



# Polio News

## Eradication

Issue 11 – April 2001 *Rotary Special Edition*



**End-game strategy**  
*Page 2*

**Rotary International's PolioPlus Programme**  
*Page 4-5*

**Mia Farrow in Nigeria**  
*Page 7*

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

## Impact of acceleration: polio cases halved

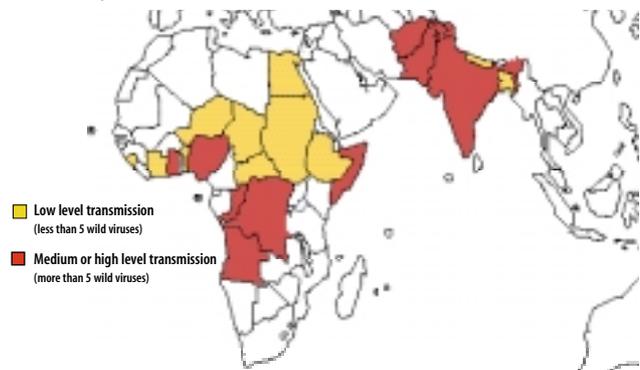
**I**n 2000 every polio-endemic country increased the number of national immunization day (NID) rounds conducted and began house-to-house vaccine delivery to reach every child, in response to the 1999 World Health Assembly resolution on Acceleration.

In 2001, our objective is to stop wild poliovirus transmission in all countries except 10 at most, with a view to interrupting transmission by end of 2002 and certifying the world polio-free in 2005. This requires marked improvements in the quality of supplementary immunization, certification-standard surveillance and biocontainment of wild polioviruses. Ten global priority countries continue to face particular challenges: those with intense transmission due to large, dense populations – Bangladesh, Ethiopia, India, Nigeria, Pakistan; and countries affected by conflict – Afghanistan, Angola, the Democratic Republic of the Congo (DRC), Somalia and Sudan.

### Progress in 2000:

- 99% reduction in polio cases globally since 1988
- Reported cases halved from 1999 to lowest in history
- Western Pacific Region certified polio-free
- 20% improvement in surveillance sensitivity
- At most 20 countries remain endemic in 2001

### Only 20 countries remain endemic in 2001



The major challenges to improving the quality of eradication activities remain:

- Establishing access to all children, particularly in conflict-affected countries,
- Closing the funding gap of US\$ 400 million,
- Sustaining political commitment in the face of a disappearing disease.

To meet these challenges in 2001:

- Synchronized NIDs will be held in the conflict-affected countries of Angola, Congo and DRC – see page 6,
- Targeted resource mobilization initiatives are underway – see page 8,
- High-level advocacy work continues to strengthen political support – see page 6. ♦



Photo: © UNICEF

## Mia Farrow puts spotlight on Nigeria

On her first official trip as UNICEF Special Representative for Polio Eradication, acclaimed actress and polio victim Mia Farrow visited Nigeria this January to help promote a countrywide polio eradication campaign which reached 46 million children under the age of five.

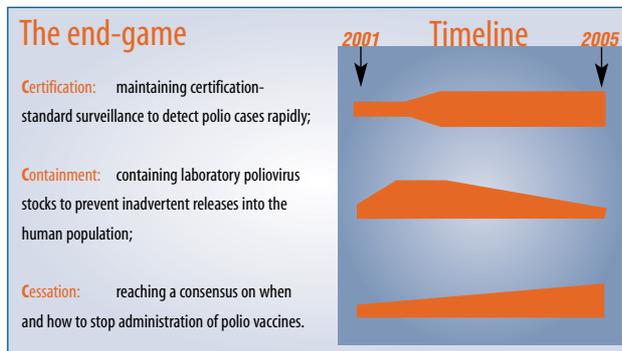


continued on page 7

## Lessons from Hispaniola – the end-game strategy

**S**INCE July 2000, 17 cases of paralysis due to an oral polio vaccine (OPV) derived type 1 poliovirus have been confirmed in Hispaniola (Haiti/Dominican Republic) in the WHO Region of the Americas. This is the second documented outbreak caused by a vaccine-derived poliovirus (VDPV): the first was in Egypt in the 1980s. Genetic sequencing of polioviruses isolated from Egypt and Hispaniola confirms that, on rare occasions and where polio immunization is low, VDPVs can circulate and cause paralysis.

