



Polio News

Eradication

Issue 10 – December 2000



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A Newsletter for the Global Polio Eradication Initiative
Department of Vaccines & Biologicals
World Health Organization
in association with Rotary International,
United Nations Children's Fund and the
Centers for Disease Control and Prevention

Western Pacific Region certified polio-free

OVER 1000 people from the WHO Western Pacific Region (WPRO) and around the world gathered in Kyoto, Japan on 29 October to celebrate WPRO's certification as polio-free. Certification was declared by the Regional Certification Commission on Poliomyelitis Eradication (RCC) at the Meeting on Poliomyelitis Eradication in the Western Pacific. The RCC confirmed that no new cases of

indigenous polio were detected in WPRO in the last three years even with certification-standard surveillance for the virus.

The Partnership
A strong regional partnership achieved WPRO certification, involving WPRO countries and areas, the governments of Australia and Japan, WHO, Rotary International, Rotary District 2640 and 2650 of Japan, CDC, UNICEF, and many other governments and nongovernmental organizations.

Certification of a region of such diverse populations, cultures, geographies, economies and health infrastructures confirms the potency and transferability of polio eradication strategies. This Region of 37 countries and areas includes the country with the largest population in the world, the People's Republic of China.

Dr Shigeru Omi, Director of the WHO Regional Office for the Western Pacific said, "Tomorrow, our work doesn't stop. We must maintain our polio-free status through vigilant monitoring and surveillance". ♦



Global Polio Partners' Summit – making good on the pledges



Photo: © WHO

Secretary-General of the UN, Kofi Annan and Thaddeus Farrow, paralysed by polio, with mother Mia Farrow, starting the countdown to a polio-free world at the Global Polio Partners Summit. The countdown clock donated by Omega is on display in the UN Visitor's Centre in New York until 2005.

THE Global Polio Partners' Summit held on 27 September included 350 representatives from donor countries, the private sector, polio endemic countries, the media and the polio partner agencies. The Summit has already made an impact on the three key challenges to certifying the world polio-free by 2005:

■ Closing the US\$ 450 million funding gap: shortly after the Summit,

the UK's Department for International Development (DFID) announced a US\$ 50 million donation for polio eradication activities – see page 6.

■ Securing access to all children, including those in conflict-affected areas: a ceasefire in Afghanistan was widely observed during national immunization days (NIDs) in October and November – see page 2.

■ Maintaining political commitment in both endemic and polio-free countries: 13 heads of state and first ladies have participated in launching synchronized NIDs in west and central Africa – see page 2 ♦

“Our race to reach the last child is a race against time. If we do not seize the chance now, the virus will regain its grip and the opportunity will elude us forever.”

*Mr Kofi Annan
Secretary-General of the UN
Global Polio Partners' Summit*



Unprecedented political commitment in west and central Africa

WHEN heads of state have a personal stake in polio eradication, access to children, funding, social mobilization and the overall quality of activities can dramatically improve. Such commitment was amply demonstrated during the rounds of synchronized NIDs in west and central Africa this October and November (see lead story, Polio News 9). During the launch in Karma, Niger, two presidents stood side-by-side in support of the synchronized NIDs. “These national immunization days must be above all days of sharing and solidarity, and also days of peace,” said President Konare, the Chairman of the Economic Community of West African States (ECOWAS) and President of Mali. President Tandja of Niger encouraged those present to “know that your brothers and sisters across the region are supporting you.”

In Nigeria, President Obasanjo also led the region by launching the October and November NID rounds: “The wild poliovirus respects no boundaries, we shall continue to utilize the benefits of synchronization with our neighbours to ensure no area is left uncovered.”



Photo: © C. McNeil/WHO

“I would like today’s gesture to be repeated by every other head-of-state.”
President Alpha Oumar Konare of Mali at regional launch of the synchronized NIDs, with President Tandja of Niger – October 19, Karma, Niger.

