



Polio News

Eradication

Rotary and CDC special edition (see pages 4-5)
Issue 16 – September 2002



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

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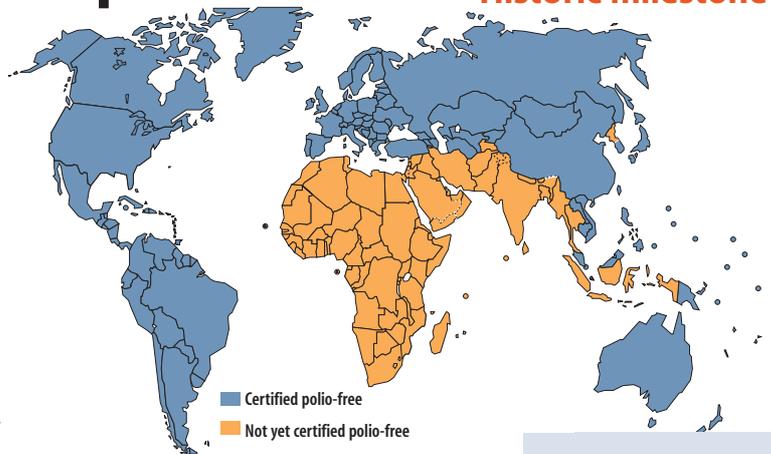
European Region certified polio-free

Historic milestone

FOR some 870 million people living in the 51 Member States of the European Region of the World Health Organization (WHO), June 2002 heralded the most important public health milestone of the new millennium. The historic decision to certify the Region polio-free was announced at a meeting of the European Regional Commission for the Certification of Poliomyelitis Eradication (RCC) in Copenhagen on 21 June. Certification of the Region, which stretches from Iceland to Tajikistan and includes the Russian Federation, confirms the potency and transferability of polio eradication strategies.

The European Region has been free of indigenous poliomyelitis for over three years, in the presence of certification-standard surveillance. The region's last case caused by an indigenous wild poliovirus occurred in eastern Turkey in November 1998, when a two-year-old unvaccinated boy was paralysed.

Poliovirus imported from polio-endemic countries remains a threat to the region. In 2001 alone, there were three polio cases among Roma children in Bulgaria and one non-paralytic case in Georgia, all caused by poliovirus originating in south Asia. At the certification meeting, Sir Joseph Smith, Chairman of the RCC cautioned that, "Throughout the European Region, ongoing vaccination and surveillance is vital. The risk of poliovirus being imported into Europe will continue until we eradicate polio globally."



Certification of the European Region means over half the countries of the world – 115 countries and areas – are now certified polio-free. The European Region is the third of the six WHO regions to be certified – the Americas and the Western Pacific were certified in 1994 and 2000 respectively.

"To get where we are today required the full commitment and cooperation of each of our 51 Member States, the hard work of public health workers in the field and the firm support of international partners in coordination with WHO."
Dr Marc Danzon
WHO Regional Director for Europe
21 June 2002

In addition to maintaining high immunization coverage, surveillance and the ability to respond to imported cases, European countries are now cataloguing all laboratory stocks of poliovirus as part of the global plan to ensure effective containment in a polio-free world. ♦

G8 leaders commit to raising funds to eradicate polio by 2005

AFRICA was a centrepiece of this year's G8 Summit, held on 26-27 June in Kananaskis, Canada. With the Africa Action Plan, G8 leaders responded to the New Partnership for Africa's Development (NEPAD) launched by African leaders last year. Health is one of the components of the plan, and polio was prominently featured. Jean Chretien, Prime Minister of Canada and G8 Summit Chairperson, summarized the outcomes of G8 discussions: "In addition to our ongoing commitments to combat (other diseases), we committed to provide sufficient resources to eradicate polio by 2005". ♦



Coordinated national immunization campaigns, known as Operation MECACAR, were instrumental in achieving a polio-free European Region. MECACAR involved 18 polio-endemic countries and areas in the European and Eastern Mediterranean Regions of WHO. The synchronization of immunization among neighbouring countries has become a model for eradicating the disease globally.



Supplementary immunization in polio-free areas

GIVEN the risk of spread of imported wild polioviruses (importations occurred into Bulgaria, Georgia and Zambia in 2001 alone), the Global Technical Consultative Group (TCG) on Polio Eradication has re-evaluated the role of supplementary immunization activities (SIAs) in polio-free areas. The TCG decided that it is important polio-free areas continue to use periodic national immunization days (NIDs) or extensive sub-national immunization days (SNIDs) to maintain population immunity. The occurrence of the recent vaccine-derived poliovirus outbreaks in the presence of low population immunity (Hispaniola, Madagascar, Philippines – see box) provides further argument for achieving and sustaining high immunization coverage, ideally through routine immunization services.