This has implications for the final phase of the Global Polio Eradication Initiative, the “end-game”.



These outbreaks reaffirm the need for the global polio eradication strategy to include:

- High polio immunization coverage in all countries until global cessation of OPV immunization.
- Certification-standard acute flaccid paralysis (AFP) surveillance with genetic sequencing of all polioviruses, including key VDPVs.
- Global coordination of the cessation of OPV immunization after certification.
- Eventual containment of Sabin strains of the virus.

The ongoing outbreak investigation will contribute to the research agenda led by WHO and CDC on the “end-game” strategy. The Global Technical Consultative Group (TCG) will oversee policy development, directing a steering committee which will manage the necessary research on the issue. In May 2001, WHO will hold the first meeting of this steering committee, the results of which will be presented to the World Health Assembly in 2003. ♦

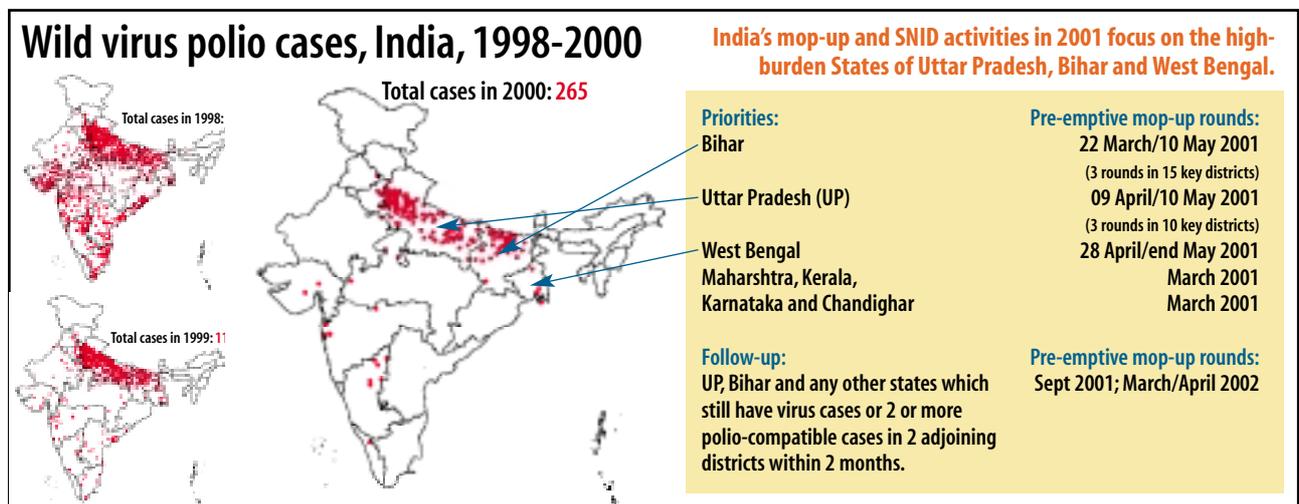
*For more information see: Weekly Epidemiological Record, 26 January 2001, Vol 76, 4 (pp 25-32) – [www.who.int/wer/pdf/2001/wer7604.pdf](http://www.who.int/wer/pdf/2001/wer7604.pdf)*

## The anatomy of intensification: India

**I**NDIA is one of 10 global priority countries identified in the *Strategic Plan 2001 – 2005*, as a reservoir for poliovirus. The country made tremendous progress in 2000: 265 wild virus confirmed polio cases were reported versus 1126 cases in 1999 – a decrease of over 80%, despite certification-standard surveillance.\*

