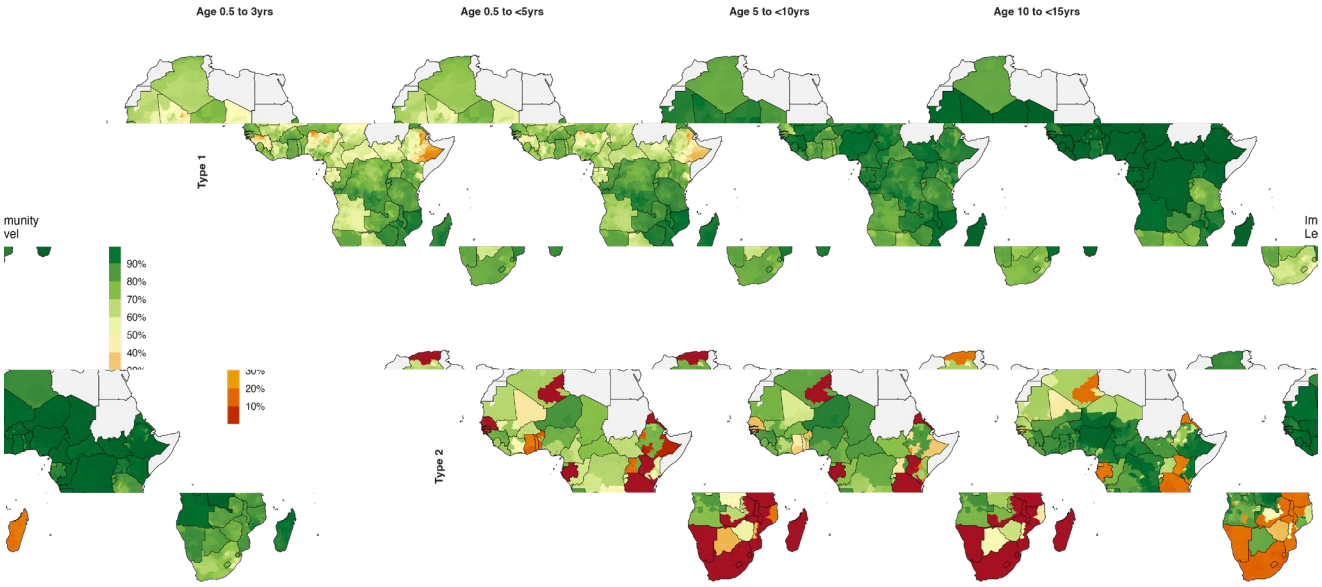
4.4 Routine immunization

ARCC appreciates the collaborative efforts of governments and partners to strengthen the routine immunization and recognizes accessibility, safety and operational challenges.

Nevertheless, the ARCC remains concerned about the large gaps in population immunity in the Region at subnational levels (see Figure 9), which are large enough to facilitate the

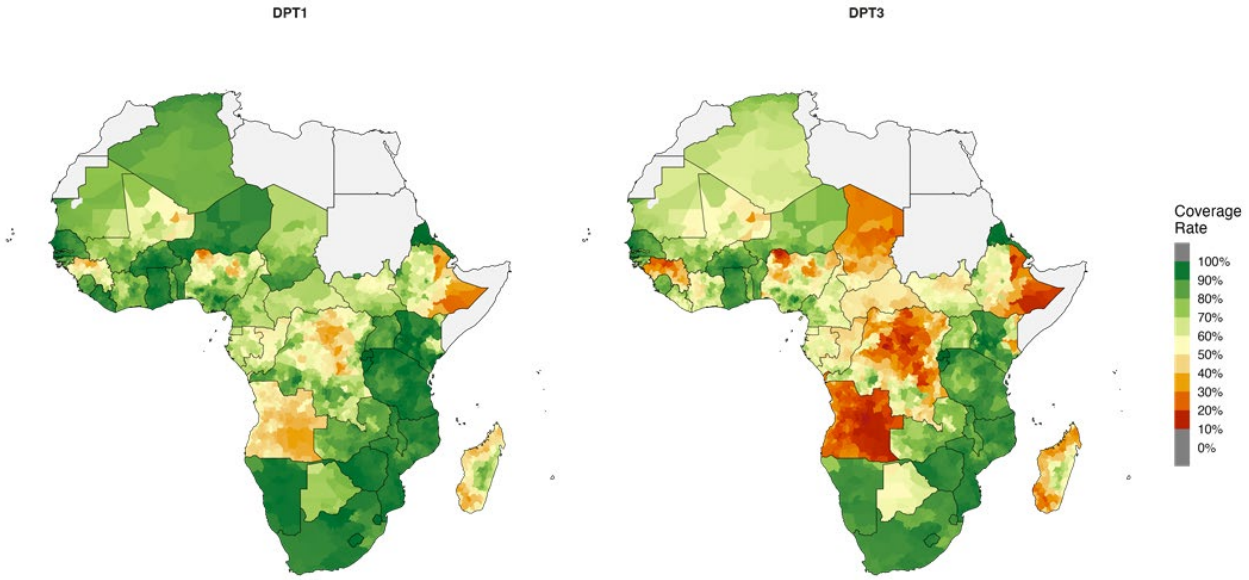
emergence of new and existing variant polioviruses, as well as Sabin-like polioviruses when imported.