Consequently, the seventh meeting of the Global TCG recommended:

- *Polio-free countries which border endemic areas, or have very low immunization coverage, should continue to conduct NIDs or SNIDs, as appropriate, on an annual basis.*

Madagascar-cVDPV

Surveillance for acute flaccid paralysis (AFP) in Madagascar has detected a cluster of four cases of paralytic poliomyelitis from which type-2 vaccine-derived polioviruses have been isolated. Preliminary data indicate that these patients, residing in the Tolagnaro district of Toliara province in southeastern Madagascar, had onset of paralysis between 20 March and 12 April 2002. None of the children affected was fully vaccinated. Vaccination coverage data suggest that during 1999, 37% of children aged under one year had received three doses of OPV. The genetic sequencing studies on these viruses are compatible with an outbreak of paralytic polio due to a circulating vaccine-derived poliovirus (cVDPV).

In July, a joint mission by the Ministry of Health, the Pasteur Institute of Madagascar, WHO and UNICEF in Madagascar recommended that countrywide NIDs be undertaken in September and October 2002, using a door-to-door strategy. Further NIDs are planned in spring 2003, after the rainy season, in Toliara and other districts at risk of poliovirus transmission.

To read the WER/MMWR report, visit www.cdc.gov/mmwr/preview/mmwrhtml/mm5128a5.htm

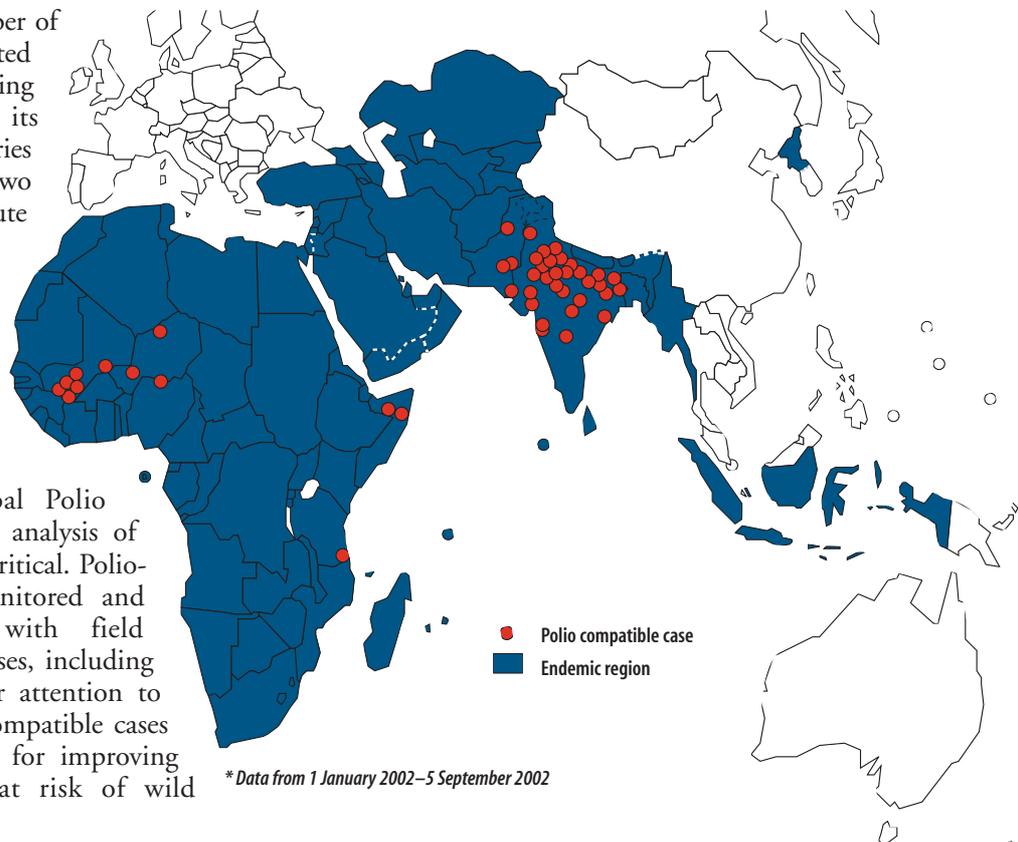
- *Countries which have been polio-free for at least three years, but have not achieved or maintained a level of $\geq 90\%$ routine immunization of infants with OPV (OPV3 coverage), should continue to conduct NIDs at least every three years, to prevent the accumulation of susceptibles and protect against the importation of wild polioviruses. In larger countries, where appropriate, SNIDs should be conducted to cover those states or provinces with lower than 90% coverage.* ◆

Polio compatible cases

RECOGNIZING the high number of polio compatible cases reported in 2001, at its seventh meeting the Global TCG reaffirmed its recommendations that all countries should maximize efforts to obtain two adequate specimens from every acute flaccid paralysis (AFP) case, prioritize investigation and follow up of cases with inadequate specimens, and ensure all potentially compatible cases are referred to an appropriately trained expert group for classification within 90 days of onset.