To further accelerate progress in 2001, the fourth meeting of experts for polio eradication in India on 30 January 2001 recommended house-to-house mop-up immunization following the detection of wild poliovirus anywhere in India. High quality pre-

emptive mop-ups in selected high-burden districts of Uttar Pradesh, Bihar and West Bengal between March and May aim to achieve interruption of transmission in the shortest time possible. These intensive campaigns improve coverage, ensuring that the most difficult-to-reach children are immunized in the most populous areas. Ongoing surveillance and investigation of remaining cases has identified unreached population subgroups, which are now being targeted with tailored messages. The mop-ups are planned in addition to several SNIDs and two NID rounds planned in India in December 2001 and January 2002. ♦



## AFP and polio reporting, year-to-date\*

\* Data received at WHO Geneva as of 10 April 2001



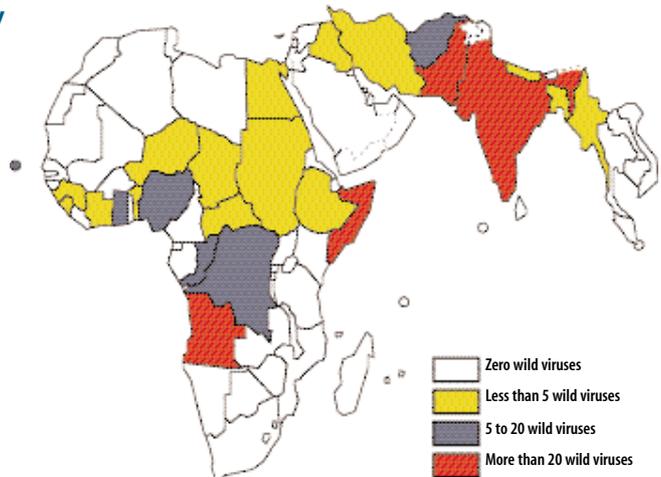
	1999 (as of 10 April 2001)				2000 (as of 10 April 2001*)			
	Non-polio AFP rate	Adequate stool specimens	Polio confirmed cases	Wild polio virus cases	Non-polio AFP rate	Adequate stool specimens	Polio confirmed cases	Wild polio virus cases
African Region	0.80	31%	2861	246	1.50	52%	1763	144
Region of the Americas	1.10	74%	0	0	1.19	80%	14***	0
Eastern Mediterranean Region	1.10	67%	914	479	1.42	67%	467	261
European Region	1.17	74%	0	0	1.32	81%	0	0
South-East Asia Region	1.58	71%	3365	1161	1.79	80%	609	272
Western Pacific Region	1.40	86%	1**	1**	1.54	87%	0	0
<b>Global total</b>	<b>1.26</b>	<b>67%</b>	<b>7141</b>	<b>1887</b>	<b>1.52</b>	<b>75%</b>	<b>2853</b>	<b>677</b>

\*\*Importation/\*\*Vaccine-derived poliovirus

## Wild poliovirus in last 12 months (February)

As we enter the final stages of stopping poliovirus transmission, we are beginning a rolling summary of the last 12 months of wild poliovirus reporting.

Country	Wild viruses 2000	Last virus date of onset	Country	Wild viruses 2000	Last virus date of onset
<b>AFRO</b>			<b>EMRO</b>		
Angola	55	Sept-00	Afghanistan	27	Dec-00
Benin	2	15-Nov-00	Egypt	4	30-May-00
Cape Verde	11	11-Oct-00	Iran	3	Dec-00
CAR	3	26-July-00	Pakistan	186	Dec-00
Chad	4	30-June-00	Sudan	4	28-Nov-00
Congo	21	05-Oct-00	<b>SEARO</b>		
Côte d'Ivoire	1	July-00	Bangladesh	1	22-Aug-00
DRC	24	24-Sept-00	India	265	31-Dec-00
Ethiopia	3	28-Oct-00	Myanmar	2	13-Feb-00
Ghana	5	06-Nov-00	Nepal	4	28-Nov-00
Niger	3	07-Nov-00	Source: Data at WHO Geneva as of 2 April 2001		
Nigeria	11	20-Oct-00	*Rolling total from February 2000 to February 2001		
Sierra Leone	1	17-July-00	Importations indicated in grey		
Somalia	46	22-Nov-00			



