

NOW, MORE THAN EVER: STOP POLIO FOREVER.



All data as of 12 September 2006

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Headlines

- **New global funding gap:** thanks to contributions received since April 2006, the global funding gap for this year has been reduced to US\$ 50 million. However, these funds are urgently required by October, to ensure that planned activities through the rest of the year can proceed. In addition to the 2006 funding gap, US\$ 390 million are needed for 2007-2008 activities. Of this amount, US\$ 100 million is needed for planned immunization activities in the first half of 2007.
- **Western Uttar Pradesh (UP), India - outbreak continues to spread:** the outbreak in and around Moradabad district, western UP is rapidly spreading, as cases are confirmed in central UP, Haryana, Chandigarh and West Bengal states. In response, India is looking at the feasibility of conducting a more extensive immunization campaign in November, to limit the spread of polio out of western UP.
- **New Horn of Africa strategy launched:** a special Horn of Africa Technical Advisory Group (TAG) endorsed a series of synchronized immunization campaigns across the Horn of Africa. The first campaign was launched on 9 September, to reach more than 3.5 million children across the region over the course of just six days.
- **Afghanistan - increased political engagement in face of outbreak; heroic efforts by field staff:** President Hamid Karzai personally launched the August NIDs and vowed to *"work in close partnership with the UN agencies to eradicate polio and ensure that no Afghan child slips through net"*. Thanks to ongoing heroic efforts by polio staff working on the ground under extremely dangerous conditions, the outbreak in the Southern Region has not spread to other parts of the country.

Country Focus

Nigeria

- In 2006, cases in northern Nigeria account for two-thirds of all global cases (803 of 1,228 cases). Five states in the north of the country - Bauchi, Jigawa, Kaduna, Kano and Katsina - remain the global epicentre of polio and account for more than half (53%) of all global cases and 80% of Nigeria's cases.
- The recently launched Immunization Plus Days (IPDs) - conceived to increase political and community leadership in northern states by offering additional health benefits to OPV such as measles and DPT vaccination, insecticide-treated bed nets and de-worming medicine - have increased civic engagement in polio eradication activities. The focus must now be on increasing coverage during IPDs, by reaching every child.
- The most recent IPDs were held on 7-11 September, with additional IPD rounds planned for 2-6 November and 7-11 December. OPV will also be added to the measles campaign in southern Nigeria on 3-9 October.

India

- The outbreak centred in and around Moradabad district, western UP, continues to intensify, with polio spreading to previously polio-free areas within the country. The risk of further international spread is extremely high. In response, India is looking at the feasibility of conducting a more extensive immunization campaign in November, to limit the spread of polio within and out of western UP.
- Moradabad and surrounding districts now account for over half (52%) of India's cases in 2006 (148 of 283 cases). By comparison, for the same period in 2005, only 29 cases had been confirmed in the entire country. By contrast, strong progress continues to be achieved in Bihar state - with only 17 cases reported in 2006 - again demonstrating that polio eradication strategies work, if implemented correctly.
- Although some improvements in coverage were noted during the June and July supplementary immunization activities (SIAs) in Moradabad, such improvements must be sustained through several rounds until an impact can be felt. In the interim, a continuing increase in cases is expected.
- Success in stopping the current outbreak in western UP and eradicating polio once and for all lies with stronger government ownership at national, state and district level. For example, more than 40% of government medical officer positions in key districts of western UP remain vacant, and must be urgently filled.