At this stage of the Global Polio Eradication Initiative, the careful analysis of data on polio-compatible cases is critical. Polio-compatible cases should be monitored and mapped at least monthly, with field investigations of all compatible cases, including active case search, with particular attention to clusters of cases. Data on polio compatible cases should be used to identify areas for improving surveillance quality and areas at risk of wild poliovirus circulation. ◆

Reported polio compatible cases in 2002*



* Data from 1 January 2002–5 September 2002

See *Polio News* Issue 12, July 2001 and Issue 14, February 2002, respectively, for further information on classifying AFP cases and the role of expert groups for case classification; see the TCG's full recommendations on polio-compatible cases in the seventh meeting report. For electronic copies please contact polioepi@who.int or Tel.: +41 22 791 3219.

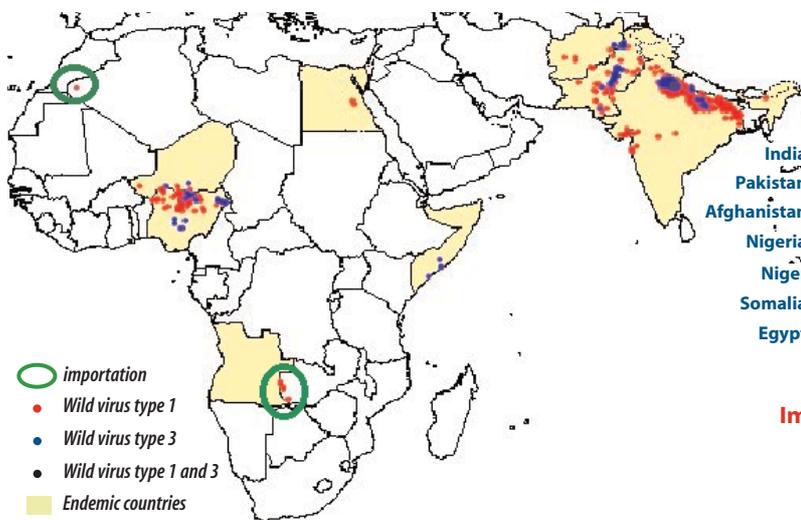
AFP and polio reporting year-to-date comparison of 2001-2002

	2001 (as of 10 September 2001)					2002 (as of 10 September 2002)				
	Non-polio AFP rate	Adequate stool specimens	Confirmed polio cases	Wild polio virus cases	Pending cases	Non-polio AFP rate	Adequate stool specimens	Confirmed polio cases	Wild polio virus cases	Pending cases
African Region	2.80	71%	159	17	780	2.80	83%	106	92	N/A
Region of the Americas	1.11	77%	9*	0	456	0.93	90%	0	0	395
Eastern Mediterranean Region	1.90	83%	80	49	511	2.14	88%	41	41	413
European Region	1.12	82%	3**	2	252	1.32	83%	0	0	384
South-East Asia Region	1.41	84%	76	76	1 443	1.43	85%	407	407	1 626
Western Pacific Region	1.19	87%	0	0	1 030	1.19	87%	0	0	349
Global total	1.38	81%	327	144	4 472	1.70	85%	554	540	3 167

* Vaccine derived poliovirus
** Importation of wild poliovirus

Wild poliovirus map

10-Sept-2001 to 10-Sept-2002



Timeline: total wild poliovirus and date of most recent wild poliovirus by country from 10 Sep 2001 to 09 Sep 2002



Source: Data at WHO Geneva as of 10 September 2002
* Date of imported cases/virus

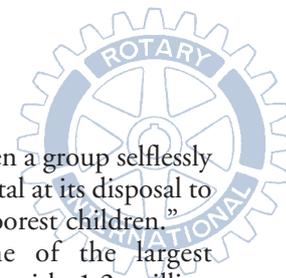
Importations



NIDs calendar for selected countries

Region	Country	Oct 2002 Type of activity Intervention	Nov 2002 Type of activity Intervention	Dec 2002 Type of activity Intervention
AFRO	Central African Republic			17-Dec / NIDs / OPV Round 1 / Vit A
	Chad		9-Nov / SNIDs / OPV	17-Dec / NIDs / OPV Round 1 / Vit A
	Equatorial Guinea			17-Dec / NIDs / OPV Round 1 / Vit A
	Eritrea		2-Nov / NIDs / OPV Round 1 / Vit A	21-Dec / NIDs / OPV Round 2
	Ethiopia	25-Oct / NIDs / OPV Round 2		6-Dec / NIDs / OPV Round 3 / Vit A
	Madagascar	30-Oct / NIDs / OPV Round 2		
	West African Block* & Nigeria	5-Oct / NIDs / OPV Round 1 / Vit A	9-Nov / NIDs / OPV Round 2	
EMRO	Afghanistan	22-Oct / NIDs / OPV Round 4		17-Dec / SNIDs / OPV Round 3
	Egypt	1-Oct / NIDs / OPV Round 1	1-Nov / NIDs / OPV Round 1	
	Somalia	1-Oct / SNIDs / OPV Round 3		16-Dec / NIDs / OPV Round 2
	Sudan	29-Oct / NIDs / OPV Round 1		
	Southern Sudan	**7-Oct / SNIDs / OPV Round 5	4-Nov / SNIDs / OPV Round 6	
	Pakistan	23-Oct / NIDs / OPV Round 4		
SEARO	India		17-Nov / SNIDs / OPV Round 2	