## 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	March 2001	April 2001	May 2001
<b>AFRO</b>	Angola	SNIDs	Mar <sup>Round 2</sup>		
	Benin	NIDs			May <sup>Round 1</sup>
	Chad	NIDs	24-Mar	26-Apr <sup>◆</sup>	
	Côte d'Ivoire	SNIDs		Apr	May
	Ethiopia	SNIDs	23-Mar	27-Apr	
	Ghana	SNIDs		Apr	May <sup>Round 1</sup>
	Guinea-Bissau	NIDs			May <sup>Round 1</sup>
	Liberia	SNIDs			May <sup>Round 1</sup>
	Niger	NIDs			May <sup>Round 1</sup>
	Nigeria	NIDs			May <sup>Round 1</sup>
	Sierra Leone	SNIDs	16-Mar <sup>Round 2</sup>		May
<b>EMRO</b>	Afghanistan	NIDs	15-Mar	17-Apr	19-May
	Egypt	NIDs	Mar	Apr	
	Iraq	NIDs	04-Mar	08-Apr	
	Jordan	NIDs	Mar	Apr	
	Lebanon	SNIDs	Mar	Apr	
	Pakistan	NIDs	15-Mar	17-Apr	
	Somalia	NIDs	11-Mar	09-Apr	
	Sudan	NIDs	26-Mar	26-Apr <sup>◆</sup>	
S.Sudan	NIDs	26-Mar <sup>Round 2</sup>	23-Apr <sup>Round 3</sup>		
<b>SEARO</b>	Bangladesh	NIDs		08-Apr	13-May
	India	MopUp	Mar	Apr	May
	Myanmar	MopUp	26-Mar <sup>Round 2</sup>		
	Nepal	SNIDs		07-Apr	12-May

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.

◆ Includes vitamin A supplementation



# PolioPlus: Help Rotary to help you

**T**HROUGH its **PolioPlus** Program, Rotary International has been the lead private sector partner in stimulating, developing and maintaining the Global Polio Eradication Initiative. It has contributed US\$ 407 million to the effort to date. By 2005, Rotary will have committed nearly US\$ 500 million. To enable WHO and UNICEF field staff and ministries of health to take full advantage of Rotary's invaluable support and resources for polio eradication, we detail here four key Rotary programmes and the appropriate staff contact for further information.

## International PolioPlus Committee

To fulfil Rotary's 20-year commitment to a polio-free world, The Rotary Foundation of Rotary International established the International PolioPlus Committee (IPPC) to develop strategies to support eradication including global advocacy, fundraising, local club donations and volunteer support. IPPC meets three times per year to consider requests from WHO and UNICEF. It directs the five regional and 65 national PolioPlus committees, and is chaired by William T. Sergeant. The Vice Chair is Herbert A. Pigman.

### African Regional PolioPlus Committee

Chair – Jonathan B. Majiyagbe Vice Chair – Bawa S. Mankoubi

### Eastern Mediterranean Regional PolioPlus Committee

Chair – Mohamed Benmejdoub Vice Chair – Garbis Dantziguian

### European Regional PolioPlus Committee

Chair – Rudolf Hörndler Vice Chair – Asbjørn Austvik

### South-East Asia Regional PolioPlus Committee

Chair – Sudarshan Agarwal Vice Chair – M.K. Panduranga

### Western Pacific Regional PolioPlus Committee

Chair – Brian H. Knowles Vice Chair – W. Grattan O'Connell

Contact Carol Pandak of Rotary International, Evanston, USA: ☎ +1 847 866 3304.

*"I want to salute Rotary International for its extraordinary leadership in one area of the United Nations work: the fight against polio. Rotary's PolioPlus Program is a shining example of the achievements made possible by cooperation between the United Nations and non-governmental organizations."*

Kofi Annan,  
Secretary-General, United Nations

## Polio Eradication Advocacy Task Force

Rotary's Polio Eradication Advocacy Task Force, chaired by Robert Scott, has played a major role in decisions by donor governments to contribute more than US\$ 1 billion for eradication efforts in polio-endemic countries. A network of 23 national advocacy advisers, based in key donor countries, works with WHO and UNICEF to assist the task force in carrying the message to potential donor governments and the private sector.