Figure 8. Overview of population immunity to poliovirus type 1 and type 2



ARCC notes that 18 African countries have only one dose of the inactivated polio vaccine (IPV) in their routine immunization schedule, contrary to SAGE and RITAG recommendations for two doses, and varying performance in Diphtheria-Tetanus-Pertussis (DTP) vaccine coverage (see Figure 10).

Figure 9. Coverage in first and third dose of DTP, January – September 2024

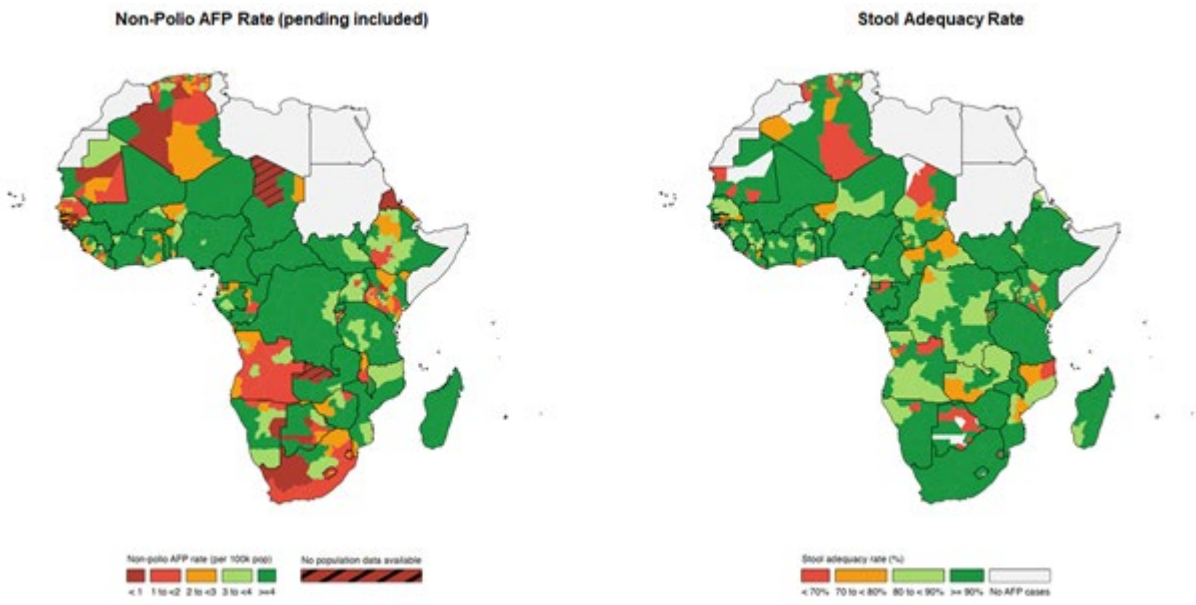


4.5 Surveillance

The ARCC acknowledges both progress and ongoing challenges in surveillance.

