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Monthly Situation Report

All data as of 6 March 2007

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Headlines

- **Participation of Personal Envoys of the Heads of Government at Urgent High-level Consultation on Polio Eradication:** in her first major meeting of stakeholders, WHO Director-General Dr Margaret Chan convened an urgent consultation on polio eradication in Geneva on 28 February 2007. The consultation was attended by representatives from the remaining polio-endemic countries, donors, political bodies, spearheading partners and technical advisors. Of particular note was the participation of special advisers to the heads of state of three of the four endemic countries. The consultation reviewed the collective capacity of the partnership to meet the remaining operational and financial challenges for polio eradication. The Consultation outlined specific milestones which must be met, in order to ensure that the levels of vaccination coverage and child immunity in areas with endemic transmission are raised within 12 months - and then sustained for as long as needed - to the same levels as those that stopped the disease in the polio-free areas of the four countries. The milestones will focus on such operational aspects as population immunity, cross-ministry support and oversight, polio campaign quality, social mobilization and community engagement.
- **Rapid injection of international funds urgently needed to ensure all eradication activities proceed as planned in April/May:** The Consultation held in Geneva agreed that there was a collective responsibility to rapidly fill the global funding gap of US\$ 575 million for 2007-2008. Of this amount, US\$ 60 million is urgently needed by April. "Indeed, by April of this year we will experience a negative cash flow. And this is the reality," Dr Margaret Chan confirmed to delegates attending the Consultation. Without a rapid injection of funding, polio eradication activities will have to be curtailed, thereby compromising the global polio eradication effort.
- **Endemic countries presented plans to increase domestic resources, as India announces US\$ 290 million contribution:** At the Consultation, the endemic countries outlined specific steps to increase domestic resources. On the same day as the Consultation, India's Finance Minister announced in the Indian Parliament the allocation of up to US\$ 290 million in domestic resources, for polio eradication activities in India during fiscal years 2007/08. The international donor community must now follow suit and commit the necessary resources.

Country Focus

Nigeria

- In 2006, northern Nigeria continued to account for the majority of global cases (1,124 of 1,997 cases). In 2007, 14 cases have been reported.
- The Nigerian delegation to the high-level Consultation on polio in Geneva was led by Mrs Amina Ibrahim, Senior Special Assistant to the President on Millennium Development Goals (MDGs).
- Nigeria is looking at ways to use debt relief funding to help fill the funding gap for polio activities in that country.
- Immunization Plus Days (IPDs) were implemented nationwide on 25-28 January, with IPDs in northern states held on 1-4 March. IPDs in highest-risk Local Government Areas (LGAs) will be conducted on 29 March to 1 April.
- Health experts from the three states which have been classified as 'very high risk' (due to ongoing coverage gaps of >25% during polio campaigns) - Kano, Katsina and Jigawa - have convened several strategic meetings to more effectively plan and implement campaigns across the three states.

India

- In 2007, 11 cases have been reported.
- The Indian delegation to the high-level Consultation on polio in Geneva was led by Mr Naresh Dayal, Secretary of Health and Family Welfare and included Mr R Gopalakrishnan, Joint Secretary to the Prime Minister.
- In January and February 2007, India conducted two National Immunization Days (NIDs), targeting more than 182 million children under 5 years of age, during each campaign.
- These campaigns constituted the first phase of implementation of the intensified eradication strategy recommended by the India Expert Advisory Group on Polio Eradication (IEAG) in December 2006. The focus was - and will continue to be - on rapidly closing the remaining immunity gap in children aged less than two years, through monthly campaigns with monovalent OPV (mOPV) in the highest-risk districts of Bihar and Uttar Pradesh (the only two states with indigenous polio transmission).

Afghanistan and Pakistan

- In 2007, in Pakistan, 5 cases have been reported, and no cases have been reported in Afghanistan.

- The Afghanistan delegation to the high-level Consultation on polio in Geneva was led by Dr N Mojadidi, Advisor to the President on Health and Education, and included Dr F Kakar, Deputy Minister of Public Health.
- The Pakistan delegation was led by Mr M Nasir Khan, Federal Minister of Health, and included the Chief Secretary of Sindh and senior health officials of Balochistan and North West Frontier Province (NWFP).
- The Government of Pakistan is currently working on supplementing the World Bank buy-down, which would fill the funding gap for oral polio vaccine (OPV) this year. Additionally, the Government is working on a 3-year plan to present to the donor community in mid-March, and is exploring options to fund its vaccine requirements through domestic resources.
- In January and February 2007, Afghanistan and Pakistan conducted large-scale supplementary immunization activities (SIAs), targeting 40 million children.
- Focus was on implementing the recommendations of the technical consultation on polio eradication in Afghanistan and Pakistan (December 2006), particularly coordinating campaign activities between the two countries to better access populations living in border areas and mobile populations. Nomadic routes were mapped, and vaccination points were set up at key gathering places. Vaccination points were also set up at major border-crossings between the two countries.
- In Pakistan, during the February sub-national immunization days (SNIDs), the Chief of Health Services (agency surgeon) of the tribal agency in Bajaur, NWFP, and an EPI technician were killed when the car they were travelling in was hit by a roadside bomb. This incident further underlines the often dangerous and difficult conditions under which polio eradication staff in the field are working, in their efforts to eradicate polio.

Re-infected countries

- While the focus of the high-level Consultation on polio in Geneva was on polio eradication in the four remaining countries that have never stopped transmission, delegates highlighted the ongoing risk of international spread of polio. In particular, the Consultation noted the need for intensifying outbreak response in those countries with sustained transmission of imported polio: Central Africa (Angola and the Democratic Republic of the Congo), Horn of Africa (Ethiopia and Somalia), and Bangladesh.
- On 11 February, a serious traffic accident involving three WHO polio staff (1 national and 2 internationals) occurred in Somaliland, Somalia. All three staff members were airlifted to Djibouti for hospitalization, and one was subsequently airlifted to Paris for surgery. This accident, as the incident in Pakistan mentioned above, underlines the risks that polio teams in the field are taking in their efforts to eradicate polio.

The state of polio eradication

The world now has a second and best chance to eradicate polio: almost all outbreaks in re-infected countries after the international spread of 2003-2006 have been stopped. Only four parts of four countries have never interrupted indigenous wild poliovirus transmission: Nigeria, India, Pakistan and Afghanistan. **Global polio eradication depends on the engagement of the leaders of these four countries.**

The tools to eradicate polio are better than ever. The programme now has vaccines which are twice as effective and diagnostic tools that detect and track poliovirus twice as fast as before.

Policies to minimize the risks and consequences of international spread of poliovirus are now in place: travellers to and from polio-endemic countries are advised to be fully vaccinated before travel.

The remaining challenges to a polio-free world are:

- Rapidly overcoming the remaining operational challenges to reaching every child in the four endemic areas of Nigeria, India, Pakistan and Afghanistan.
- Rapidly making available the necessary financial resources to fully implement polio eradication strategies.
- Continue outbreak response activities in the remaining re-infected countries, and minimise the risk and consequences of further international spread of polio.
- Increasing polio vaccination coverage through routine immunization services.