Contact Kevin Nolan of Rotary International, Evanston, USA: ☎ +1 847 866 3333.

## Polio Eradication Private Sector Campaign

From July 2000 to December 2001, The Rotary Foundation and the United Nations Foundation are collaborating in a joint fundraising appeal to private sector corporations, foundations and individual philanthropists. Themed "Countdown to a polio-free world", it focuses on 21 cities around the world. Each drive is organized by a Rotarian Chairman and a small team of Rotarian Campaign Associates. The campaign is asking for gifts of US\$ 1 million or more. The next fundraising event is on 20 April at the Carter Center in Atlanta, Georgia, co-hosted by President Jimmy Carter and Ted Turner.

Contact Dan Henry, Private Sector Campaign, Rotary International, Evanston, USA: ☎ +1 847 866 5368.

## PolioPlus Partners

PolioPlus Partners is an alternative funding mechanism where Rotarians at the local level partner with clubs in polio-endemic countries to provide specific, on-the-ground assistance for polio immunization campaigns. These activities range from support for social mobilization materials such as posters, billboards, pamphlets and media announcements; to medical equipment such as containers for preserving and transporting vaccines; T-shirts and caps to identify health workers and volunteers; bicycles for volunteer transportation; and computers for enhanced surveillance communication.

Contact Kathleen Hogan of Rotary International, Evanston, USA: ☎ +1 847 866 3344.



Photo © Rotary International

For more information about Rotary International, go to [www.rotary.org/foundation/polioplus](http://www.rotary.org/foundation/polioplus)



# PolioPlus: Volunteers in action

**W**ITH its community-based network worldwide, Rotary is the volunteer arm of the global partnership dedicated to eradicating polio.

More than one million Rotary members have volunteered their time and personal resources to contribute to the success of polio eradication efforts.



Photo: © Rotary International

Rotary volunteers assist in vaccine delivery, social mobilization, and logistical help in co-operation with the national ministries of health, WHO, UNICEF, and the US Centers for Disease Control and Prevention.

## Case study: Rotarians in India

In India over 100 000 Rotary members and their families joined the Indian Government, health workers and other volunteers in January 2001 to help in immunization days which reached 152 million children in one day.

Seventy Rotary volunteers from the United States and Japan joined thousands of Indian Rotary volunteers to provide support to local health workers and public officials. Volunteers helped with social mobilization, administering OPV to children and monitoring – going house-to-house after the NID to ensure that no child was missed.

Thousands of Rotarians travel to volunteer during NIDs each year at their own expense. *“I call it hands across the water. Polio doesn't know any boundaries,”* said Rotary District Governor A. Maria Lusins of Oneonta, New York. ◆



Photo: © Rotary International

Contact Paul Carpenter, Rotary International, Evanston, USA: ☎ +1 847 866 3343. ◆

# WHO Director-General Dr Brundtland addresses Rotarians



Photo: © WHO

**R**OTARY'S commitment to polio eradication has its roots in 1979 with a five-year pilot immunization programme in the Philippines. Inspired by its success, Rotary International resolved to immunize all children against polio by its one-hundredth anniversary in 2005.

Thanks to this commitment and the considerable financial contributions Rotary has made since, we are closer to eradicating polio today than ever before, and on track to certify the world polio-free by 2005.

Rotary's unprecedented role in mobilizing ordinary citizens has resulted in a highly motivated and trained volunteer base. In many countries Rotarians prepare and distribute mass communication tools, assist with vaccine delivery, administer the vaccine and provide other logistical support.

It is impossible to quantify the value of their work. Without this help and support, the polio eradication effort would not be as close to success as it is today. Rotary's contribution proves that civil society has a powerful role to play in public health initiatives.

As we enter the final stages of the eradication programme, Rotary's contribution is more vital than ever. Between now and 2005 we need to deliver more than 6 billion doses of vaccine to 600 million children, even those in conflict-affected areas; to bridge a US\$ 400 million funding gap; and to maintain political commitment in the face of a disappearing disease.

