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polionews

A Newsletter for the Global Polio Eradication Initiative by the World Health Organization in association with Rotary International, the U.S. Centers for Disease Control and Prevention and United Nations Children's Fund

WHO Director-General makes polio eradication 'top operational priority'

Following World Health Assembly resolution calling for further intensification of activities

At Rotary International's annual Convention in June, Dr Margaret Chan, Director-General of the World Health Organization (WHO), declared polio eradication the agency's 'top operational priority'. Addressing 20 000 Rotarians and the global media, Dr Chan said, "Polio eradication is not just about eradicating polio, it is about our ability as a society to reach all children to attain the United Nations Millennium Development Goals." She went on to call on WHO senior staff at country, regional and headquarter levels to ensure all administrative and operational bottlenecks within the agency are unblocked.

The announcement came weeks after the World Health Assembly (WHA), the policy-setting body for WHO, issued a resolution entitled "Poliomyelitis: mechanism for management of potential risks to eradication". The WHA resolution, which is unusual in its call to action to individual polio-endemic countries, was spurred by data released 12 months into the intensified polio eradication effort, which show Asia close to eliminating type 1 polio – the most paralytic strain of poliovirus. Concerned by setbacks in Africa, however, the resolution calls on Nigeria to reduce the risk of international spread of poliovirus by ensuring that all children in the north of the country are vaccinated against polio. ■



A vaccinator walks towards a village along a churned-up mud road in Bihar, India. Staff capacity in hard-to-reach parts of Bihar has been doubled since November 2007, allowing intense and continuous assistance during vaccination campaigns. Such redeployment of resources and fast-tracked administrative procedures are a critical part of the operational improvements also necessary in northern Nigeria, along with stronger supervision, training and micro-plans.

Presidential action following international alert on spread of polio from Nigeria



The government of Nigeria has set in motion new emergency measures to respond to an escalating type 1 polio outbreak that is a major threat to its polio eradication efforts, as President Umaru Yar'Adua publicly stated his intention "to do everything humanly possible to ensure that polio is finally and totally eradicated from Nigeria." Backed by a Presidential

Type 1 polio can be stopped in Nigeria with swift operational improvements such as monitoring the proportion children found outside the home with fingers marked with indelible ink to show that they are vaccinated.

Initiative for Immunization and Child Survival, a Steering Technical Committee on Polio Eradication – headed by the Minister of Health of Nigeria – is now to be advised by a high-level Task Force mandated to improve eradication activities in the country.

On the heels of this development, the Expert Review Committee on Polio Eradication and Routine Immunization in Nigeria (ERC) met in Kano and concluded that the outbreak is due to a failure to vaccinate: only 42% of children in states with a high burden of polio have three or more doses of vaccine, against 87% in polio-free states. The outbreak is concentrated in the north; over a third of the 483 cases reported

from Nigeria to date this year are from Kano state alone. The ERC stressed that mechanisms are needed to ensure that the high-level political commitments are translated into local government accountability for high-quality implementation of polio campaigns.

Over the past months, polio from northern Nigeria has spread west to Benin, north to Niger and east to Chad, and the possibility of further spread is magnified by large-scale population movements across Africa for the Hajj (annual pilgrimage to Mecca, Saudi Arabia). WHO has officially notified its Member States of this growing risk. ■

now, more than ever **stop polio forever!**



Helping to stop polio today; formulating strategies for tomorrow

Research for polio eradication

Polio eradication is associated in the imagination with mass vaccination campaigns in endemic and high-risk countries and active disease surveillance for acute flaccid paralysis (AFP). What few realize is that these eradication activities, conducted by millions of volunteers and health workers every day around the world, are underpinned by an extensive programme of research.

In 2008, the Global Polio Eradication Initiative (GPEI) has been intensifying its research agenda on polio eradication, with two objectives:

1. to identify and evaluate new tools and tailored tactics to ensure eradication efforts avail of cutting-edge knowledge.
2. to broaden and deepen the knowledge base necessary for policy decisions associated with the post-eradication era. Such policies will help ensure that the long-term risks of polio – once wild poliovirus transmission has been interrupted globally – are minimized and appropriately managed.

The research programme on polio eradication already encompasses dozens of projects from

a wide range of core scientific disciplines. To help strategically guide this research agenda, a Polio Research Committee (PRC) was recently established, comprised of eminent independent experts in the fields of virology, epidemiology, sociology and public health from around the world. The group held its inaugural meeting in Geneva, Switzerland, in May 2008, under the auspices of the Advisory Committee on Poliomyelitis Eradication, the global body providing strategic guidance to the GPEI.

Polio research takes centre stage : Inaugural Research Committee convened

In the first PRC meeting, the GPEI spearheading partners provided the new committee with an overview of ongoing and completed research in the field of polio eradication. The group then discussed such topics as the development of new polio vaccines, social attitudes towards vaccination and mathematical modelling of long-term poliovirus risks.