President Deby of Chad presided over his country’s launch, asking all government members to supervise NIDs around N’Djamena. President Kumba Yala of Guinea Bissau and President Yaya Jajeh of Gambia launched NIDs in their countries. In Benin, the Central African Republic, Côte d’Ivoire, Ghana, Guinea and Liberia, first ladies, ministers of health and prime ministers aided the NID launches and pledged their commitment to polio eradication. ♦

Ceasefire improves access in Afghanistan



Photo: © F. Tangemann/WHO

House marking during house-to-house immunization, implemented for the first time in Afghanistan as a whole this October, is critical to ensure every child is reached. More than 30 000 volunteers and health workers participated using vehicles, horses, camels, mules and in some cases walking on foot for days to reach remote populations. In the case of Badakhshan province, vaccines and supplies were transported through neighbouring Tajikistan across the river Oxus, then back to Darwaz, Afghanistan. Health workers travelled on foot for 12 days to reach the remote district. Across Afghanistan, additional ‘floating’ teams targeted checkpoints, main bus stops, markets and Kabul airport to reach any children missed by house-to-house vaccinations.

NEGOTIATED ceasefires paved the way for NIDs from 10 to 12 October and from 13 to 15 November in Afghanistan, targeting 5.3 million children under five with OPV.

Afghanistan is one of the 10 global polio priority countries identified in the Strategic Plan 2001-2005. Ongoing conflict makes the implementation of vaccination and surveillance activities particularly challenging. Access issues are compounded by a damaged infrastructure and significant numbers of displaced people.

During 1999 and early 2000, NIDs reached more than 3.5 million children under five. In the October NIDs, 5.7 million children were reached in 330 districts of Afghanistan.

The success of the UN Secretary-General and others in establishing access, cease-fires and ‘Days of Tranquillity’ for NIDs in Afghanistan, Sierra Leone, Democratic Republic of the Congo, Peru and elsewhere demonstrates the feasibility of working successfully in conflict-affected areas. In Afghanistan, five further NIDs are planned during 2001 and four NIDs in 2002. ♦

No polio for two years in European Region

Polio eradication has reached another landmark with the two-year anniversary of the last case of polio in the WHO European Region. No trace of wild poliovirus has been found in the Region since Melik Minas, a 33-month-old boy, was paralysed with polio in Turkey in November 1998. He had never been vaccinated. The European Region is on track to be certified polio-free in 2002. ♦

AFP and polio reporting, year-to-date*

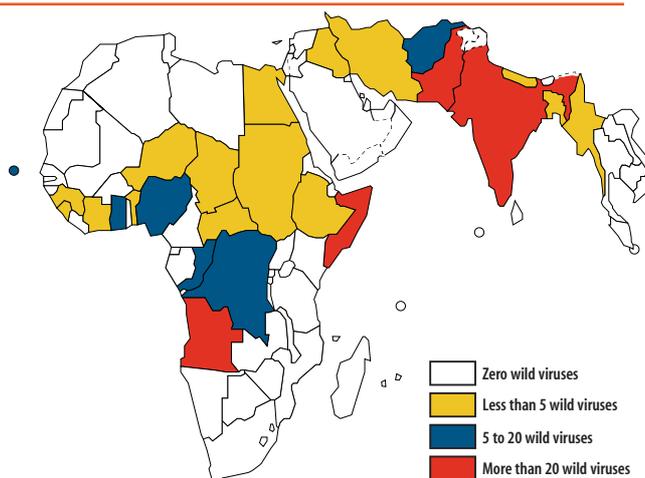
*Data received at WHO Geneva as of 7 December 2000.

	as of 7 December 1999				as of 7 December 2000*			
	Non-polio AFP rate	Adequate stool specimens	Polio confirmed cases	Wild polio virus cases	Non-polio AFP rate	Adequate stool specimens	Polio confirmed cases	Wild polio virus cases
African Region	0.70	31%	2600	180	1.30	55%	1180	116
Region of the Americas	0.86	74%	0	0	0.97	74%	0	0
Eastern Mediterranean Region	1.16	68%	535	292	1.38	70%	366	201
European Region	0.97	70%	0	0	1.18	80%	0	0
South-East Asia Region	1.35	73%	2095	764	1.70	81%	439	204
Western Pacific Region	1.05	85%	0	0	1.09	89%	0	0
Global total	1.08	67%	5230	1236	1.15	77%	1985	521

Wild poliovirus in 2000**

Country	Wild viruses 2000	Last virus date of onset	Country	Wild viruses 2000	Last virus date of onset
Angola	53	Sept-00	Afghanistan	18	Aug-00
Benin	1	March-00	Egypt	3	May-00
Cape Verde	9	Oct-00	Iran	1	Sept-00
CAR	3	July-00	Iraq	4	Jan-00
Chad	4	June-00	Pakistan	128	Oct-00
Congo	15	Oct-00	Sudan	4	July-00
Côte d'Ivoire	1	July-00			
DRC	12	Sept-00	Bangladesh	1	Aug-00
Ethiopia	1	March-00	India	200	Nov-00
Ghana	5	Oct-00	Myanmar	2	Feb-00
Guinea	3	Oct-00	Nepal	1	Jan-00
Niger	1	Jan-00			
Nigeria	7	Oct-00			
Sierra Leone	1	July-00			
Somalia	43	Sept-00			