Every Rotary club, every Rotarian can make a critical contribution towards a polio-free world – as a volunteer, a fundraiser and an advocate. Working together, we will eradicate polio – and deliver a lasting gift to all children, for all time. ◆

*Dr Gro Harlem Brundtland  
Director-General  
World Health Organization*



## Conflict-affected countries join forces to beat polio

**C**ONFLICT is prolonging polio transmission in Central Africa by limiting access to children, destroying health infrastructures and prompting cross-border movements. In Angola, the migration of non-immunized children fuelled the largest ever polio outbreak in Africa between March and May 1999, causing 1103 cases and 89 deaths. In the Democratic Republic of the Congo (DRC), cross-border movement has repeatedly reintroduced poliovirus into neighbouring countries, threatening progress in east and southern Africa.

To address this, the ministries of health of these countries are planning the first synchronization effort focusing on conflicted-affected countries between June and September 2001. Synchronized NIDs between Angola, Congo, DRC and Gabon will set the stage for thousands of health workers and volunteers to vaccinate 15 million difficult-to-reach children.

Endorsed at the annual meeting of the Africa Task Force on Immunization in December 2000, this initiative builds on the commitment of the UN Secretary-General to call for Days of Tranquillity, to allow access for immunization (see page 8). ♦

## STOP teams assist local surveillance initiatives

**C**DC's Stop Transmission of Polio (STOP) teams are working creatively with national and local surveillance officers to achieve certification-standard surveillance on a global scale. STOP teams have been working to increase sensitivity in AFP surveillance systems in 20 polio-endemic countries for two years. To identify more cases quickly, they have established reporting units outside the traditional "government health centre" model.

In West Africa, Alden Henderson supported local efforts to involve traditional and spiritual healers in the AFP surveillance system, as they are often the first contact point for parents with sick children. In India, Katy Turner of the STOP 5 team and her national counterpart have established reporting units at religious temples where paralysed children are often taken in the hope of healing from the gods. ♦



Paralysed children are often taken to religious temples in the hope of healing from the gods, where AFP surveillance officers can now identify them.

## Priority Pakistan: DG joins President at national conference



Dr Brundtland immunized children in the rural town of Bhara Kahu, Islamabad, on 27 February, to drive demand for polio immunization in Pakistan, one of 10 global priorities.

**T**HE Director-General of WHO, Dr Gro Harlem Brundtland, travelled to Pakistan in February to address an unprecedented national conference. The National Conference on Polio Eradication and the Expanded Programme on Immunization on 28 February in Islamabad brought together over 350 health officials at federal, provincial and district levels.

Inaugurated by the President of Pakistan, Mohammed Rafiq Tarar, the conference covered issues from microplanning, seamless coverage in megacities, adequate supervision and monitoring, surveillance to community mobilization. Dr Brundtland identified district health officials as "makers or breakers" of NID quality.

While in Pakistan, Dr Brundtland also undertook high-level advocacy meetings with the Minister of Health, Dr Abdul Malik Kasi; Federal Secretary of Health, Mr Ejaz Rahim; Director General of Health, Surgeon Rear Admiral Muhammad Aslam, and President Mohammed Rafiq Tarar.

Pakistan forms part of the largest remaining reservoir of poliovirus in south Asia, with Afghanistan. Pakistan completed the second of five NID rounds in March, aiming to stop polio transmission by the end of 2001. ♦



## Polio PSA campaign

**T**HE four spearheading partners of the Global Polio Eradication Initiative (GPEI) are launching a global public service announcement (PSA) campaign this spring. The campaign includes three PSAs, featuring Nelson Mandela, Kenyan running champions Noah Ngeny and Daniel Komen, Bill Gates, model and UNICEF Special Representative Claudia Schiffer and Rotarians in the field.

Broadcast-quality copies are available for country and regional use. Contact Gaynor Norfolk: [norfolk@who.int](mailto:norfolk@who.int) or Tel.: +41 22 791 2657.