*The West African Block is Benin, Burkina Faso, Cameroon, Cape Verde, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Senegal, Sierra Leone and Togo. This calendar reflects information known to WHO/HQ at the time of print. Some NIDs dates are preliminary and may change; please contact WHO/HQ for up-to-date information.
**At time of print, the Southern Sudan SNIDs were suspended due to flight restrictions.



Gates Foundation recognizes Rotary for its critical advocacy role



Photo: Rotary International

Luis Vicente Giay, Chairman of the Rotary Foundation of Rotary International, receives the Gates award from Bill Gates Senior, President of the Bill & Melinda Gates Foundation.

ROTARY'S efforts to eradicate polio were recently honoured with the US\$ 1 million 2002 Gates Award for Global Health from the Bill & Melinda Gates Foundation.

During the award ceremony on 30 May, Bill Gates Sr, President of the Foundation said, "What has been achieved since Rotary International courageously committed to eradicate polio defies description. Every time we see a world leader administering polio vaccine to a child, or hear about a war being stopped somewhere so children can be vaccinated, we can thank Rotary for demonstrating

how much can be accomplished when a group selflessly uses every ounce of the political capital at its disposal to improve the health of the world's poorest children."

As the world's first and one of the largest humanitarian service organizations with 1.2 million members, Rotary is the lead private sector contributor and volunteer arm of the global partnership dedicated to eradicating polio.

In 1985, Rotary created PolioPlus – a programme to immunize all children against polio by Rotary's 100th anniversary in 2005. To date, Rotary has committed more than US\$ 493 million to the protection of two billion children in 122 countries.

In addition, Rotary's Polio Eradication Advocacy Task Force has played a major role in decisions by donor governments to contribute over US\$ 1.5 billion to the effort. This year, in an effort to help close the funding gap, Rotary is embarking on its second membership fundraising drive, entitled *Fulfilling Our Promise: Eradicate Polio*, with the goal of raising an additional US\$ 80 million for polio eradication. Rotary and the United Nations Foundation are also collaborating in a joint appeal for funding from private corporations, foundations and philanthropists to help secure urgently needed funds by the end of 2002. ♦

Rotary recognizes polio eradication 'champions'

As part of its ongoing advocacy efforts, Rotary publicly recognizes world leaders who have made outstanding contributions to global polio eradication. Eveline Herfkens, the former Minister for Development Cooperation of the Netherlands, was presented with the *Polio Eradication Champion Award* on 7 May 2002, by Luis Vicente Giay, Chairman of the Rotary Foundation of Rotary International, for her leadership in securing US\$ 110 million in contributions from the Netherlands Government to support polio eradication.

Rotary also presented key members of Congress in the United States with the Polio Eradication Champion Award on 15 May 2002, acknowledging their ongoing support of the polio eradication initiative. In the 2002 fiscal year, Congress appropriated US\$ 129.9 million to the global polio eradication effort. First time recipients of the award include: Senator Richard J. Durbin, (D-IL), Rep. Maurice D. Hinchey (D-NY), Rep. Benjamin Gilman (R-NY), Rep. Mark Steven Kirk (R-IL), Rep. John Peterson (R-PA), and Rep. Michael McNulty (D-NY). Past recipients were also honoured for their continued support. Other leaders who have been honoured with this award include the former United States President William Jefferson Clinton, former Prime Minister of the United Kingdom Rt. Hon. John Major, First Lady of Egypt Mrs Suzanne Mubarak and UN Secretary-General Kofi Annan.

An international profile

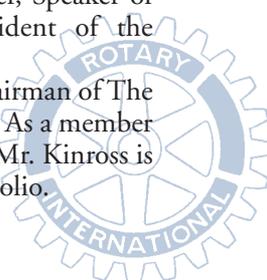


Photo: Rotary International

At Rotary's Convention, Nane Annan, the lawyer and artist married to UN Secretary-General Kofi Annan, spoke on "The Importance of Volunteers in Today's World." Following her address, Rotary International President Richard King and Chairman of the Rotary Foundation Luis Vicente Giay presented her with the Rotary Award for Humanitarian Service.

