



global polio eradication

Polio news

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July 2003

Polio veteran JW Lee takes charge of WHO and pledges to eradicate polio during his tenure



Photo: © WHO/PI/Int

JW Lee – new WHO Director-General and veteran of polio eradication activities

DR Jong-Wook Lee was elected the new Director-General of WHO at the Fifty-sixth World Health Assembly (WHA) in Geneva on 21 May. Dr Lee, a national of the Republic of Korea, takes over from Dr Gro Harlem Brundtland on 21 July.

Dr Lee – a twenty-year veteran of WHO – is an outspoken advocate for polio eradication. He was instrumental in eradicating polio from the WHO Western Pacific Region, where he headed the polio eradication programme as Director of Disease Prevention and Control, from 1990 to 1994. Dr Lee then headed the WHO Global Programme for Vaccines and Immunization from 1994 to 1998, in Geneva. “For eight years, I headed campaigns against polio.” Dr Lee assured the Assembly during his acceptance speech at the WHA. “I pledge to complete the eradication of polio during my tenure as Director-General.” ♦

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Rotary members exceed campaign goal raising more than US\$ 88.5 million to help end polio worldwide

ROTARY celebrated a dramatic moment on 3 June at its 94th annual International Convention in Brisbane, Australia, when it announced that it had successfully raised US\$ 88.557 million to help end polio, surpassing the original campaign goal of US\$ 80 million.

Last year, Rotary embarked on its second major fundraising campaign called “*Fulfilling our Promise: Eradicate Polio,*” to help raise critically needed resources to purchase oral polio vaccine (OPV), and to cover NID operational expenses and polio surveillance costs.

More than 16 000 Rotary clubs in 129 countries participated in this 15-month campaign, either by holding fundraising events in their communities, or by making personal contributions. During the announcement to the more than 16 000 Rotary members gathered in Brisbane, Dr Shigeru Omi, Regional Director for the WHO’s Western Pacific Region, paid special tribute to Rotary on behalf of the other spearheading partners of the Global Polio Eradication Initiative WHO, UNICEF and CDC. “Reaching every last child, in every corner of the world takes dollars, commitment and volunteers. Rotary members have been on the front lines in their communities, creatively raising money, raising awareness of polio eradication, and reminding the world what Rotary is about – ‘service above self’.”

The funds raised this year are in addition to the US\$ 500 million Rotary has committed to polio eradication since 1985, when Rotary launched its first fundraising drive with the goal of US\$ 120 million. By the end of that campaign, Rotary had raised more than double its goal and created its PolioPlus Program – the largest private sector support of a global health initiative ever. ♦

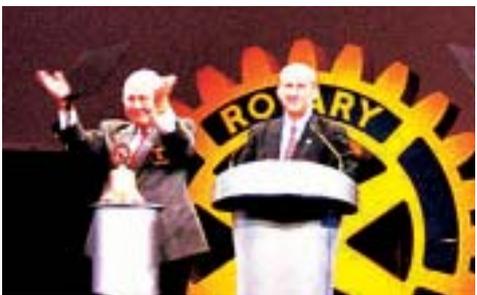


Photo: © Rotary International

Rotary International President Bhaiji Rattakul (2002-03) and Rotary Foundation Chairman Glen Kinross announced results of fundraiser



Suzanne Mubarak, First Lady of Egypt, prepares to administer OPV to a child
Photo: © WHO

for a global victory



WHO

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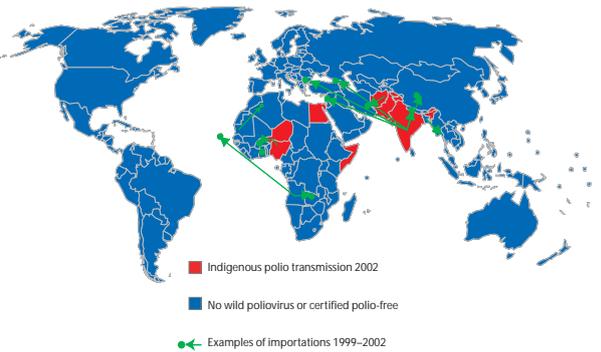
A Newsletter for
the Global Polio Eradication Initiative
Department of Vaccines & Biologicals
World Health Organization
in association with Rotary International,
United Nations Children’s Fund and the
Centers for Disease Control and Prevention



Importations – a manageable risk

THE global Technical Consultative Group for Poliomyelitis Eradication (TCG), adopted a major tactical shift in eradication activities at its annual meeting in April, in Geneva. The new tactical shift entails an increase of resources into the seven polio-endemic countries and continued support to six countries considered at highest risk of polio-reinfection. This shift increases the risk of virus importations into polio-free areas, and has to be managed effectively. At the country level, it is critical to respond to importations rapidly and maintain comprehensive guidelines to effectively manage potential importations. Sufficient resources need to be available to the international agencies, WHO and UNICEF, to rapidly respond to virus importations. ♦

Examples of importations into polio-free areas 1999-2002



Overview of guidelines for managing importations into polio-free countries

A key prerequisite for regional polio-free certification is that all countries in a WHO region need to develop plans of action of preparedness for wild poliovirus importations. Key elements of these plans are to maintain strong, sensitive AFP surveillance systems to document continued polio-free status and to reliably and rapidly identify wild poliovirus imported from endemic areas. Failure to identify importations, or delays in reporting, may lead to renewed virus spread, and possibly re-establishment of endemic poliovirus transmission.

