Group photo from the end of the opening ceremony, presided over by the Secretary-General of the Ministry of Public Health of Chad, with partners of the Global Polio Eradication Initiative (GPEI) – WHO, UNICEF and the Bill & Melinda Gates Foundation – and delegations from the ministries of health and country partners who attended the workshop.

© UNICEF Chad/2023

The key objectives of the cross-border activities planning workshop held in N’Djamena from 12 to 13 April were the promotion of exchanges between the five countries of the Lake Chad Basin and the planning of synchronized campaigns to interrupt the circulation of polioviruses. During the two-day workshop, vaccination directorate teams and GPEI country coordinators from Cameroon, the Central African Republic, Chad, Niger and Nigeria reviewed developments in the epidemiological situation and campaign preparations in the countries concerned. They also discussed the bottlenecks hampering organization of high-quality responses, as well as possible means of mitigation.

As for the epidemiological situation regarding circulation of polioviruses, the statistics are concerning. In 2022, 22 countries in the African region were infected with poliovirus as follows: 148 cases of circulating vaccine-derived poliovirus type 1, cVDPV1 (acute flaccid paralysis [AFP]); 96 cases of cVDPV1 (environmental poliovirus surveillance [ENV]); 448 cases of circulating vaccine-derived poliovirus type 2, cVDPV2 (AFP); 211 cases of cVDPV2 (ENV) and eight cases of wild poliovirus, WPV (AFP).
In the same year, the countries bordering Lake Chad confirmed polioviruses (all forms combined): 108 in Nigeria, 33 in Niger, 53 in Chad, six in Cameroon and 13 in the Central African Republic. The cases in Cameroon occurred in the fourth quarter of 2022 in districts bordering Nigeria and Chad. They were all linked, which points to subregional circulation. These countries are still experiencing circulation in 2023. At the same time, organization of vaccination campaigns in response to cVDPV2 epidemics has been delayed since the beginning of 2023 due to insufficient availability of the vaccine (novel oral polio vaccine type 2 [nOPV2]). Fortunately, with the assurance that vaccines will be available in the countries in the coming weeks, organization of synchronized campaigns is proving to be a hardline strategy against active epidemics in these countries.

In view of the progress made in preparing the response campaigns, experts from the polio Rapid Response Team for Africa – with support from polio specialists from UNICEF, the Bill & Melinda Gates Foundation and the five countries’ ministries of health – have agreed on a joint schedule of response activities for the first and second halves of 2023. To this end, all stakeholders will work to ensure that this schedule is maintained for the various rounds planned.

**Dates of polio campaigns planned in 2023 for countries neighbouring the Lake Chad Basin**

<table>
<thead>
<tr>
<th>S/No</th>
<th>Country</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Nigeria</td>
<td>11-16</td>
<td>17-22</td>
<td>22-27</td>
<td>26-29</td>
<td>9-12</td>
<td>21-24</td>
<td>18-21</td>
</tr>
<tr>
<td>2</td>
<td>Niger</td>
<td>26-29</td>
<td>16-19</td>
<td></td>
<td></td>
<td>21-24</td>
<td>18-21</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Cameroon</td>
<td>26-28</td>
<td>16-18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Chad</td>
<td>26-28</td>
<td>16-18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>CAR</td>
<td>26-29</td>
<td>23-26</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In addition, the Lake Chad Basin area presents numerous challenges, such as high population mobility, persistent insecurity (particularly in border localities), camps for refugees and internally displaced persons, and difficult access to island localities. As a result, the health problems experienced in border areas are virtually identical, and their resolution requires appropriate interventions and ongoing collaboration, supported by health-information exchange and the development of harmonized action plans. With this in mind, the group work initiated at this workshop led to the development and sharing of a cross-border activity timetable by country. In order to implement a mechanism for monitoring and evaluating the commitments made during the workshop, the following action points were formulated:

**For GPEI partners:**
1. Support mobilization of financial resources for implementing cross-border activities.
2. Make funds for the first round of the response available to countries no later than 25 April 2023.
3. Make vaccines available in sufficient quantities in the countries.
4. Facilitate the rapid deployment of additional support in the countries.

5. Relaunch the construction of the Polio Emergency Operations Centre in the Far North Region of Cameroon (with support from the Bill & Melinda Gates Foundation).

For country teams:

1. Ensure that documented cross-border operational meetings are held so that joint activities are planned and implemented for both communication and immunization.

2. Introduce the financial dimension of cross-border activities into the campaign budgets for the various countries (if this has not been the case, request an additional budget for the effectiveness of these activities in the first round [scheduled for May 2023]).

3. Use the funds available in the countries (once budgets have been approved at the global level).

4. Include representatives from border areas’ ministries of defence in advocacy meetings to ensure their support in facilitating activities in insecure areas.

5. Support the development of microplanning in border areas (including social mapping) prior to the implementation of advocacy meetings.

6. Ensure the participation of all (Ministry of Public Health and GPEI partners) in the weekly meetings of the Central African bloc.

7. Use the Open Data Kit (ODK) tool to visualize cross-border activities at each key stage of the campaign (before, during and after).

8. Share the updated health map with a view to updating it in ODK forms.

9. In the immediate term, express the need for technical support (social and behaviour change [SBC], vaccine management and epidemiologists).

10. Report to the five countries’ Ministers of Health on the recommendations resulting from this workshop, in order to prioritize the common interest and show respect for the proposed campaign schedule.
Just like at the opening of the workshop (when the Secretary-General of the Ministry of Public Health of Chad applauded its organization), the participants left with a sense of satisfaction. They reiterated their commitment to strengthening collaboration around organizing synchronized activities to stop circulation of cVDPVs in the countries bordering Lake Chad by December 2023.

**Written by Marie Thérèse Charlène Ambassa, SBC Consultant, UNICEF HQ**

Data source: RRT/AFRO monitoring report