- Countries have made efforts to improve AFP surveillance and to expand and optimize the environmental surveillance.
- Enhanced web-based electronic surveillance, through the eSURV Companion mobile application, has been introduced to support verification of active surveillance in 46 of the 47 countries in the Region.
- There are ongoing delays in sample shipment to laboratories, along with persistent surveillance gaps at the subnational level, particularly in conflict-affected areas of Ethiopia, the Sahel and northern Nigeria.
- There are 32 countries with economies in transition that no longer receive basic GPEI financial support for surveillance, raising concerns about the challenges some countries already face in maintaining quality surveillance activities (see Figure 11), including in sample transportation and shipment.
- Reductions in GPEI support for surveillance pose risks, given the proposed plans and the reliance on epidemiological benchmarks rather than a country's readiness for transition.
- Annual reports on outbreaks in most countries lack details, by person, place and time, including the origins and transmission routes of the virus.
- Greater attention is needed for populations in conflict-affected areas to improve surveillance and strengthen population immunity.

Figure 10. Performance of AFP surveillance over the past 12 months

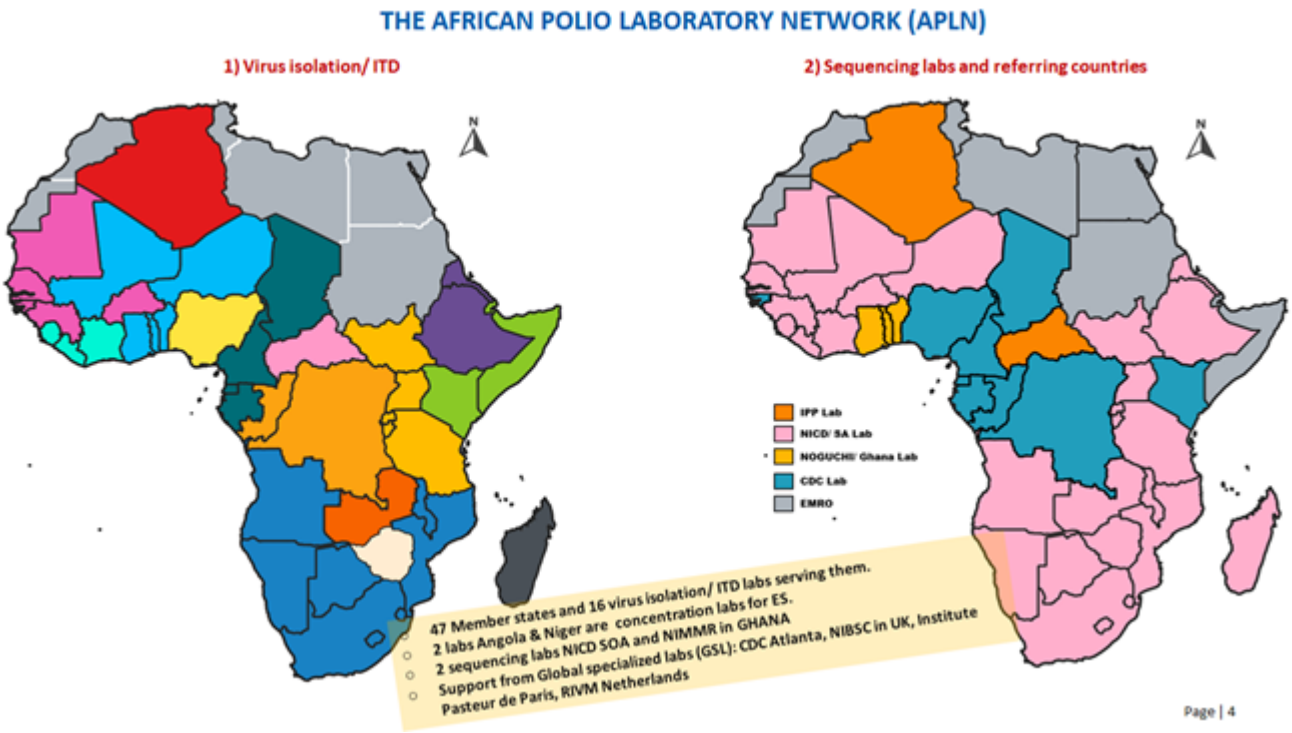


4.6 Laboratory network

The ARCC acknowledges both progress and challenges in laboratory capacity across the region.

- WHO has made progress made in strengthening laboratory capacity, including quality assurance measures, the electronic system for managing stocks of laboratory reagents and supplies and the expansion of sequencing capacity (see Figure 12).
- Heavy flooding in Maiduguri, Nigeria, has caused significant damage to the poliomyelitis laboratory, leading to the redirection of samples normally processed there to Ibadan.