The PRC reviewed and endorsed studies that will help interrupt wild poliovirus transmission and prepare for the post-eradication era. Studies approved include: a collaboration between the Imperial College of London and WHO to further elucidate the efficacy of monovalent vaccines in India, Nigeria and Pakistan; service delivery audits and behavioural research to identify barriers to and op-

portunities for improving polio eradication activities, particularly in Nigeria and Pakistan; and several studies to outline a range of affordable strategies for the use of inactivated polio vaccine (IPV) in the post-eradication era. In total, the PRC approved research proposals valuing a total of US\$ 2.8 million.

The group will next convene in November 2008, to review external research proposals from potential new collaborators and recommend appropriate funding levels. The PRC also aims to further engage interested parties and stakeholders in the research agenda for polio eradication. ■



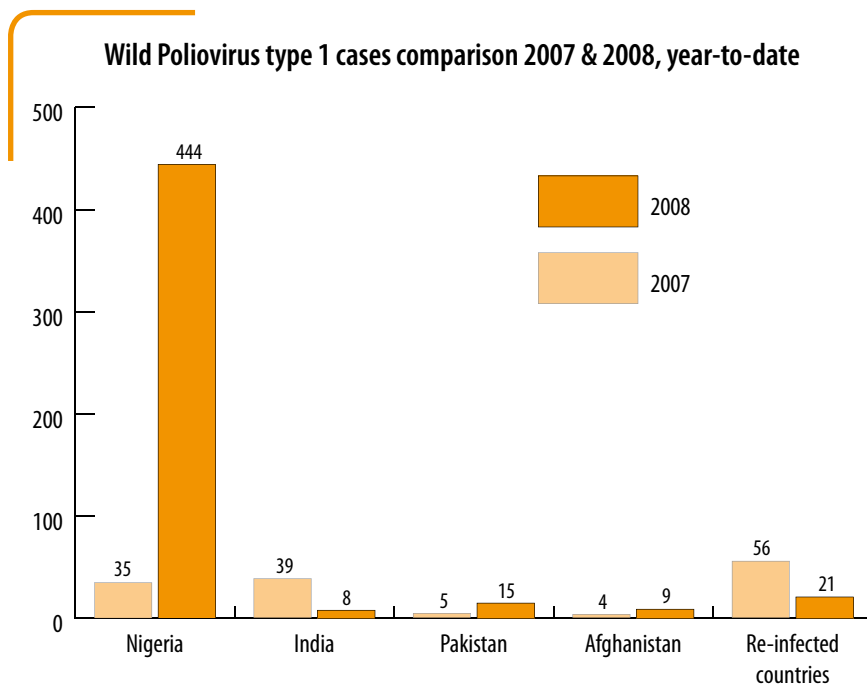
A needle-free injection device. Just one of a vast array of research activities in polio eradication: the evaluation of the benefits of needle-free injection devices to deliver inactivated polio vaccine (IPV) in areas with logistical, safety and needle-disposal concerns.



