Zimbabwe has been responding to the polio outbreak since the declaration of Wild Polio Virus type 1 (WPV1) in Malawi in 2022. Further, in October 2023, Zimbabwe declared polio outbreak as a Public Health Emergency (PHE) following the detection of circulating vaccine derived poliovirus type 2 (cVDPV2). An index human polio virus type 2 was reported in a 10-year-old girl with a case of Acute Flaccid Paralysis (AFP) in January 2024.

- The Ministry of Health and Child Care (MoHCC) in collaboration with the Global Polio Eradication Initiative (GPEI) partners have been conducting the response interventions since 2022, applying innovative technology and online data tools to enhance real time monitoring and use of data for improvements.
- Four bivalent oral polio vaccine (bOPV) rounds were conducted in response to the WPV1 outbreak in the Southern African region in 2022 and 2023, targeting children under 5 years of age. In February and March 2024, two rounds of novel oral poliomyelitis (polio) vaccine type 2 (nOPV2) were administered in Zimbabwe, with a cumulative coverage of 4.6 million and 4.8 million children under 10 years of age respectively.
- A mop-up campaign is tentatively planned for selected districts in Harare Province from 1-4 July 2024, using the available balance of nOPV2 vaccines from previous rounds.
- To date, Zimbabwe has detected 22 circulating cVDPV2 cases from four environmental samples (ES) in Harare since October 2023 (17 cases from 2023 and five in 2024).
- Zimbabwe has expanded the number of environmental sites from four sites in 2023 in one province to nine sites in five provinces as of May 2024.

**Situation Overview & 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 nation-wide supplementary immunization activities (SIAs) with bivalent polio vaccine (bOPV2) and conducted four rounds of SIA in 2022 and 2023.

The circulating vaccine derived poliovirus type 2 (cVDPV2) outbreak was declared a public health emergency by the Minister of Health and Child Care in October 2023. Polio outbreak response activities commenced with plans to conduct two rounds of supplementary immunization activities (SIAs) using novel oral poliomyelitis (polio) vaccine type 2.
(nOPV2) in February and March 2024 reaching 4.6 million and 4.8 million children under 10 years of age respectively in each round. The proportion of districts that passed the Lot Quality Assuring Sampling (LQAS) results increased from 73 per cent in round one to 82 per cent in round two of nOPV2 campaign. Technical operational issues are major contributors for having a high number of missed children (child absent, house not visited, and no revisits). These issues are being addressed through in-between round activities such as Periodic Intensification of Routine Immunization (PIRI) engaging the religious and traditional leaders to address refusal, and the use of village health workers.

Following the campaign and Expanded Programme of Immunization (EPI) review, a mop-up vaccination campaign is planned for selected underperforming districts in Harare Province, tentatively scheduled for 1-4 July. This campaign will utilize the remaining balance of nOPV2 vaccines from previous rounds. Preparations for the mop-up campaign are ongoing, including the initiation of national supervisors’ trainings, updated chronogram of activities, and the establishment of SIA monitoring dashboard at national level.

**UNICEF’s Response**

**Coordination and Planning**

UNICEF has continued to provide technical support to the Ministry of Health and Child Care in various activities related to polio vaccination efforts. This support includes planning and coordination, training, monitoring and supervision, vaccine accountability management, cold chain and logistics, and social mobilization. These activities are in support of the mop-up campaign tentatively planned for 1-4 July 2024, targeting selected underperforming districts in Harare Province.

UNICEF provided technical support to develop a comprehensive plan and budget for the nOPV2 mop-up campaign in Harare. This included retrieval of usable vaccines from the provinces to the central vaccine store, development and facilitation of national supervisor trainings, follow up on data tools and Information, Education and Communication (IEC) materials, review of the activity chronogram for mop-up campaign, facilitation of an orientation session for the Harare city teams, and the daily and weekly coordination meetings at Emergency Operational Center (EOC) led by the Ministry of Health and Child Care (MoHCC).

**Human Resources and Surge support**

UNICEF has supported the Ministry of Health and Child Care (MoHCC) by providing additional surge staff to support the outbreak response. This has included the recruitment of four local and three international surge staff to enhance coordination, Social Behaviour Change (SBC) activities, and vaccine management.
Vaccine Management and Cold Chain Logistics

UNICEF Zimbabwe is providing ongoing support for vaccine accountability monitoring and the retrieval of available balance of nOPV2 (475,000 doses) from the provinces. These vaccine doses will be used for the mop-up immunization campaigns in selected priority areas within Harare Province. A review of the available data tools is ongoing for the proposed mop-up campaign. Additionally, a vaccine management training session for the vaccine accountability monitors is planned for next week.

Social Behaviour Change (SBC) Community Engagement & Accountability

UNICEF has continued to support Social Behaviour Change (SBC) and community engagement initiatives by the Ministry of Health and Child Care (MoHCC) on integrating polio messages within routine immunization messaging. The sub-technical working group on SBC conducted a two-day Interpersonal Communication training for a total of 88 health promotion officers. The participants were drawn from the national, provincial, and districts levels including representatives from the central hospital. The training focused on the application of interpersonal communication during public health emergencies, particularly polio outbreak response. In addition, the training aimed at strengthening the use of strategic data for impact and scale, promote the systematic use of digital innovations, engage religious and local leaders to inform, engage, and empower individuals, families, and communities to accept and promote vaccination.

Key Issues and Next Steps

Some of the critical challenges include existing pockets of zero-dose children especially in urban areas; intense circulation of cVDPV2 in the most densely populated city (Harare); sub-optimal Acute Flaccid Paralysis (AFP) surveillance performance in some districts; overstretched resources due to multiple outbreaks (including cholera, measles, pertussis, diphtheria, and polio) and the increasing fatigue and declining retention of the healthcare work force in the country. To overcome the challenges, the Ministry of Health, and Child Care (MoHCC) with GPEI partners - including UNICEF - have planned Periodic Intensification of Routine Immunization (PIRI) campaign to address the issues of zero-dose in urban areas. Additionally, Sub National Immunization Days (SNIDs) will be conducted in Harare from 1-4 July 2024, using the remaining stocks of nOPV2 vaccines.

Furthermore, a country wide catchup vaccination campaign for routine immunization is proposed in the third quarter of 2024; and an ongoing sensitization of health workers and key informants in the community is currently underway to expand and enhance quality of surveillance. The Government has also started the process of sensitization, training and recruiting of additional health workforce to improve the performance of the health system.

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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