Figure 11. Polio laboratory network for intratypic differentiation and reference for sequencing



4.7. Containment

The ARCC acknowledges both progress in poliovirus containment while also noting challenges, including:

- progress made by countries in containment activities, supported by WHO's initiative to use the Open Data Kit (ODK) for documentation of activities;
- concern over unaccounted nOPV2 vials following campaigns; and
- inconsitent annual updates to inventories of infectious and potentially infectious material, including for wild and varinat poliovirus types 1, 2 and 3, as well as Sabin 2, despite annual reporting requirmenets.

5 Global and regional recommendations

Based on observations, the ARCC makes the following recommendations WHO and countries.

5.1 Global

In view of the increased risks of and lessons learned from WPV1 and circulating variant types 2 and 3 importations, the ARCC recommends that all countries:

- ensure and maintain high-quality surveillance and preparedness to rapidly detect, investigate and respond to new polio outbreaks and importations;
- achieve and sustain uniformly high population immunity;
- improve the documentation of the epidemiology of events and outbreaks, and ensure this information is integrated into annual reports; and
- share ARCC recommendations and other relevant recommendations on polio with stakeholders, including partners, donors, and local government officials (such as provincial and regional authorities).

The ARCC recommends that WHO:

- provide technical assistance to countries to generate accurate operational population denominators by using alternative data sources, such as birth and antenatal care registries and recent SIA results.

5.2 Outbreak response

The ARCC recommends that WHO:

- develop a plan to strengthen the capacity of national experts to continue to carry out their responsibilities even once polio outbreaks are over; and
- consider partnering with reliable organizations and deploy the right personnel to high-risk areas.

The ARCC recommends that countries:

- conduct synchronized, high-quality responses to outbreaks with GPEI support and involve donors and diplomats in discussions and solutions;
- ensure WHO validates monitoring results where the quality of the campaign is unsatisfactory;
- leverage every opportunity to implement catch-up immunization activities in areas with accessibility and security challenges to increase population immunity;
- rapidly respond to the outbreak of variant poliovirus type 3 using bOPV in Guinea and in at-risk neighbouring countries such as Senegal, Mali and Côte d'Ivoire with GPEI support; and
- strengthen cross-border collaboration and synchronization of SIAs to address the continued cross-border spread of poliovirus.

5.3 Routine immunization

The ARCC recommends that WHO:

- continue advocacy in high-level forums to increase domestic resource mobilization for immunization; and
- advocate with GAVI and countries to accelerate the introduction of IPV2 and support countries during the submission process.

The ARCC recommends that countries:

- plan, implement and document routine cross-border immunization activities; and
- explore further opportunities to integrate critical interventions while ensuring polio eradication efforts are not affected.

The ARCC recommends that NCCs:

- provide the best possible assessment of coverage estimates at the national and subnational levels in annual reports, considering possible data sources such as administrative, WHO/UNICEF Estimates of National Immunization Coverage (WUENIC) and coverage surveys.

5.4 Surveillance

The ARCC recommends that WHO:

- conduct high-level advocacy with Heads of State to secure sufficient funding for surveillance and immunization;
- take advantage of the regular summits of the African Union and the Regional Economic Communities, in addition to the World Health Assembly and Regional Committees, to meet with the Heads of State and government officials of African Member States;
- advocate for greater national ownership and funding of surveillance activities; and
- strengthen countries' capacities in using the web-based enhanced electronic monitoring (eSURV Companion mobile application) to plan, implement and document active surveillance site visits.

The ARCC recommends that countries:

- ensure that 80% of active surveillance visits are carried out in high-priority sites, particularly major tertiary care hospitals (public and private) in major urban reference centres and weekly visits are conducted in all high-priority sites, in accordance with Guidelines for poliovirus surveillance in the WHO African Region *(6)*;
- organize cascaded training on surveillance as soon as possible until clinician awareness is raised;
- ensure that all orphan and polio-compatible viruses are studied and use the results to improve surveillance;
- include civil society organizations and other community stakeholders in plans to strengthen surveillance;
- strengthen and document cross-border collaboration for polio surveillance as well as other VPDs;
- ensure that joint supervision and oversight are the norm. It is essential for capacity building; and
- develop and implement special strategies to access children residing in conflict-affected areas such as in South Sudan and the Democratic Republic of the Congo.