*The GPEI would like to thank PUMA, partizan midi-minuit (the London production company) and Nairobi-based Blue Sky Productions for their valuable assistance. ♦*

## NIDs in DPR Korea



A rare glimpse into the October/November 2000 rounds of NIDs in DPR Korea

During the October and November DPR Korea NIDs, health workers and volunteers immunized 2.2 million children, resulting in 95% reported coverage. Vitamin A was administered in the second round. 12 000 immunization posts were deployed in community health centres, kindergartens and nurseries countrywide. A one-day holiday was given by the government to all parents of target-age children in each round. DPR Korea continues to report no isolation of wild poliovirus. Additional rounds of NIDs are scheduled for October and November 2001. ♦

### “Polio in the press”

- On Hispaniola viruses: “Polio’s last stand” in *Nature* 18 January 2001, Vol. 409.
- “Circulation of a Type 2 Vaccine-derived poliovirus – Egypt, 1982 – 1993”, *MMWR* 26 January 2001.
- “A new paradigm for international disease control: Lessons learned from polio eradication in Southeast Asia”, *American Journal of Public Health*, Volume 91, Issue 1, 2001.
- “Polio eradication: the endgame”, *Nature Medicine*, Volume 7, February 2001.



For copies, please contact [drakec@who.int](mailto:drakec@who.int) or Tel.: + 41 22 791 3832

### Obituaries – three polio pioneers

Three visionaries who set the stage for the global eradication of polio passed away in January 2001.

**Dr Charles Mérieux** was a virologist whose groundbreaking efforts included the industrial production of vaccines by culturing cells *in vitro*. This made it possible to produce millions of doses of vaccines including the Sabin and Salk polio vaccines.

**Dr Joseph Melnick**, one of the founders of the field of virology, was among the first to demonstrate that poliovirus usually invades the intestines of the infected host rather than the central nervous system. Dr Melnick served on the WHO Expert Panel on Virus Diseases for more than 30 years.

**Dr Dorothy Horstmann**, an epidemiologist and virologist, made a major scientific breakthrough when she showed the poliovirus reached the brain by way of the blood, a finding that upset dogma and helped make polio vaccines possible.

### Polio partners – Red Cross in Sierra Leone



**T**HE International Red Cross and Red Crescent movement announced its expanded commitment to polio eradication in September 2000. As a result, Red Cross national offices were key in successful implementation of the autumn rounds of synchronized NIDs in west and central Africa. In Sierra Leone, the national Red Cross and other partners worked in the Port Loko district, an area with a recent influx of internally displaced people. Red Cross volunteers were involved in social mobilization, training, house-to-house vaccination supervision, transport and post-NID activities such as the registration of newborns and surveillance for acute flaccid paralysis. With Red Cross support, over 100 000 children under five were immunized with OPV in the district. ♦

### Mia Farrow puts spotlight on Nigeria

 continued from page 1

**A**CCOMPANIED by her 13-year old son Seamus, Ms Farrow met with several dignitaries including First Lady Stella Obasanjo, government ministers and first ladies of several states.

A tireless advocate for children’s rights, Ms Farrow knows firsthand the debilitating effects of polio. “I was infected with the virus as a child and my 13-year old son Thaddeus, adopted in India, is paralysed from poliomyelitis,” Ms. Farrow said. “The eradication of polio has always been my dream”.

On her return from Nigeria, Ms Farrow held a press conference at the United Nations Secretariat, where she briefed journalists and appeared on CNN’s “Q&A”. ♦

See: <http://www.unicef.org/polio/farrow.html>  
<http://www.timeforkids.com/TFK/explore/story/0,6079,99104,00.html>

## Resource mobilization

# Resource mobilization for synchronized NIDs

**T**HE Global Polio Eradication Initiative (GPEI) has launched a fundraising campaign for synchronized NIDs to be held in Angola, Congo, DRC and Gabon between June and September 2001 (see page 6). WHO, Rotary International and UNICEF delegations have discussed opportunities for funding with: Maria Minna, Minister of International Cooperation, Canada; Liz O'Donnell, Irish Minister of State responsible for Overseas Development, and the office of the Belgian State Secretary for Development Cooperation. Although donors have already pledged a significant proportion of the total funding required, US\$ 30 million is still needed. Follow-up activities in 2002 are projected to require an additional US\$ 45 million, bringing the total funding requirements for the next two years to US\$ 75 million. ♦