MORE than 18 000 Rotary club members from 125 countries gathered in Barcelona for Rotary's annual convention this June. Despite their different political, cultural, and historical backgrounds, a common mission united Rotarians: promoting peace and building better communities. The convention included a focus on worldwide health and polio eradication, where Rotary club members shared best practices of working with governments and other nongovernmental organizations. *The convention included the election of the following new Rotary leaders:*

- Bhichai Rattakul of Thailand took office as the new President of Rotary International on 1 July 2002. A Member of Parliament for nine terms since 1969 and Leader of the Democrat Party, he has served his country as Foreign Minister, Deputy Prime Minister, Speaker of the House of Representatives and President of the Parliament.
- Glen W. Kinross of Australia is the new Chairman of The Rotary Foundation of Rotary International. As a member of the International PolioPlus Committee, Mr. Kinross is dedicated to the global effort to eradicate polio.



Spearheading partners:

Centers for Disease Control and Prevention

CDC technical partner in polio eradication



Photo: CDC

Deborah Moore microbiologist examines cultures for the presence of poliovirus at the CDC polio laboratory in Atlanta, United States.

THE Atlanta-based US Centers for Disease Control and Prevention (CDC) has been a spearheading partner in the global polio eradication initiative since 1988. CDC's niche in the initiative lies in its technical support and funding for large supplies of oral polio vaccine (OPV) and operational costs for mass immunization campaigns.

CDC is perhaps best known for its wide-ranging technical support. For example, the poliovirus laboratory at CDC functions as one of the global specialized laboratories in the polio laboratory network. Among the four spearheading partners, CDC

works as the “virus detective,” using its state-of-the-art virological surveillance expertise, or genetic fingerprinting, to identify the strain of poliovirus involved in an outbreak and pinpoint its exact geographical location and origin. Each year CDC scientists at the polio laboratory test more than 6000 specimens and isolates from around the world.

CDC also assigns short- and long-term technical experts to WHO and UNICEF offices worldwide to provide epidemiologic, programmatic, and managerial assistance to support surveillance and polio immunization campaigns in developing countries. These include members of the Stop Transmission of Polio (STOP) teams since 1999 (see below) and public health scientists who analyse surveillance data and investigate outbreaks of polio, especially in areas within or bordering polio-free zones. Most recently, CDC staff members have conducted polio outbreak investigations in Bulgaria and the Philippines.

In addition, CDC is one of the major funders for the purchase of OPV used in supplementary immunization campaigns such as NIDs. In the fiscal years of 2001 and 2002, CDC contributed approximately US\$ 115 million through UNICEF for this purpose. CDC also provides technical resources to assure that the purchased vaccine is targeted to achieve polio eradication objectives. ♦

STOP programme: providing field support where it's needed most

“**O**UR job is to help strengthen surveillance networks for polio . . . we have to know where the disease is and where it isn't, and we have to move fast. It's the most exciting job I've ever done,” wrote a member of the first Stop team sent from CDC in 1999. This captures the essence of what the STOP programme is all about: rapidly deploying human resources to the field to support national polio eradication programmes.

Based on the model used by smallpox eradication teams in the 1960s and 1970s, STOP team members collaborate with local and national counterparts from the Ministry of Health, WHO, and UNICEF. Their duties include:

- supporting, conducting, and evaluating active surveillance for acute flaccid paralysis (AFP);
- assisting with polio case investigations and follow-up, and
- assisting with planning, implementing, and evaluating supplemental immunization activities, including house-to-house mop-up operations.

Each day is different. Team members may work with local religious leaders to overcome community rumours about the safety of OPV; train traditional healers about AFP surveillance; hire a boat to a remote island to investigate a suspected polio case; or give a presentation to health officials on immunization campaign coverage.

In partnership with WHO and Rotary, CDC launched the programme in 1999, and since then has deployed 11 teams, comprising 386 members, to 34 countries. Prior to leaving for their three-month assignments, participants receive one week of training conducted by CDC and WHO staff in Atlanta. The partnership that supports STOP has expanded from WHO, Rotary, UNICEF and CDC to also include the Canadian Public Health Association.

Perhaps one of the best tributes to the programme is the fact that after completing their field assignments, one in four team members have continued to work in polio eradication with CDC, WHO or UNICEF.

To learn more about the STOP programme, the qualifications sought, and how to apply, visit <http://www.cdc.gov/nip/global/default.htm>

News and announcements

Canada supports NIDs in Nigeria



As part of the social mobilization effort in preparation of the forthcoming NIDs, Mme Chretien, the First Lady of Canada, and Mrs Danjuma (representing Mrs Stella Obasanjo, who was attending the Cote d'Ivoire meeting of First Ladies) arrive at the Bamishi village in the area council of Kuje near Abuja on 5 April to attend a polio immunization session. This advocacy event coincided with the visit of the Prime Minister of Canada, Jean Chretien, to Nigeria.