5.5 Laboratory network

The ARCC recommends that:

- WHO AFRO continue expanding sequencing capacity to achieve its goal of increasing the number of laboratories formally reporting sequencing results by the end of 2024.
- WHO continue the full restoration of the Maiduguri polio laboratory to enable the resumption of routine diagnostic activities.

- All polio laboratories should account for risks posed by natural disasters and other threats by ensuring that emergency preparedness, response and business continuity plans are in place.

5.6 Containment

The ARCC recommends that:

- WHO provide technical support to countries to update their inventories annually using the WHO African Region containment ODK collection tool, facilitate its implementation and present an update on containment to the ARCC at the first meeting in 2025;
- the regional containment status of polioviruses are presented by country at the next ARCC meeting and included in each country's annual report; and
- WHO facilitate a risk assessment of potential containment breaches at the Maiduguri poliovirus laboratory following the recent flooding and provides necessary mitigation measures.

The ARCC calls on all countries experiencing epidemics to:

- ensure rigorous management and destruction of unusable nOPV2 vials after each visit, under the supervision of the national vaccination team; and
- document and report the quantity of vials destroyed, the method of destruction and share the report with the WHO Regional Office.

6 Country-specific observations and recommendations

6.1 Burundi

The ARCC observes the following in Burundi:

- progress in controlling the variant poliovirus type 2 outbreak, with no detections since the second quarter of 2023;
- significant gaps with respect to population immunity, as well as in the functionality of the NCC and its Secretariat;
- efforts made to improve immunization despite limited resources and the introduction of the hexavalent vaccine into the EPI programme;
- high risk of polio and other epidemic-prone diseases, partly due to Burundi’s proximity to eastern Democratic Republic of the Congo;
- gaps in AFP surveillance at the subnational level and the limited number of active surveillance visits;
- highly sensitive but geographically limited environmental surveillance; and
- the loss of 69 vials of nOPV2 following the SIA.

The ARCC recommends:

To WHO:

- facilitate regular cross-border coordination with neighbouring countries; and
- help the country expand ES to other provinces, considering local risks and capacities.

To the country:

- strengthen the capacity of key NPECs and ensure regular meetings;
- advocate for stronger government ownership of surveillance and vaccination activities and integrate available resources to implement these activities where possible;

- review and revitalize active surveillance for polio, measles and other diseases, in line with surveillance guidelines;
- strengthen cross-border coordination of outbreak response, surveillance and immunization;
- accelerate the implementation of the Big Catch-up and implement the Reaching Every Child approach, with partner support;
- identify and use the best possible estimates of operational denominators for immunization coverage at national, provincial and district levels;
- conduct impact assessments of activities aimed at strengthening surveillance and population immunity;
- accelerate IPV2 introduction, either with a stand-alone IPV product or a hexavalent vaccine; and
- update the national epidemic preparedness and response plan, ensuring rapid communication mechanisms with decision-makers.

To the NCC:

- complete all sections of the 2024 Annual Report, including Ugandan laboratory performance for Burundi samples and containment; and
- verify and validate the data in the Annual Update Report to ensure that it reflects the actual situation on the ground.

6.2 Democratic Republic of the Congo

In the Democratic Republic of the Congo, the ARCC observes the following:

- notable progress made over the past 12 months, with the substantial reductions in the circulation of type 1 and type 2 variant polioviruses;
- improvements in Maniema, Haut-Katanga, Haut-Lomami and other transmission hotspots, but remains concerned about persistent transmission or new emergence in Tanganyika, Tshopo and Maindombe;
- improved coordination by the National Emergency Operations Centre and the technical support of a substantial number of partner-supported staff to the response, however, there is a concern that the gains are unlikely to be sustained without building the capacity of national experts;
- concern with the recent isolation of circulating variant poliovirus type 1 in Tshopo province, but commends the country team for its rapid response;
- ongoing efforts to strengthen sequencing capacity with direct molecular detection and nanopore sequencing (DDNS) to accelerate the speed of the response;
- low completeness of routine reports; and
- ongoing surveillance challenges, including delays in sample transport and suboptimal ES quality.

The ARCC recommends:

To WHO:

- accelerate the training of NPECs, schedule regular refresher sessions and ensure regular follow-up; and
- support the assessment of ES sites and address performance gaps, ensuring that all sites with 0% enterovirus detection in the past 12 months are closed.

