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Monthly Situation Report

All data as of 3 April 2007

For detailed news and latest polio case data by country, updated every week: www.polioeradication.org

Headlines

- **Tribute to ACPE member Aileen Plant:** it is with great sadness that the Global Polio Eradication Initiative bids farewell to Dr Aileen Plant, who passed away tragically and suddenly on 27 March. Dr Plant, a world-renowned epidemiologist and public health leader, was a member of the Advisory Committee on Polio Eradication (ACPE), the technical oversight body of the Global Polio Eradication Initiative. She will be missed personally and professionally.
- **Shortage of funding major threat to global polio eradication effort - campaigns could be scaled back as early as May, putting the eradication initiative at risk:** without an immediate injection of US\$ 60 million, key polio campaigns could be scaled back or cancelled as early as May, putting children in high-risk areas at increased risk of life-long polio paralysis. With endemic countries now outlining steps to increase domestic support for polio eradication, the international donor community must urgently follow suit to fill the global funding gap of US\$ 575 million for 2007-2008. Further information on the funding situation is available at www.polioeradication.org/fundingbackground.asp.
- **Pakistan - PM Shaukat Aziz requests briefing on polio eradication, vows to protect Pakistan's children from polio:** following the high-level stakeholder consultation on polio eradication at WHO on 28 February 2007, Pakistan Prime Minister (PM) Shaukat Aziz requested a full briefing by Federal Minister of Health Mr M Nasir Khan. PM Aziz requested the Ministry of Health undertake the necessary measures to ensure Pakistan becomes polio-free in the shortest possible time-span, and vowed that the government will not allow the children of Pakistan to become disabled because of the disease.
- **India - no type 1 cases in highest-risk districts of western Uttar Pradesh in six months, but persistent pockets of transmission in northern Bihar:** please see 'India' section below, for further information.

Country Focus

Nigeria

- In 2007, 33 cases have been reported.
- On 20 March, a special Interagency Coordination Committee (ICC) convened in Abuja. Plans were outlined to integrate the government's National Programme for Immunization (NPI) with the National Primary Health Care Development Agency, to enhance routine immunization taking place at the primary health care level. All efforts must be undertaken to ensure that such a move does not adversely affect the gains made in polio eradication over the past 12 months.
- Innovative approaches are being undertaken in Nigeria, particularly in engaging religious leaders for polio eradication. In Kano and Katsina states, an increasing number of children are being immunized in Quranic schools. In the eight urban local government areas (LGAs) of Kano, for example, more than 104,000 children were immunized in more than 2,300 Quranic schools during the March Immunization Plus Days (IPDs) - representing 21% of the total target population in these LGAs.
- The next Expert Review Committee on Polio Eradication (ERC) will convene in Katsina state on 3-4 May. Strategic discussions must focus on further improving campaign quality, in particular to rapidly close the ongoing coverage gaps (of >25% during polio campaigns) in the three states classified as 'very high risk' - Kano, Katsina and Jigawa.
- Nigeria is still examining ways to use domestic funding to help fill the funding gap for polio activities in that country. An increase in domestic resources is urgently needed, to rapidly fill Nigeria's funding gap of US\$ 92 million for 2007-2008.

India

- In 2007, 27 cases have been reported, with 11 cases from Bihar state. It is the highest incidence of polio in Bihar year-to-date (YTD), compared to the previous three years (5 cases YTD in 2006; 7 cases YTD in 2005; 4 cases YTD in 2004). A pocket of transmission continues in northern Bihar, as a result of the tail-end of the 2006 outbreak.
- Increased state- and district-level advocacy activities in Bihar are urgently required, to help political leaders at all levels to continue to focus on finishing the job of polio eradication.
- Strong progress is continuing in western Uttar Pradesh against type 1 polio. In the five traditional high-risk districts in/around Moradabad (Moradabad, JP Nagar, Bareilly, Rampur, Badaun) - the epicentre of the 2006 outbreak - no type 1 polio cases have been reported in the past six months, although type 3 cases have been reported this year in these areas of western Uttar Pradesh.

- India conducted its third large-scale supplementary immunization activities (SIAs) of 2007 in March, in the two endemic states of Bihar and Uttar Pradesh, as well as in outbreak areas of re-infected states. This activity follows two national immunization days (NIDs) held in January and February 2007, each one targeting more than 182 million children under the age of five years.
- Conducting SIAs every four weeks in high-risk areas is one of the new tailored approaches in India to try to rapidly close the remaining immunity gap in children aged less than two years (in 2006, 83% of all cases were aged <3 years, with 73% aged <2 years).

Afghanistan and Pakistan

- In 2007, in Pakistan, 6 cases have been reported; no cases have been reported in Afghanistan.
- Key advocacy activities are taking place in both countries. In Pakistan, a high-level meeting of eminent religious scholars was held on 16 March in North West Frontier Province (NWFP). Representing a network of thousands of village imams and political leaders across Pakistan and Afghanistan, the scholars pledged their support for polio eradication, vowing to implement a number of key activities, including issuing an appeal to all mosque imams to support polio teams in their villages. Key meetings were also held with the Governor and Chief Minister of NWFP, to increase support and protection to polio teams in insecure areas. In Afghanistan, President Hamid Karzai's Special Advisor on Health, and the Governor of Kandahar (the most affected province in the Southern Region), are increasingly involved in preparations for SIAs.
- Under the direction of the offices of the Prime Minister and the Minister of Health, Pakistan is exploring the allocation of domestic funding - potentially to the amount of US\$ 105 million - to cover its oral polio vaccine requirements for 2008-2010.
- In March, Pakistan and Afghanistan coordinated the third large-scale SIA of 2007 (following activities in January and February), collectively reaching nearly 20 million children under the age of five years. Focus was again on increasing access to populations in border areas and mobile populations. Nomadic routes were mapped, and vaccination points were set up at key gathering places and at major border-crossings.
- A joint Afghanistan and Pakistan Technical Advisory Group (TAG) will convene in Islamabad on 17-18 April 2007.

Re-infected countries

- In the Democratic Republic of the Congo (DR Congo), expanded outbreak response activities are continuing, as 7 cases have been reported this year. Although no new cases have been reported from Angola this year, undetected circulation cannot be ruled out due to ongoing subnational surveillance gaps (as confirmed by genetic sequencing of the 2006 cases in Angola and some of the 2007 cases from DR Congo). A surveillance review in Angola is ongoing, and will be discussed at the upcoming national Technical Advisory Group (TAG) meeting in April.
- In the Horn of Africa, focus continues on the cross-border transmission area in northern Somalia (Togdher Province) and the Somali region of Ethiopia.
- Niger and Nepal continue to be at particular risk of repeated, isolated polio importations, due to their geographic proximity to endemic areas (northern Nigeria, and Bihar and Uttar Pradesh, India).
- No new cases have occurred in the past three months in Bangladesh, Cameroon, Chad, Ethiopia and Kenya.

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:

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