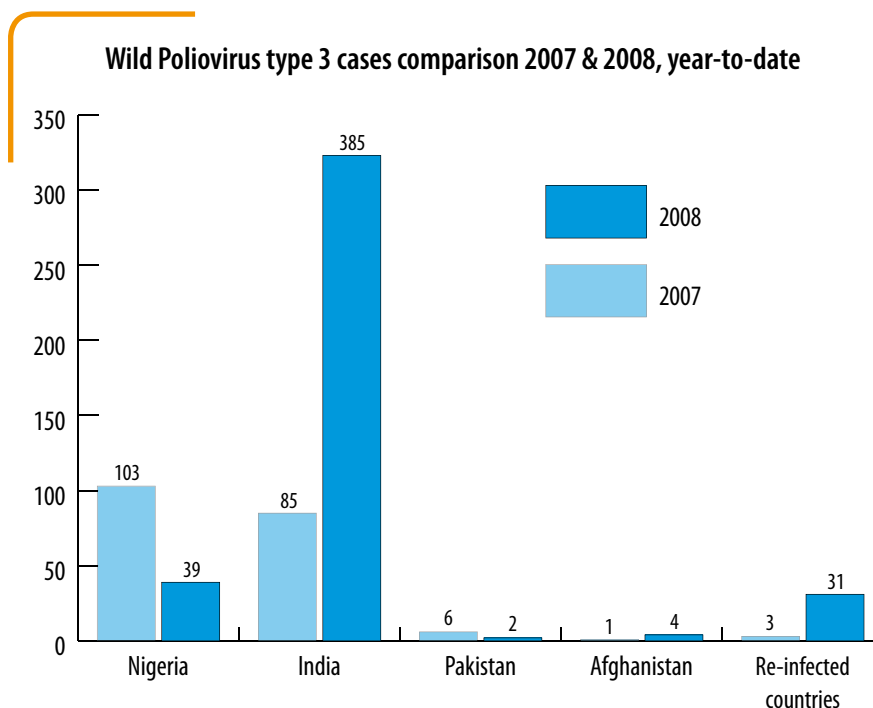
Polio Pipeline newsletter launched

A new quarterly newsletter has been launched to keep partners and the scientific community informed about what is coming down the pipeline in the increasingly complex world of research for the Global Polio Eradication Initiative. The Polio Pipeline is developed by the Research and Product Development team of the Polio Eradication Department at WHO. Delivered in electronic format only, the Polio Pipeline is envisioned as an effective means of keeping all partners up-to-date on the goals, strategies and status of ongoing and pending research. To subscribe to the Polio Pipeline, please send an email to polioresearch@who.int. ■

Wild poliovirus type 1 and wild poliovirus type 3 in 2008



India is reporting the lowest incidence of type 1 polio in the first six months of any year. Type 1 transmission is low elsewhere, suggesting that Asia is close to stopping transmission. However, the large type 1 outbreak in Nigeria reflects an urgent need to improve operations. ■



Although a type 3 outbreak in India is waning, pressure needs to be maintained on type 3 with use of appropriate vaccines while interruption of type 1 transmission is prioritized. ■

2007 data as of 31 July 2007 and 2008 data as of 29 July 2008

Pakistan takes action following WHA resolution

Pakistan's Federal Ministry of Health convened an Urgent Consultation on polio eradication soon after the World Health Assembly, where Pakistan was among the three Asian countries specifically urged to work towards an end-2008 goal to stop type 1 poliovirus transmission.

Since the previous Technical Advisory Group meeting in February, objective new finger-marking monitoring data gathered in Pakistan has clearly demonstrated that children are being missed in three reservoir areas, most notably Karachi. Pakistan has reported a tripling of type 1 cases in 2008 over the same period in 2007. As over half the cases were reported from Sindh province, the June consultation was held in the provincial capital Karachi. National and international experts in the group identified priorities for increasing

vaccination coverage by fully engaging the civil bureaucracy in Sindh – particularly in Karachi. The government endorsed the recommendation for Provincial Steering Committees, which would oversee District Task Forces run by District Coordination Officers. Chief Minister of Sindh Syed Qaim Ali Shah subsequently announced the establishment of the Sindh Provincial Steering Committee and launched the vaccination campaigns in the province.

The consultation also noted the range of innovative approaches adopted in North West Frontier Province to increase the proportion of children vaccinated, despite the growing complexity of the security situation. In Baluchistan, where a limited number of districts remain at high risk, Chief Minister Nawab Muhammad Aslam Raisani took part in the vaccination campaign in Quetta. ■



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Highway authorities are taking part in polio eradication efforts by posting signage and actively seeking out children in cars and buses passing through toll-ways and other transit points. The spike in cases in Karachi, Pakistan's largest metropolis and a magnet for migrant communities, underscores the importance of reaching children on the move.

G8 Summit renews support of polio eradication

At their summit in Toyako, Japan in July, G8 leaders stated that in order "to maintain momentum towards the historical achievement of eradicating polio, we will meet our previous commitments to maintain or increase financial contributions to support the Global Polio Eradication Initiative, and encourage other public and private donors to do the same." The G8 accounts for over half of all contributions to the Global Polio Eradication Initiative (GPEI).

This statement was welcomed by the Bill & Melinda Gates Foundation (BMGF), which pledged an additional US\$ 150 million and encouraged the G8 countries to translate their commitments into "real financial resources". The partners in the GPEI are working with the BMGF to finalize this commitment, so that funds are quickly made available for eradication activities in polio-affected countries.

The G8 statement also reflected the need for cross-sectoral cooperation in order to achieve the Millennium Development Goals (MDGs), advocating a "multi-faceted approach to development, promoting synergies among MDG-related development sectors particularly among health, water and education". ■



Full circle: Polio survivor returns to birthplace

To "come full circle" is to go through a series of developments that lead back to the original situation or to a complete reversal of the original position. Gautam Lewis, a 31-year-old polio survivor from India has

done just that – returning to his birthplace of Kolkata, India's third largest city, to take part in Sub-National Immunization Days in July. The trip was a personal journey to his past as well as a mission to stop the disease that crippled him. Kolkata is the capital of West Bengal, a non-endemic state which has reported two cases of polio this year.