In 2001, the global TCG approved specific guidelines on the management of wild poliovirus importations into polio-free countries. The following are the major elements of activities responding to the identification of imported wild poliovirus:

Rapid investigation (initiated within 48 hours of virological confirmation) – a full epidemiological, clinical and virological investigation should be initiated within 48 hours of identification, including specimen collection from contacts of the index case, and the assessment of vaccination coverage and surveillance quality in the affected area. From the beginning of this investigation, country teams should keep in close contact with WHO and UNICEF teams at regional and global level.

Surveillance response (initiated within 48 hours of virological confirmation) – AFP surveillance activities in the affected area (at least the affected state/province,

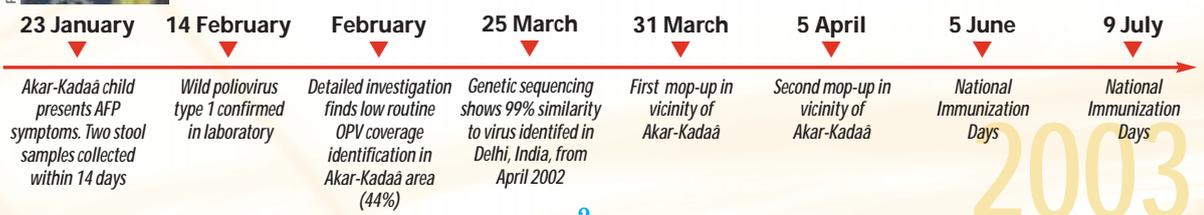
possibly the whole country, depending on the size of the country) should be “enhanced” and intensified within 48 hours of virological confirmation of the case. Activities to enhance surveillance include searching for additional cases at all relevant health facilities, including conducting retrospective record reviews, and informing all major hospitals and medical practitioners about the importation. Enhanced surveillance must continue for at least six months to reliably document that the importation has not led to further spread or re-established transmission.

Immunization response (plan to be finalized within four weeks, activity to begin no later than six weeks following virological confirmation) – Using existing plans of preparedness for importations, countries should finalize detailed plans for immunization response activities, covering all logistical, operational and financial needs, within four weeks of confirming the imported wild poliovirus. The size of the response immunization may vary depending on the location of the importation as well as on the results of genetic sequencing studies (often available only after another interval of two or three weeks). However, the activity should always consist of a large-scale house-to-house mop-up operation, consisting of two immunization rounds covering multiple provinces, or even neighbouring countries. While the immunization response is very urgent, sufficient time should be spent on planning so that the necessary quality of the response can be assured. ♦



Child paralysed by poliovirus imported into Lebanon

Lebanon 2003: Timeline of the response to the poliovirus importation (first polio seen in Lebanon since 1994)