Photo: © UNICEF/Noble Tholari

De Beers flying for polio eradication



Suzanne Spencer, Head of Information and Communication at De Beers, doing a wing walk for her Day of Hope challenge, through which she raised over £1000 (around US\$ 1500) for the Global Polio Eradication Initiative. Seen here on the top wing of a 1940 Boeing Stearman Bi-plane, Suzanne was wearing £100 000 (around US\$ 150 000) of diamonds to gain publicity and raise awareness for the global bid to eradicate polio.

Photo © De Beers

World Press Photo award winner: polio eradication in Eritrea



Photographer Stefan Boness won an award in the 'science and technology' category of the World Press Photo awards for his portrayal of a young girl receiving polio vaccine at a health station in the village of Dresia in Western Eritrea, taken in December 2001.

Photo © Stefan Boness/Ipon

Obituaries

Dr Taky Gaafar, Regional Adviser, Vaccine Preventable Diseases and Immunization (VPI), and Coordinator, Disease Surveillance Eradication and Elimination in the WHO Eastern Mediterranean (EMR) Office, passed away on 4 July in Cairo. Dr Gaafar was first associated with WHO as short-term consultant in smallpox eradication in Bangladesh in 1975 and in Somalia (1979-1981). Dr Gaafar had a long association with Alexandria University, latterly as a Professor in the Department of Public Health, Faculty of Medicine from 1985 – 1994. He actively took part in a number of WHO EMR activities during this time, including national/interregional training courses, intercountry workshops and in-depth programme reviews. Dr Gaafar became Regional Adviser, VPI at WHO EMR office in January 1995. He will be sorely missed by all those who had the privilege and pleasure of working with him.

Abdi Risak Mahmed Farah, laboratory technician working for WHO in Somalia as Regional Polio Eradication Officer for Mudug Region, was tragically killed in a car accident on 5 May on his way back to his wife and children from a monthly meeting. His organizing skills and openness, transcending clan dimensions, had been the single most important factor in bringing NIDs to as many children as possible in this otherwise hard-to-reach area. His relentless effort in detecting AFP cases made a difference within his first few months with the programme. Working in Mudug Region is particularly challenging, as its regional town of Galkayo is the geographic centre of war-torn Somalia. Abdi Risak is greatly missed by his family, his colleagues, his community and the programme.

Dr Sekou Victor Sangare, former Expanded Programme on Immunization (EPI) Manager of Cote d'Ivoire, passed away on 14 June in Abidjan. Having left EPI management around two years ago, Dr Sangare undertook several assignments for the Vaccine Preventable Diseases department at the WHO Africa office as a consultant; his last assignment was a mission to the Gambia and Guinea in February 2002. He will be much missed.

Bruno Corbé, recent consultant to WHO in Goma, the Democratic Republic of the Congo, and long-time member of staff with Médecins Sans Frontières (MSF), died on 11 March in Martillac, France. Mr Corbé joined MSF in 1986, going to Sudan and Mozambique as a logistical expert, then to Iraq, Somalia, Afghanistan and Angola. Later at MSF headquarters, he joined missions to Bosnia, Chechnya, Rwanda and Kivu. In 1987 he launched the MSF-Logistics central purchasing offices in Lezignan. In 1993, he was appointed Logistics Director at MSF's Brussels headquarters and later, a member of the MSF-France Board of Directors and the MSF-Belgium Board. "The influence of his work and personality are indelibly stamped on the history of MSF".

"Polio in the press"

News media

- Europe declared polio-free but cash shortage hampers rest of the world – Agence France Presse (21.06.02)
- Silent polio carrier highlights risk – Georgina Kenyon, BBC Online (22.07.02) *
- Polio case in Burkina Faso – BBC Online (30.07.02)

Scientific articles

- Chemical Synthesis of Poliovirus cDNA: Generation of Infectious Virus in the Absence of Natural Template – Jeronimo Cello, Aniko V. Paul, and Eckard Wimmer, Science (11.07.02) *
- Public Health Dispatch: Poliomyelitis – Madagascar, 2002 – Morbidity and Mortality Weekly Report (MMWR) (19.07.02)

For copies of these and other recent articles, please contact polioepi@who.int or Tél.: + 41 22 791 3219

*The implications of these aspects of the risk assessment for post-certification immunization policy for polio will be covered in the December edition of Polio News.

British Airways 'Change for Good' donation funds Zambia NIDs

BRITISH AIRWAYS (BA) staff travelled to Zambia at the end of July to observe the country's recent SNIDs and mop-up campaigns. A US\$ 700 000 donation from BA's Change for Good/UNICEF fundraising partnership provided all of the OPV and social mobilization requirements for the July round.

High quality supplementary immunization activities were essential to ensure that virus from the five polio cases found in Zambia in 2001-2002, all importations from eastern Angola, did not reestablish poliovirus transmission in the country. Zambia's SNIDs aimed to reach at least 1 million children under the age of five.