To the country:

- improve the quality of outbreak preparedness and response to effectively contain variant polioviruses outbreaks, focusing on provinces with persistent transmission, particularly in Tshopo, Tanganyika and Maindombe;

- strengthen community outreach and listening exercises to address the underlying reasons for refusals and develop appropriate community engagement strategies to reduce missed children during campaigns;
- ensure that all compatible AFP cases are thoroughly investigated and documented;
- investigate and resolve bottlenecks in the shipment of stool and environmental samples, finding cost-effective and feasible ways to reduce delays;
- explore the use of polio laboratories in neighbouring countries to mitigate delays in sample processing; and
- strengthen data tracking mechanisms to improve the completeness of routine reports to support reliable analysis.

6.3 Ethiopia

The ARCC observes the following in Ethiopia:

- progress in implementation of the 2023 Outbreak Response Assessment (OBRA) recommendations, particularly those aimed at improving surveillance;
- concerns over the withdrawal of external technical support and reduced external funding for polio eradication, which continue to negatively impact the implementation of the polio eradication strategy;
- the geographic expansion of circulating variety type 2 transmission, including recent detections in the Dawa zone, Somali region, and the Hararghe West zone, Oromia region;
- persistent gaps in the quality of surveillance, particularly in Addis Ababa and in conflict-affected areas;
- unreliable population denominators and target figures continue to pose challenges in accurately measuring RI and SIAs performance; and
- divergent performance monitoring results for SIAs (LQAS and IM), making it difficult to use monitoring data to assess SIA quality.

The ARCC recommends:

To WHO:

- strengthen AFP surveillance in areas with quality gaps, particularly in conflict-affected regions and the National Capital Region;
- organize refresher training on AFP surveillance, using the Guidelines for poliovirus surveillance in the WHO African Region *(6)*, active surveillance practices and analysing reasons for late reporting and sample collection;
- continue and expand cross-border coordination of polio control activities with neighbouring countries;
- review the methodology and process for monitoring SIA quality through LQAS surveys and post-campaign surveys, and consider validation of results through spot checks by WHO and partner staff if necessary; and
- explore all options for obtaining accurate population denominators for immunization coverage calculations for RI and SIAs, including using other available data sources, such as birth and antenatal care registries.

To the country:

- the Ministry of Health of Ethiopia should continue to work with WHO and the Gates Foundation to secure additional laboratory workspace to accommodate the growing workload; and
- country teams should collaborate with humanitarian organizations and civil society organizations to strengthen surveillance and reach unvaccinated children through RI and outreach efforts.

6.4 Kenya

The ARCC observes the following in Kenya:

- strong commitment to early detection and rapid response, as demonstrated by the response to the circulating variant type 2 outbreak in Turkana and notes with satisfaction that the Nairobi laboratory provided the first interim sequence results from the Turkana isolate, highlighting the value of increased sequencing capacity to improve the timeliness of detection and response;
- continued cross-border coordination with all neighbouring countries, including a synchronized joint response with Uganda, Ethiopia and Somalia;
- gaps in surveillance and vaccination along key transit corridors between Somalia and Kenya as well as along corridors linking Kenya and Uganda and Kenya and Ethiopia;
- insufficient scale-up of the ES network in major population centres, such as Nakuru, Eldoret, Bongoma, Mwingi, Thika and Nanyuki, which do not have ES;
- need for stronger support to NPECs, including through high-level advocacy; and
- challenges in active monitoring and quality assessment hampered by delays or incomplete data reporting, and digital solutions such as the eSURV Companion could improve active surveillance.

The ARCC recommends:

To WHO:

- that the African Regional Office facilitate a high-level advocacy visit by ARCC to Kenya, focussing on revitalizing NPECs and strengthening surveillance and RI; and
- maintain and strengthen cross-border collaboration between neighbouring countries at all levels.

To the country:

- with WHO support, improve the capacity and effectiveness of the NCC and all NPECs;
- accelerate the implementation and impact evaluation of planned activities, including the Big Catch-up, IPV2 introduction, integrated formative supervision and vaccination weeks;
- expand ES sites to include major corridors of population displacement, especially in Nakuru, Eldoret, Bungoma, Kiambu and Kajiado;
- deploy response teams to work with national counterparts in high-risk areas with surveillance and population immunity gaps, implementing intensified activities;
- increase the use of digital monitoring solutions, such as eSURV Companion mobile application, for better accountability and validation of surveillance visits;
- provide guidance and follow-up training for community health promoters and clinicians to improve awareness on surveillance; and
- strengthen surveillance in western and central Kenya, that are now at high risk of outbreaks.