**Region Data as of:
 AFRO October 2000
 EMRO 13 November 2000
 SEARO 13 November 2000



NIDs calendar for polio-infected countries***

***Those countries with confirmed or probable wild poliovirus circulation at the beginning of 2000.

Region	Country	Type of activity	December 2000	January 2001	February 2001
Africa	Angola	SNIDs			Feb-01 ^{Round 1}
	Cameroon	NIDs		24-Jan-01 ^{Round 2}	
	CAR	NIDs	20-Dec-00 ^{Round 2}	20-Jan-01 ^{Round 2}	
	Chad	NIDs			
	Congo	SNIDs	Dec-00		
	Côte d'Ivoire	NIDs		25-Jan-01 ^{Round 2}	
	Equatorial Guinea	NIDs	15-Dec-00 ^{Round 2}		
	Ethiopia	NIDs	15-Dec-00 ^{Round 2}		
Eastern Mediterranean	Nigeria	NIDs		20-Jan-01 ^{Round 3}	
	Afghanistan	SNIDs		30-Jan-01 ^{Round 1}	
	Egypt	NIDs		02-Jan-01 ^{Round 2}	
	Iraq	NIDs	16-Dec-00 ^{Round 2}		
	Pakistan	Cross border		30-Jan-01 ^{Round 1}	
		NIDs		30-Jan-01 ^{Round 1}	
South East Asia	Sudan	NIDs			18-Feb-01 ^{Round 1}
	Sudan (Southern)	SNIDs	04-Dec-00 ^{Round 2}		15-Feb-01 ^{Round 1}
		NIDs			
	Bangladesh	NIDs	17-Dec-00 ^{Round 2}		
Region of the Americas	India	NIDs	10-Dec-00 ^{Round 1}	21-Jan-01 ^{Round 2}	
	Myanmar	NIDs	10-Dec-00 ^{Round 2}	14-Jan-01 ^{Round 2}	
	Mop-Up				Feb-01 ^{Round 1}
	Nepal	NIDs	09-Dec-00 ^{Round 1}	20-Jan-01 ^{Round 2}	

This calendar reflects information known to WHO/HQ at the time of print. Some NID dates are preliminary and may change; please contact WHO/HQ for up-to-date information, or go to www.polioeradication.org
 ◆ Includes vitamin A supplementation ✎ Includes measles vaccination

OPV in 2001 – optimizing the supply

ACCCELERATING polio eradication activities in polio endemic and high-risk countries in 1999 and 2000 almost doubled annual OPV demand to over two billion doses. Country and regional managers can take steps to ensure adequate supply for 2001.

- Demand can be adapted to meet supply
Balancing regional and global priorities with available supplies is a necessary exercise, involving periodic global reviews of activities, regular update meetings between WHO, UNICEF and manufacturers, and ongoing monitoring and consultation between partners at HQ, regional and country levels.
- OPV use in the field can be optimized by:
 - conducting high quality supplementary immunization activities, ensuring that every child is reached with potent OPV;¹
 - using the Vaccine Vial Monitor (VVM);²
 - implementing the multiple dose vial policy (MDVP);³
 - ensuring effective stock management at all levels.

The vaccine vial monitor (VVM) enables vaccinators to verify vaccine potency accurately at the time of administration.



Photo: © WHO

Implementing a combination of these policies can transform an initial crisis into a more manageable issue. Major OPV supply problems can be prevented provided information flows, optimization and stock monitoring remain strong. ♦

¹ Key elements for improving supplementary immunization activities for polio eradication, July 2000, WHO/V&B/00.22.
² Making use of vaccine vial monitors: flexible vaccine management for polio supplementary immunization activities, April 2000, WHO/V&B/00.14.
³ WHO Policy Statement: The use of opened multi-dose vials of vaccine in subsequent immunization sessions, March 2000, WHO/V&B/00.09.