The BA team observed the campaign at close quarters from the country's Ndola (Copperbelt) region. Gaining hands-on experience administering OPV to children, the team also joined vaccinators in the region's door-to-door campaign. Later, the importance of cross-border campaigns was underlined when the team travelled to the Zambia/Democratic Republic of the Congo border to observe joint immunization activity between the two countries.

Since 1994 BA's 'Change for Good' campaign has raised more than US\$ 16 million in support of UNICEF programmes around the world. ♦



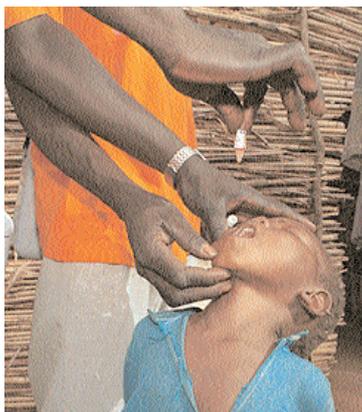
Photo © Tom Craig/UNICEF/UK02

In Chililabombwe, a town in Zambia's Copperbelt region on the country's border with the DRC, the tiny fingernail of a newborn baby is covered with harmless gentian-violet paint to indicate that she has been vaccinated against polio. Zambia's July SNIDs, funded by BA's Change for Good programme, reached over a million children.

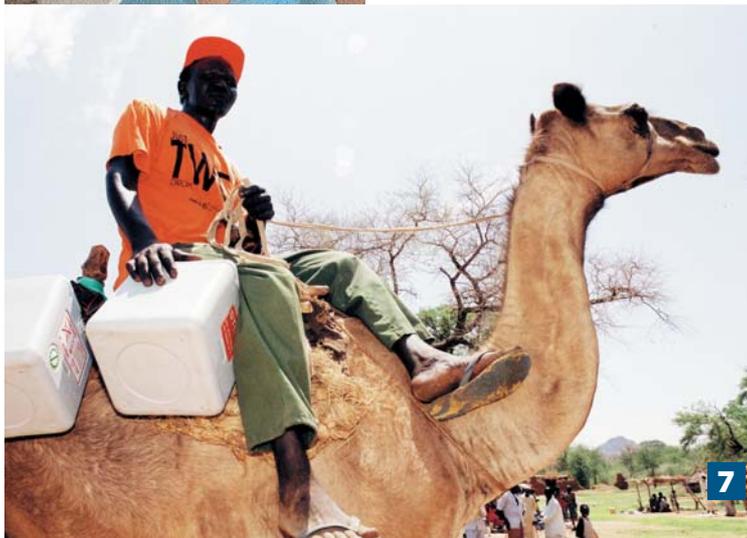
Cease-fires pave the way for direct access to children

CEASE-FIRES in two of the ten countries considered polio-endemic at the outset of 2002 have resulted in OPV reaching many children who had likely never been vaccinated before.

SUDAN: Some parts of the remote Nuba mountains, located in the central part of war-ravaged Sudan, have been inaccessible by direct UN humanitarian relief operations in the region for decades. As a result of a cease-fire signed on 19 May 2002, Initiative partners have been able to gain direct access to some areas for the first time, successfully completing three rounds of polio SNIDs in the Nuba region. Almost immediately following the cease-fire, WHO, in partnership with UNICEF, seized the opportunity to launch the immunization campaign, despite difficult logistics. Landmines severely hampered the movement of vaccination teams, and the mountainous terrain and lack



Photos: WHO/P. Blanc



of roads meant that teams frequently had to walk for over ten hours a day and climb steep mountain slopes in severe heat to access remote villages. In the villages themselves, where there is a dearth of education and health infrastructure, social mobilization efforts had to be intensified in order to explain the threat of polio and the reasons for the campaigns. Despite the difficulties, an average of 45 000 children were reached in each round.

ANGOLA: The April cease-fire in Angola has led to similar success for polio eradication, providing the opportunity to vaccinate hundreds of thousands of children who had been unreachable for years due to the conflict. The discovery of Angolan children with polio paralysis just across the border in Zambia in late 2001 demonstrated the reality of wild virus transmission in eastern Angola. At that time, the possibility of conducting successful immunization activities in the east was not assured. However, the 4 April ceasefire opened the formerly inaccessible areas, allowing SNIDs and mop-up campaigns in April and May. For the June and July NIDs, logistical support from the army, nongovernmental organizations and about 30 000 volunteers meant children in 150 newly-accessible municipalities, 37 "quartering and family areas" and children in internally displaced persons camps were vaccinated against polio. In total, close to 4.5 million children were reached in Angola during the June round, and the final round of NIDs took place in late August – all synchronized with neighbouring countries.