6.5 South Sudan

The ARCC observes the following in South Sudan:

- strong data-driven approach to polio and other public health issues, with effective efforts to implement and improve polio eradication activities;
- excellent and ongoing work of the NPECs, under the leadership of the NCC Chair;
- recent awareness-raising visits by the leaders of the NPECs to states and counties facing security challenges;

- emergence of various circulating variant poliovirus type 2 linages, likely linked to recent SIA's in neighbouring countries, underlining the need for broader population immunity across the sub-region; and
- the relatively low non-polio AFP rate in Central Equatoria State, including the Juba National Capital Region, compared to other states.

The ARCC recommends

To WHO:

- support the implementation of high-quality additional vaccination rounds, in close coordination with neighbouring countries;
- provide targeted refresher trainings on AFP for surveillance staff and conduct sensitization sessions for conventional and traditional health service providers; and
- strengthen cross-border collaboration and support scale-up vaccination efforts at all points of entry.

To the country:

- intensify efforts to improve active surveillance in Central Equatoria, especially in the large health facilities in the Juba region, given the relatively large population density and the presence of large hospitals;
- update the national AFP surveillance guidelines, including the case investigation form, based on the Guidelines for poliovirus surveillance in the WHO African Region *(6)*; and conduct trainings using the updated national guidelines;
- reduce the time required to transport AFP and ES samples to the laboratory in Entebbe, Uganda;
- accelerate the implementation and evaluation of planned activities to strengthen population immunity and surveillance, including the Big Catch-up, Gavi's zero-dose immunization programme, periodic intensification of routine immunization, mobile outreach and community-based surveillance and vaccination weeks in Payam; and
- optimize the quality of the ES network in line with the recommendations of ES assessments.

6.6 Tanzania

The ARCC observes the following in Tanzania:

- initiatives to improve data quality, including efforts to generate more accurate population denominators and target counts for vaccination coverage calculations;
- strong cross-border collaboration on AFP and routine immunization screening;
- low population immunity to type 2 in many parts of the country and the high vulnerability to the expansion of type 2 transmission;
- relatively poor performance of surveillance in Dar-es-Salaam; and
- blocked shipments of stool samples into the country and insufficient surveillance at the subnational level in Zanzibar.

The ARCC recommends:

To WHO:

- support Tanzania in assessing risks and developing immunity profiles for type 2 variant poliovirus.

To the country:

- implement two to three nOPV2 rounds as soon as possible, targeting children born after the 2016 switch from tOPV to bOPV, to close immunity gaps and prevent a potential large-scale outbreak of type 2 polio;

- plan and synchronize the implementation of SIAs with neighbouring countries;
- strengthen cross-border collaboration for surveillance and outbreak response activities;
- provide refresher training for supervisors and medical staff on AFP surveillance, with a focus on tertiary institutions (public and private) as well as professional associations;
- strengthen active surveillance in Dar es Salaam, focusing on high and ultra-high priority health facilities;
- revise the case investigation form to align with the Guidelines for poliovirus surveillance in the WHO African Region *(6)*;
- disaggregate positive and negative lab results when evaluating turnaround times; and
- assess the validity and reliability of LQAS results and ensure that the country complies with the IM and LQAS guidelines during campaigns.

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Annex 1: List of participants

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Annex 2: Photos

ARCC members at the 34th ARCC meeting in Dar es Salam

The president of the South Sudan NCC defending the documents submitted by the country.

ARCC members and all the participants honoured and applauded the work done by Dr Ngokohana Ester Khomo, who retired as a member of the ARCC.

The officials of the United Republic of Tanzania at the opening ceremony of the 34th ARCC with the Chairperson, Prof Leke with Dr Ahmed Jamal, the Regional Coordinator of Polio Programme in Africa.

Tanzania delegation following the presentations during the meeting.

Group photograph with all participants at the 34th ARCC meeting.
The ARCC secretariat provides the technical support to the 47 countries in the African Region.