



Zimbabwe

Polio Response Situation Report No. 4

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Reporting Period: 15 March to 12 April 2024

Highlights

- In October 2023, the polio outbreak was declared as a Public Health Emergency (PHE) by the Minister of Health and Child Care).
- From October 2023 to date, Zimbabwe has detected twenty-one (21) circulating vaccine derived polio virus type 2 (cVDPV2) cases in environmental samples (ES) from four polio environmental surveillance sites in Harare.
- In January 2024, an index human polio virus type 2 (cVDPV2) was reported in a 10-year-old girl with a case of acute flaccid paralysis (AFP).
- In the reporting period, no new polio virus type 2 (cVDP2) cases have been reported from environmental sites.
- During week 12, a total of 13 new acute flaccid paralysis (AFP) cases were reported with cumulative cases now at 80 with a Non polio Acute Flaccid Paralysis rate (NPAFP rate) at 1.6 children 0-14 years.
- In February 2024, round one of the polio campaigns was completed, with a cumulative coverage of approximately 4.6 million (108 per cent) of targeted children.
- From 19 to 23 March 2024, round two of the novel oral poliomyelitis (polio) vaccine type 2 (nOPV) campaign was successfully conducted in the country reaching about 4.8 million children.
- Lot Quality Assuring Sampling (LQAS) results show significant quality and coverage improvements with approximately 82 per cent districts (59 out of 72) passing compared with only 73 per cent in round 1.



Situation Overview and Humanitarian Needs



Zimbabwe last reported a case of indigenous wild poliovirus (WPV) in 1986 and has been certified polio free since 2005. Following the detection of wild poliovirus 1 (WPV1) in Mozambique and Malawi, in 2022, Zimbabwe undertook in 2023, a multi-country supplementary immunization activities (SIAs) with bivalent oral polio vaccine (bOPV2) and conducted four rounds of SIA. Declaring a Public Health Emergency in October 2023, Zimbabwe has to date detected 21 circulating vaccine derived polio virus type two (cVDPV2) cases from environmental samples in Harare. The samples were from the four polio environmental surveillance sites in Harare.

Polio outbreak response activities commenced with plans to conduct two supplementary immunization activities (SIAs) using novel oral poliomyelitis (polio) vaccine type 2 (nOPV2). Round one of campaigns was completed in February 2024 and reached approximately 4.6 million (108 per cent) children. Similarly, round two campaign was completed on 22 March 2024, reaching approximately 4.8 million (115 per cent) children.

During the reporting period, no new environmental samples confirmed polio virus type 2 (cVDPV2) from environmental sites were reported. A total of 13 new acute flaccid paralysis (AFP) cases were reported between 15 and 29 March 2024. Cumulative cases are at 80 with a non-polio acute flaccid paralysis (NPAFP) rate at 1.6 per cent children aged 0-14 years.

Zimbabwe like many other countries, remains at risk of polio outbreak either for wild polio or vaccine derived, until global eradication. It is important to maintain high immunity within the population and increase efforts for routine polio vaccination coverage and strengthened disease surveillance for early detection of cases are maintained as high priority. In response activities, special considerations are needed for special populations. These include vaccine hesitant religious groups with high concentration in Manicaland (Buhera, Mutasa and Mutare districts), populations in refugee camps (Tongogara in Manicaland and Waterfalls transit camp in Harare), populations along borders, cross border traders, artisanal miners, and populations in emerging peri-urban settlements in Harare.



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Funding Overview and Partnerships

To respond to the outbreak, UNICEF Zimbabwe received US\$4.1 million. Thanks to the generous support of German Development Ministry (BMZ) and Bill and Melinda Gates Foundation (BMGF). The funding from BMZ is supporting surge staff capacity for six months between January and June 2024 and the BMGF funding supported the two rounds of novel oral polio vaccine type 2 (nOPV2) vaccination campaigns.