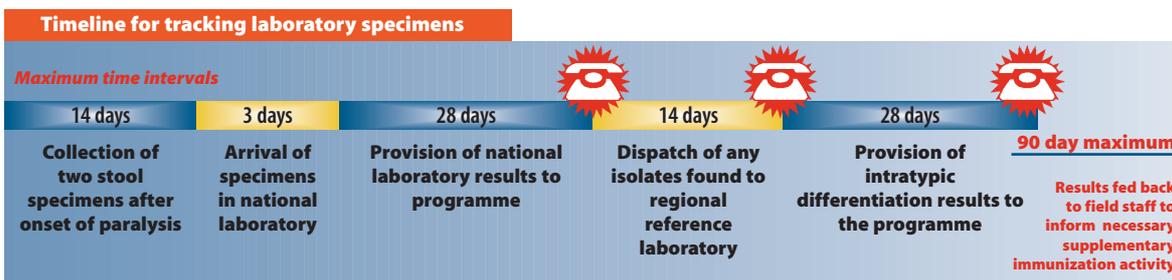
Tracking laboratory specimens – everybody's responsibility

As the Global Polio Eradication Initiative gets closer to interrupting the final chains of wild poliovirus transmission, individually tracking every suspected paralytic polio case is crucial. This is the responsibility of WHO's country surveillance staff, country managers and laboratory network staff. Certification-standard surveillance followed by prompt virological examination and feedback to field staff is critical to effectively target supplementary immunization activities.

Surveillance, epidemiological and laboratory staff must work closely together to ensure every

specimen is tracked as a matter of urgency. The table below indicates the maximum timelines for national and WHO personnel to follow-up on individual cases.

The globally recommended indicator of surveillance efficiency is that the entire surveillance process – from onset of paralysis to obtaining final genetic sequencing results – should take *no more than 90 days*. A positive or negative result should be known *within 28 days*. A reduction in the recommended maximum time to 60 days may be considered at the Global Technical Consultative Group Meeting in May 2001. ♦



Roger Moore and Rotary in Ghana NIDs



Photo: © UNICEF

Roger Moore, UNICEF Goodwill Ambassador, helped to launch the NIDs in Ghana this October, alongside the First Lady of Ghana, the Minister of Health and Rotarians from the United States and Ghana.

Addressing the mass rally, Roger Moore said, “I want you to pass on the message to all mothers, fathers, big brothers and big sisters that all children



Photo: © Rotary International

Rotary volunteers in Ghana

93 Rotary volunteers from the western United States participated in this year’s third NID in Ghana. The group worked with Ghanaian Rotary volunteers to help at immunization posts, deliver OPV, transport health workers and recruit fellow volunteers to assist during the NID.

under five must be immunized. We have to fight polio, we have to eradicate it, and it can be done”. The First Lady, Mrs Konadu Agyeman-Rawlings pledged the support of the Government to immunize every child.

Mr Moore and a team of public health nurses conducted house-to-house immunizations in Accra and in fishing communities and schools. ♦

Bill Gates visits New Delhi clinic

This September Bill Gates, Co-Founder of the Bill & Melinda Gates Foundation, made a private visit to the Chanakyapuri immunization clinic in New Delhi, accompanied by Dr Bruce Aylward, WHO’s Global Polio Eradication Initiative Coordinator, and Mr O.P. Vaish of Rotary International’s Board of Directors. Mr Gates immunized over 20 children with OPV and filmed two public service announcements supporting polio eradication and immunization.

In a statement from the clinic to the Global Polio Partners’ Summit, Mr Gates said, “A world without polio is in sight and India deserves much of the credit. The coming months are critical. I urge parents in India and elsewhere to make sure their children are immunized.”

India remains one of the 10 global polio priority countries as a global reservoir of poliovirus. NIDs and SNIDs in January 2001 will focus on polio-endemic states in northern India. ♦



Photo: © Bill & Melinda Gates Foundation

Bill Gates at the Chanakyapuri clinic in New Delhi with Madhu Krishna, Programme Officer, CVP, Bill & Melinda Gates Foundation.

Hingis and Rotary versus polio

Rotary clubs of Switzerland and Martina Hingis, number one ranked women’s tennis player, announced donations of US\$ 235 000 for polio eradication in Somalia this October. At the SwissCom Challenge tennis event, Dr Heinrich Walti, past Rotary District Governor, presented US\$ 200 000 to supply surveillance equipment, training and transportation. Ms Hingis donated US\$ 35 000 and gave a tennis clinic to children as part of her “Match Point Against Polio Campaign”. ♦



Photo: © Rotary International

Chris Maher, WHO’s Deputy Coordinator of the Global Polio Eradication Initiative (left) with Ms Hingis and Dr Walti.

