

COUNTRY PROFILE: DEMOCRATIC REPUBLIC OF CONGO

Global Polio Eradication Initiative (GPEI) Status: Re-established Transmission

Overview

- In the Democratic Republic of the Congo (DRC), circulation of an imported wild poliovirus has persisted for more than 12 months, and the re-established virus has infected other, previously polio-free areas and countries.
- The priority is to enhance surveillance sensitivity to determine where the virus is continuing to circulate, and to continue large-scale supplementary immunization activities to establish and maintain population immunity.

Context

- Conflict has contributed to a weak health system, low routine immunization coverage and insufficient capacity to fully implement international polio outbreak response guidelines.
- Large-scale supplementary immunization activities are underway to protect against the possible re-emergence of the most recent virus as well as new importations.

Challenges

- Many religious groups still resist immunization because they believe that polio is the will of God and only divine intervention can eradicate the disease. Some believe that the use of oral polio vaccine (OPV) or any modern form of medicine as a preventative measure is forbidden.
- The low incidence of polio in a large, high-population country increases the difficulty of convincing reluctant caregivers that children are at risk and that OPV is important to safeguard their child's health. Furthermore, caregivers suspicious of OPV often view multiple doses as potentially life threatening.
- The DRC government sometimes imposes punitive measures, including fines and even arrest, on caregivers who refuse polio vaccination for their children. This practice reinforces distrust and opposition to western influence.
- Despite the large proportion of children missed during immunization rounds, the reasons have yet to be appropriately categorized and analyzed to develop actionable solutions.
- Migrating populations between Democratic Republic of Congo and Angola comprise a high-risk population. Without social mapping of the migration patterns, the programme cannot target those most at risk of infection.

Key Actions Needed

- Improve the quality of large-scale supplementary immunization activities to sustain population immunity and protect against the possible re-emergence of the most recent virus as well as new importations.
- Increase the sensitivity of acute flaccid paralysis surveillance, used to determine whether the poliovirus is continuing to circulate.
- Build resources, particularly international technical assistance and communications, to levels which are comparable to the investment in endemic areas.
- Establish specific mechanisms to monitor the engagement of provincial and district leaders, with oversight by the Office of the President.
- Continually update outbreak-response microplans for each area and provide refresher training for all key staff.

To learn more about the roles and responsibilities of UNICEF and other GPEI partners, visit:
<http://www.polioinfo.org/index.php/about-us/partners>