* 1. **Goal 1: Achieve a world free of poliomyelitis**

Uganda was certified polio-free in 2006, but has experienced outbreaks of wild polio virus in 2009 and in 2010/2011. The country has a robust AFP and polio surveillance system, as indicated by the polio target indicators on page 1. This has been the result of various partner-supported efforts and innovations, including:

* A national roll-out of an integrated disease surveillance and reporting (IDSR) system, operating from nine sub-national hubs. By the end of July 2016, district health staff in 108 out of the country’s 112 districts have received IDSR training.
* Both international and national STOP teams that provide on-the-ground short-term assistance to “silent” or poor-performing districts to improve their ability to detect AFP/polio cases as well as other outbreak-prone diseases (e.g., measles, yellow fever) and to improve routine immunization services. The international teams – supported by the U.S. CDC and AFRO – stay in a region for around one month, while the national STOP team (NSTOP) consists of public health students who spend a week in an area visiting all health facilities to train staff in surveillance and outbreak investigations. The NSTOP program is partner-supported, but funding is considered inadequate.
* An innovative specimen transport system that uses a courier service (or the postal system?? Not sure), in which specimens arrive at the UVRI laboratory within 24 hours.
* An electronic (mTRAC) system, created four years ago with WHO and UNICEF support, in which health facility staff submit IDSR data for key diseases to districts via mobile phones using a simple interface. The data are then transferred up the chain. While it has been implemented nation-wide, there are issues with the availability of cell phones and reliability of network connections.

In addition, the country has organized national immunization days (NIDs) every year for several years, as well as sub-national immunization days (SNIDs) in high-risk and outbreak districts for children under five. The NIDs are now being incorporated into the country’s annual Child Health Days. UNEPI introduced IPV into the immunization schedule in April 2016.

There are, however, a number of challenges to sustaining the country’s polio-free status:

* While the national AFP detection and stool adequacy rates meet the targets, not all districts achieve the minimum rates (cmyp). There have been delays in the detection of low levels of transmission of wild or vaccine-derived polio virus in some areas, as well as irregular active surveillance of vaccine-preventable diseases. This is attributed to the lack of operational funds at the local level, affecting the timely investigation and notification of cases. Reportedly, inadequate surveillance led to under-detection of circulating WPV along the border with Kenya, which caused the last outbreak in 2011.
* There is cross-border transmission of polio from areas and populations with low immunization rates, such as across the borders with Kenya and S. Sudan. Synchronized NIDS with bordering countries have been discussed, but have yet to take place.
* There also exist pockets of low polio immunization coverage within the country, including in communities bordering S. Sudan and some fishing communities.
* The frequent turnover of health staff at the district and health facility levels mean that many people trained in IDSR have left. Thus, frequent trainings are needed to train new staff, which is costly.