UNICEF's Response Coordination and Planning



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UNICEF provided technical and financial support to the Ministry of Health and Child Care (MoHCC) in various activities such as planning and coordination, training, monitoring and supervision, vaccine accountability management, cold chain and logistics, social mobilization, cross-border coordination. The support considered the supplementary immunization activities (SIA) data, which helped identify areas of improvement and guided provinces in implementing high-risk operational plans for round two. In the coming weeks, UNICEF will support the Ministry of Health and Child Care (MoHCC) with a national Expanded Program on Immunization (EPI) review meeting (April 8 to 12, 2024) to capture lessons learned and best practices including for round two novel oral polio vaccine type 2 (nOPV2) campaign. The review will look at Lot Quality Assurance Sampling (LQAS), admin data, independent monitors, and other data sets to assess the performance of the campaign and detailed analysis of the routine Expanded Program on Immunization (EPI) for future programming purposes.

Human Resources and Surge support

UNICEF has supported the Ministry of Health and Child Care (MoHCC) with additional surge staff to support the outbreak response through the recruitment of four local and three international staff to support coordination, Social Behavior Change (SBC) activities, and vaccine management.

Vaccine Management and Logistics

UNICEF has been supporting the Ministry of Health and Child Care (MoHCC) organize a daily review of the Vaccine Accountability Monitoring, to ensure adequate availability of vaccines. More specifically, the team followed up on the distribution and verification of vaccines, Vaccine Accountability Monitoring tools and other supplies in the field including validation for the implementation and preparedness of the campaign. Vial repatriation is in progress at subnational level-capturing all used and partially used vials. The unopened vials from both round one and two are being collected.

Social Behaviour Change (SBC) Community Engagement & Accountability

Learning from the round one campaign, UNICEF, jointly with the Ministry of Health and Child Care (MoHCC), developed a social behaviour change (SBC) improvement plan currently being implemented in all provinces and districts. Key focus was demand generation for the novel oral polio vaccine type 2 (nOPV2) vaccine acceptance among caregivers in the round two campaign.

UNICEF supported the training and advocacy session of seventy-eight (78) interfaith leaders for country-wide mass awareness and community engagement initiatives aimed at addressing challenges around vaccine objections. The majority of the participants were faith leaders drawn from Christian, Islamic, and African Traditional Religions. The training was facilitated by UNICEF in collaboration with the Ministry of Health and Child Care (MoHCC) and Apostolic Women Empowerment Trust (AWET). As a result, a refusals tracking tool has been initiated to identify and document vaccine objectors across eight (8) provinces. Additionally, refusals resolution approaches and models have been developed and shared with all districts for a systematic engagement through influencers.



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Through UNICEF support, the Risk, Communication and Community Engagement (RCCE) pillar rolled out needs based SBC interventions in all districts. A pocket guide related to pre and intra campaign to social mobilization and community engagement activities has been distributed to more than 20,000 village health workers (VHWs). The SBC activities have yielded positive outcomes, as indicated by preliminary Independent Monitors (IM) data showing that 98 per cent of households (3,742,612 households) with a population of 14.9 million as a proxy indicator (estimated based on the 2022 census), were made aware of the campaign. In addition, the IM indicated that 100 per cent of social mobilizers/VHWs were able to explain the reasons for supplementary immunization activities (SIA) and 100 per cent of them informed caregivers on the date of the campaign.

Realtime SBC related activities were captured and reported via Open Data Kit, which was used during daily review meetings to guide the provinces, districts, health facilities and communities for improvements of SBC strategies and activities. The data captured includes advocacy and community engagement, social mobilization, use of information, education and communication materials, coordination, and supervision.

Human Interest Stories and External Media

Stories can be found on UNICEF's website and social media channels:

- UNICEF Zimbabwe stories: <https://www.unicef.org/zimbabwe/stories>
- UNICEF Zimbabwe Social Media: Facebook, Twitter, LinkedIn

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