Afghanistan and Pakistan

- In Afghanistan, after great progress, the deteriorating security conditions in the Southern Region of Afghanistan have led to a large polio outbreak in 2006 (26 cases, compared to 4 cases for the same period in 2005).
- Given the security situation, the immediate objective is to ensure the safety of staff working under extremely dangerous conditions, while ensuring that polio does not spread out of the Southern Region.
- Key to increasing access is stronger government involvement. President Hamid Karzai personally launched the last NIDs in August, and established a 'National Polio Action Group', involving governors of the Southern Region to oversee the development of plans to increase access in highest-risk districts.
- In Pakistan, 17 cases have been reported this year (compared with 15 cases for the same period in 2005, and with reduced genetic diversity).
- Pakistan is continuing to synchronize activities with Afghanistan, to increase coverage in the shared corridor of transmission ranging from Afghanistan's Southern Region, into Pakistan's Balochistan, and northern Sindh/southern Punjab.
- Political engagement in Pakistan must be strengthened, in particular in the Federally Administered Tribal Areas (FATA) region of North West Frontier Province (NWFP). With strong political oversight from Islamabad, efforts must increase in reaching every child in the FATA region.

Horn of Africa

- Thanks to strong efforts in the Horn of Africa, polio transmission appears restricted to a cross-border area in the Somali region, Ethiopia, and north/central Somalia.
- Reaching every child in these areas has proved extremely challenging, due to frequent population movements, large nomadic populations, porous borders, and in some areas insecurity and civil conflict. This has resulted in persistent coverage gaps in these key areas.
- To urgently address these coverage gaps, a special Horn of Africa TAG was convened on 14-15 August in Addis Ababa, Ethiopia.
- The Horn of Africa TAG endorsed a number of key strategies, including a series of Horn of Africa synchronized polio immunization activities. The first such campaign was launched on 9 September, to reach more than 3.5 million children in Somali region, Ethiopia, Somalia, Djibouti, and northern provinces of Kenya.
- Additionally, efforts are increasing to engage community and religious leadership, and involve nomadic leaders to ascertain nomadic routes and determine opportunities to reach every child. In Somalia, 15 of the 30 cases confirmed this year are from nomadic populations.
- The next Horn of Africa synchronized immunization campaigns will be held in November, and again in December, as well as throughout 2007.

Angola, Democratic Republic of Congo (DR Congo) and Namibia

- In Angola, a wild poliovirus case (onset of paralysis on 27 June) confirms undetected poliovirus circulation in 2006. Erroneous strategic decisions by Angola about the number of SIAs to be conducted have contributed to ongoing transmission in the country.
- In 2006, Angola is one of three countries to actively export polio to other countries (along with Nigeria and India). Poliovirus from Angola re-infected Namibia, as well as DR Congo (DR Congo suffered two separate importations from Angola).
- Outbreak control measures are continuing in all three countries.

Indonesia

- A joint National/International Surveillance Review recently concluded that due to subnational surveillance gaps, it could not be confirmed that wild poliovirus transmission has been interrupted. Isolation on 14 April of a wild poliovirus in a contact in Aceh is evidence of ongoing transmission at least through April.
- The review team recommended the continuation of SIAs, including adding OPV to all planned measles campaigns, and conducting separate OPV mop-up campaigns in Aceh and key districts of north Sumatra.

The state of polio eradication

In 2005, the world moved several critical milestones closer to polio eradication, including the successful introduction of the monovalent oral polio vaccines, visible progress in the hardest endemic areas and an end to west and central Africa's epidemic (outside Nigeria).

Only 4 countries are still polio-endemic - an all-time low: Nigeria, India, Pakistan and Afghanistan.

In addition to the endemic countries, ten countries have reported polio cases in 2006 due to importations (Somalia, Yemen, Indonesia, Bangladesh, Ethiopia, Angola, Namibia, Niger, Nepal and DR Congo).

The strategies and tools to eradicate polio are known. Challenges to stopping polio transmission can be met.

The remaining challenges to a polio-free world are:

- Strengthening political commitment at national, state and district level.
- Curbing the intense transmission in the high-priority states in northern Nigeria and western Uttar Pradesh, India.
- Sustaining campaigns to break the final polio chains in the other two endemic countries.
- Rapidly stopping polio outbreaks in previously polio-free countries.
- Addressing low routine immunization rates and surveillance gaps in polio-free areas.
- Maintaining funding commitment.