### Recent donations:\*

<b>Australia:</b>	US\$ 1.5 million to China for polio eradication activities; US\$ 185 000 for country support; US\$ 280 000 for Indonesia
<b>Aventis Pasteur:</b>	26.8 million doses of OPV for use in Angola, Liberia, Sierra Leone, Somalia and southern Sudan in 2001
<b>Canada:</b>	US\$ 6.5 million for Central Africa synchronized NIDs
<b>Germany:</b>	US\$ 9 million for India
<b>Japan:</b>	US\$ 500 000 for international personnel support
<b>Saudi Red Crescent Society:</b>	US\$ 110 000 for Yemen
<b>DFID (UK):</b>	US\$ 10 million for Bangladesh (over five years)

The Global Polio Eradication Initiative expresses its gratitude to all donors.  
\*Donations announced since Polio News 10, December 2000

## Funding priority: operational costs

**T**HE *Strategic Plan 2001-2005* identified a US\$ 263 million funding gap to be overcome during 2001 and 2002. In 2001, lack of funding for operational costs is a particular concern. Operational costs for forthcoming SNIDs and mop-ups include personnel, social mobilization, training, logistics and transportation. Intensive advocacy and fundraising work is ongoing to secure these critical financial resources. ♦

## Materials available:



A checklist for managers on how to strengthen EPI while improving the quality of polio eradication activities is being field tested. The durable, single-sheet checklist also details key indicators of strengthened routine immunization.

The third edition of a technical CD-Rom containing documents in electronic formats on all aspects of the Global Polio Eradication Initiative, accelerated measles control and many other immunization related-topics, is now available.



Multiple copies of Polio News are available for wider distribution

To request copies of any of the above materials, e-mail Claudia Drake at: [drakec@who.int](mailto:drakec@who.int) or Tel.: +41 22 791 3832.

Please fill out this response coupon and return it to Polio News, EPI, Department of Vaccines and other Biologicals, Documentation Center, World Health Organization, CH-1211 Geneva 27, if you would like to continue receiving this publication.

I would like to receive this publication regularly.

Name: .....

Institution: .....

Address: .....

.....

.....

Please also send this publication to:

Name: .....

Institution: .....

Address: .....

.....

.....

## Forthcoming events

Date	Event	Venue
03 April	Global media briefings	Abidjan, London, Lucknow, New York, Philadelphia, USA
18 April	Private sector appeal event	Philadelphia, USA
20 April	Private sector appeal event	Atlanta, USA
23-25 April	Conference on vaccine research	Virginia, USA
07-10 May	Global Technical Consultative Group meeting	Geneva, Switzerland
14-22 May	World Health Assembly	Geneva, Switzerland
26-27 June	Meeting of Interested Parties, Health Technology and Pharmaceuticals, WHO	Geneva, Switzerland
June/July	Launch of Angola, Congo, DRC and Gabon synchronized NIDs	Central Africa



Polio News

This document is not a formal publication of the World Health Organization (WHO). The document may, however, be freely reviewed, abstracted, reproduced or translated, in part or in whole, but not for sale or for use in conjunction with commercial purpose. The designations employed and the presentation of all material in this newsletter do not imply the expression of any opinion whatsoever on the part of the Secretariat of the WHO concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries. Note on maps: dotted lines represent approximate border lines for which there may not yet be full agreement. Polio News is published quarterly by EPI, WHO Headquarters, Geneva, Switzerland, and part funded by USAID. Published data reflects information available at the time of print.

All comments and feedback on Polio News should be sent to:  
Department of Vaccines and Biologicals, WHO, Geneva.

Tel.: +41 22 791 3832

Fax: +41 22 791 4193

E-mail: [drakec@who.int](mailto:drakec@who.int)

Web site: <http://www.polioeradication.org>