Abandoned after contracting polio at age three, Lewis left India after he was adopted. When he learned through Rotary International of the global effort against polio, Lewis became an advocate of polio eradication and has travelled to two vaccination campaigns in India already. Thanks to increasing contributions from Indian Rotarians, India has risen to fourth position worldwide in per-country giving to the Rotary Foundation. Gautam Lewis' story will be told in a photo exhibition entitled "Full Circle," at London's Menier Gallery on 13-19 October 2008. ■

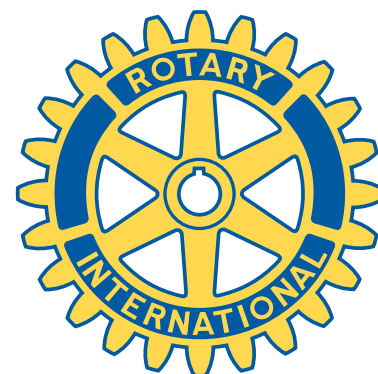
Full circle: Gautam Lewis takes a child with polio and his mother to the Rehabilitation Centre for Children in Kolkata, India.



Rotary launches US\$ 100 million challenge fundraiser

At its annual convention, held in Los Angeles, USA, in June, Rotary International launched a US\$ 100 million fundraising effort, to match a grant contributed to Rotary for polio eradication late last year from the Bill & Melinda Gates Foundation. For the first time in the history of the Global Polio Eradication Initiative, the chiefs of all four spearheading partners together addressed the nearly 20 000 Rotarians gathered for the occasion.

The unique role of Rotary in polio eradication was the common theme of the four keynote speakers – from raising money and vaccinating children to advocating with world leaders for support. Robert S. Scott, 2007-08 Rotary Foundation Trustee Chair chair and head of Rotary's International PolioPlus Committee, outlined the dramatic reduction in the number of polio cases and polio-endemic countries since 1988 before challenging the assembled Rotarians: "Who says we can't eradicate polio?" In typical Rotarian response, US\$ 20 million has already been mobilized by the time this newsletter goes to print. ■



Partnership against polio: (from left) Dr. Julie Gerberding, Director of the U.S. Centers for Disease Control and Prevention; Robert S. Scott, 2007-08 Chair of The Rotary Foundation; Dr. Margaret Chan, Director-General of the World Health Organization; and Ann Veneman, Executive Director of UNICEF.



Malaysia doubles contribution to polio eradication

At the World Health Assembly this past May, Malaysian Health Minister Datuk Liew Tiong Lai pledged US\$ 1 million on behalf of his government to support the global effort to eradicate polio. "Malaysia is fully supportive of WHO's initiative for global polio eradication," said the minister as he made the contribution, which brings Malaysia's total funding to US\$ 2.13 million. ■

Dr David Heymann, Representative for polio eradication of the WHO Director-General, thanking Dr Hasan Abdul Rahman, Director of the Disease Control Division in the Ministry of Health for Malaysia's latest contribution to global polio eradication.

New contributions: June - August 2008 (All figures US\$ millions)

| Donor | 2008 | 2009 | 2008-2009 |
|---|-------------------|--------------------|--------------------|
| Bangladesh HNPSP Pooled Funds | US\$ 0.50 | US\$ 0.50 | US\$ 1.00 |
| Bill and Melinda Gates Foundation | US\$ 48.00 | US\$ 102.00 | US\$ 150.00 |
| US Centers for Disease Control and Prevention (CDC) | US\$ 6.60 | | US\$ 6.60 |
| Japan | US\$ 14.95 | | US\$ 14.95 |
| Malaysia | US\$ 1.00 | | US\$ 1.00 |
| Nigeria | US\$ 3.52 | | US\$ 3.52 |
| OPEC Fund | US\$ 1.00 | | US\$ 1.00 |
| Pakistan | US\$ 2.84 | | US\$ 2.84 |
| Russian Federation | US\$ 4.94 | US\$ 5.06 | US\$ 10.00 |
| Total | US\$ 83.35 | US\$ 107.56 | US\$ 190.91 |

Publications and resources on www.polioeradication.org

- WHO secretariat report on polio eradication to World Health Assembly (WHA)
- WHA resolution 61.1 "Poliomyelitis: mechanism for management of potential risks to eradication"
- Global Polio Eradication Initiative Annual Report 2007
- Report of India Expert Advisory Group, May 2008
- Report of Expert Review Committee for Polio Eradication and Routine Immunization in Nigeria, July 2008
- *The Polio Pipeline*, Issue 01, Summer 2008
- Financial Resource Requirements 2008-2012 (as of August 2008). ■

Events

- "Full Circle" photo exhibit on one polio survivor's return home, 13-19 October, United Kingdom
- Regional Certification Commission for polio eradication in the WHO African Region, 20-24 October, Namibia
- International PolioPlus Committee of the Rotary Foundation, 23-24 October, USA
- Strategic Advisory Group of Experts on Immunization, 4-6 November, Switzerland
- Advisory Committee on Poliomyelitis Eradication, 17-19 November, Switzerland
- Polio Research Committee, November, Switzerland
- Task Force on Immunization in Africa, 3-6 December, Mauritius. ■

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