Bellamy kicks off NIDs in Sudan

UNICEF Executive Director Carol Bellamy visited Sudan in October to participate in the NID launch in Khartoum. Ms Bellamy also viewed immunization activities in Malakal in Upper Nile State and Rumbek in southern Sudan.

Ms Bellamy appealed to the Government to announce Days of Tranquillity in good time to ensure that the message reaches the frontlines, further ensuring the safety of immunization teams.

Taking advantage of Days of Tranquillity, NIDs in the Nuba Mountains resulted in significant improvements in immunization coverage, from under 20% to 100%. Children in the Nuba Mountains received their first polio drops in February after Days of Tranquillity announced by the Government and SPLM movement. Michel Greco, President and Chief Operating Officer of Aventis Pasteur, an OPV supplier for the Global Polio Eradication Initiative, accompanied Ms Bellamy. ♦

Closing the funding gap

THE Strategic Plan 2001-2005 identified that a minimum of US\$ 1 billion in external resources is required to implement polio eradication activities from 2001 to 2005. An estimated US\$ 450 million funding gap must be overcome. Of this, US\$ 263 million is urgently required for vaccine and the operational costs of immunization activity, surveillance work and the laboratory network in 2001 and 2002. Intensive advocacy and fundraising work is ongoing to secure these critically-needed financial resources.

- **EU identifies priority countries for support** WHO, Rotary International and UNICEF representatives met with the European Commissioner for Development and Humanitarian Aid, Mr Poul Nielsen, on October 30. Nigeria was identified as a priority country for support, and possibly India. In Nigeria, country teams are now working directly with the European Union to prepare funding applications.
- **World Bank considers direct donation for 'global public good'** WHO, Rotary International, UNICEF and the United Nations Foundation met with the World Bank on 7 November to discuss the possibility of a direct grant to the Global Polio Eradication Initiative, as a 'global public good'. Bangladesh, Pakistan, Ethiopia and Nigeria were also identified as global polio priority countries where the World Bank could make a meaningful impact through new or reprogrammed loan agreements with the national governments.

Recent donations:

CDC:	US\$ 15 million for surveillance, laboratory network and personnel
DFID (UK):	US\$ 50 million for operational costs, surveillance, OPV and personnel
Italy:	US\$ 1 million to India for operational costs
Japan:	US\$ 500 000 to WHO South-East Asia Region for technical experts (personnel)
Netherlands:	US\$ 40 million for surveillance
Rotary International:	US\$ 21.5 million for operational costs, surveillance and laboratory network
United Nations Foundation:	US\$ 1 million for public sector advocacy
USAID (USA):	US\$ 6 million for communications, social mobilization, operational costs, surveillance and laboratory network.

The Global Polio Eradication Initiative expresses its gratitude to all donors.

- **Private sector fundraising campaign targets corporations** Launched at the Global Polio Partners' Summit, Rotary International's worldwide private sector fundraising campaign is targeting blue-chip corporations, foundations and philanthropists in 20 cities in Egypt, South Africa, Australia, China, India, Japan, Korea, France, Germany, Italy, United Kingdom, Brazil, Canada, Mexico and the United States, aided by a US\$ 5 million grant from the United Nations Foundation. ◆

Integrating vitamin A

THE CD-ROM "Integrating vitamin A with immunization – an information and training package" contains essential information for administration of vitamin A supplements during routine immunization and NIDs. To request copies in English or French, fax Ms J. Hubert at WHO, Geneva, +41 22 791 4193 or e-mail hubertj@who.int ◆

Forthcoming events

Date	Event	Venue	Lead agency
19 February	Global Polio Management Meeting	Geneva	WHO
TBC	Euro Regional Certification Commission Meeting	Europe	
March	Dr Gro Harlem Brundtland, Director-General visit	Pakistan	WHO
TBC	Joint Regional Certification Commission Meeting	Cairo	
19 March	MECACAR Meeting	Cairo	
23 March	Private Sector Appeal Event	Paris	Rotary/UNF
March/April	Global Certification Commission Meeting	Washington	
7 May	Global Technical Consultative Group Meeting	Geneva	WHO



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