The knowledge provided by this 'direct access' to inaccessible populations in both Sudan and Angola has a major impact on the confidence of the polio status of each country. To date, Sudan has not isolated a wild poliovirus since April 2001. Angola's last recorded virus was in September 2001, though the recent importations to Zambia suggest that transmission is ongoing in eastern Angola. With continued access and strong AFP surveillance, these countries can reach the goal of being polio-free by the end of 2002. ♦

Resource mobilization

European certification and G8 commitment provide backdrop for enhanced resource mobilization efforts

ALL levels of the polio partnership are actively working to address the Initiative's most critical issue: filling the US\$ 275 million funding gap. On 21 June, as the European region of WHO was certified polio-free, WHO's Director-General, Dr Gro Harlem Brundtland, wrote an exceptional appeal to all European development ministers, citing the necessity of an extraordinary show of support for polio eradication in order to reach the goal of a polio-free world – therefore protecting the collective investment already made by the European region.

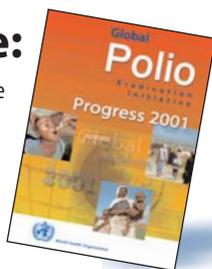
At the June 2002 G8 Summit in Kananaskis, Canada, G8 leaders pledged to fill the Global Polio Eradication Initiative's US\$ 275 million funding gap as part of the Africa Action Plan. The partnership is now working with G8 member states to help to operationalize this pledge. At the Summit, Canada pledged US\$ 32 million in new funding over three years. Canada and the UK, which has since committed an additional US\$ 25 million, are now preparing to advocate with the other G8 countries. A meeting of the Africa Personal Representatives of the G8 leaders towards the end of this year will be the crucial forum for translating the G8 pledges into actual resources. ♦

This autumn, the document 'Estimated external financial resource requirements for 2003-2005' will be published. It will summarize the global resource requirements and highlight the budget needs for all endemic countries and countries at high risk of wild poliovirus transmission - providing the basis for resource mobilization efforts.

Materials available:

The polio eradication *Progress Report 2001* is available in English in print and electronic format.

The first edition of the *polio eradication endgame briefing pack* is available in English and French – it is also available electronically on www.polioeradication.org



Many polio documents are available on the web site at: www.polioeradication.org

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DeBeers staff members:	US\$ 32 000 raised through staff fundraising initiatives
Japan:	US\$ 10.5 million to purchase OPV for Bangladesh, Ethiopia, Ghana, India, Nigeria and Sudan
Lichtenstein:	US\$ 5000 of undesignated funds, allocated to Guinea Bissau for operational costs
New Zealand:	US\$ 48 000 contributed to the Rotary Foundation to support activities in Indonesia
Norway:	US\$ 6.8 million in undesignated funding to the global programme
Rotary International:	US\$ 1.7 million for polio activities in Angola and the Democratic Republic of the Congo as well as support for CDC's STOP team programme
Rotary/United Nations Foundation (UNF) Private Sector Appeal:	US\$ 3.75 million in private sector campaign donations from Wyeth, Baxter, Tellabs and Pew Charitable Trust for polio activities in Ethiopia, India, West Africa and for the African Polio Laboratory Network
Trick or Treat:	US\$ 3.4 million for polio activities in Pakistan and Afghanistan, which attracted a US\$ 850 000 match from the UN Foundation
United Kingdom:	US\$ 7.8 million in undesignated funding

The Global Polio Eradication Initiative expresses its gratitude to all donors.
 *Donations announced since Polio News 15, May 2002

Wyeth donates US\$ 1 million to Global Polio Laboratory Network



Photo: WHO

Dr Gro Harlem Brundtland, Director-General of WHO (far right) joined Jack Blane, director of the Rotary's Polio Eradication Private Sector Campaign (middle right), in Geneva this June at a ceremony where US-based pharmaceutical company Wyeth pledged US\$ 1 million to polio eradication. Tommy Thompson, United States Secretary of Health and Human Services (far left) looked on as Kevin Reilly, President of Wyeth Vaccines and Nutrition (middle left) presented the contribution to the Polio Eradication Private Sector Campaign (jointly sponsored by The Rotary Foundation of Rotary International and the United Nations Foundation). The gift will support the African Region of the Global Polio Laboratory Network in their efforts to identify the last reservoirs of wild poliovirus. As part of Wyeth's commitment to the Initiative, now spanning six years, this is the company's second US\$ 1 million contribution to support the Global Polio Laboratory Network.

Forthcoming events 2002

Date	Event	Venue
21-22 September	Rotary International Meeting of National Advocacy Advisors	Zurich, Switzerland
25 September	Horn of Africa Polio Partners' meeting	Nairobi, Kenya
7-11 October	Meeting of Interested Parties	Geneva, Switzerland
22-24 October	Rotary IPPC Meeting	Evanston, USA
11 & 15 November	Global Polio Management Team Meeting	Geneva, Switzerland
12 November	WHO/UNICEF MoH Consultation for Priority Countries	Geneva, Switzerland
13-14 November	Meeting of the Global TCG	Geneva, Switzerland
25-29 November	Pan American Health Organization Special Centennial Meeting on Vaccines	Washington DC, USA
2-5 December	Task Force on Immunization	Abuja, Nigeria



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