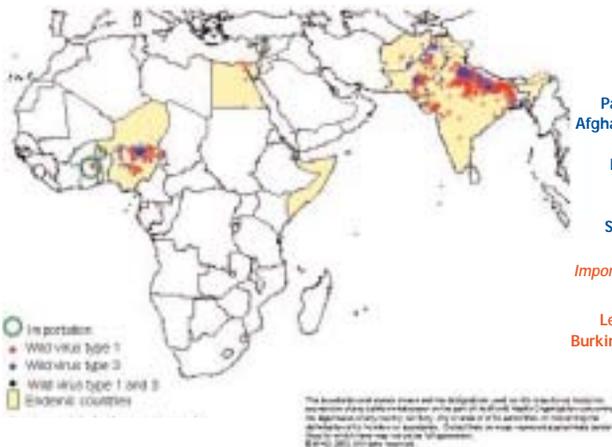


AFP and polio reporting, year-to-date comparison: 2002 vs 2003

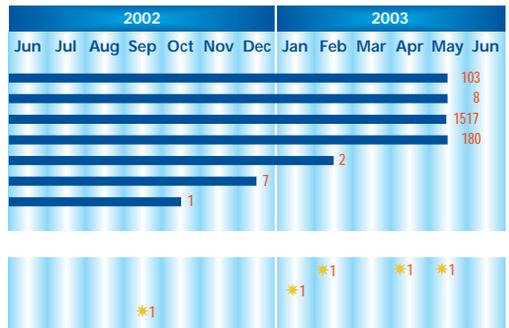
Region	2002 (as of 27 June 2002)					2003 (as of 26 June 2003)				
	Non-polio AFP rate	Adequate specimen rate	Confirmed polio cases	Wild polio virus cases	Pending cases	Non-polio AFP rate	Adequate specimen rate	Confirmed polio cases	Wild polio virus cases	Pending cases
African	2.60	83%	32	31	843	2.40	89%	60	60	988
Americas	0.79	92%	0	0	289	0.87	92%	0	0	298
Eastern Mediterranean	1.98	89%	26	26	405	2.26	90%	41	41	434
European	1.30	83%	0	0	464	1.09	83%	0	0	332
South-East Asian	1.04	85%	60	60	1312	1.15	85%	84	84	1162
Western Pacific	0.83	86%	0	0	1321	0.79	86%	0	0	270
Global total	1.44	86%	118	117	4634	1.45	87%	185	185	3484

Wild poliovirus map

24 June 2002 – 23 June 2003



Timeline: total wild poliovirus and date of most recent wild poliovirus by country from 24 June 2002 to 23 June 2003



Source: Data at WHO Geneva as of 26 June 2003

* Most recent importation cases/virus

Snapshots from NIDs...



NIDs calendar for selected countries

Category	Country	July 2003 Type of activity Intervention	August 2003 Type of activity Intervention	September 2003 Type of activity Intervention
Endemic	Afghanistan	27 July / SNIDs / OPV Round 1		2 September / NIDs / OPV Round 1
	Egypt			16 September / SNIDs / OPV Round 1
	India			6 September / SNIDs / OPV Round 1
	Nigeria		30 August / Mop-up (Kano) / OPV Round 1	18 September / Mop-up / OPV Round 1
	Pakistan	22 July / SNIDs / OPV Round 2		2 September / NIDs / OPV Round 1
	Somalia		11 August / SNIDs / OPV Round 1	12 September / SNIDs / OPV Round 2
Importations	Ghana	11 July / Mop-up / OPV Round 2		
	Lebanon	9 July / NIDs / OPV Round 2		
High Risk	Angola	25 July / NIDs / OPV Round 1	29 August / NIDs / OPV Round 2	
	DR Congo	25 July / SNIDs / OPV Round 1	29 August / SNIDs / OPV Round 2	
	Ethiopia		11 August / SNIDs / OPV Round 1	12 September / SNIDs / OPV Round 2

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.

Global TCG adopts tactical shift to eradicate polio – news featured in world’s press

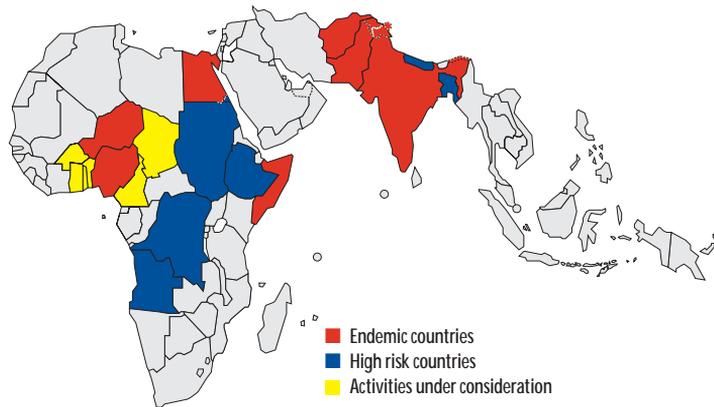
The New York Times: “Coalition that fights polio announced smart change in strategy...”

IN response to the unprecedented geographic concentration of polio transmission globally, the global Technical Consultative Group for Poliomyelitis Eradication (TCG) adopted a major tactical shift in eradication activities. At the annual meeting of this independent technical oversight body held in Geneva in April, the global TCG recommended that resources be concentrated on the remaining seven polio-endemic countries, and six countries considered at highest risk of re-infection. The success of the new strategy depends on all countries maintaining strong surveillance and emergency response capacities (see page 2).

Following a global press briefing on 13 May, the news was reported in the world’s major media outlets. “The coalition that fights polio announced a smart change in strategy,” reported The New York Times, “focusing money and expertise more tightly on the few areas where polio is still endemic.” The BBC agreed: “Operations will be intensified in the three nations which together account for 99% of cases – India, Nigeria and Pakistan.” In total, more

than 50 major media outlets around the globe covered the global TCG’s announcement, including the International Herald Tribune, the Wall Street Journal, Der Spiegel, Le Figaro and the Guardian, reaching an audience of well over 30 million people worldwide. ♦

Tactical shift, 2003: 51 OPV campaigns in 13 countries, versus 266 campaigns in 93 countries in 2002



Mohamed H Wahdan honoured by Rotary

LONG-TIME polio veteran Dr Mohamed H Wahdan was honoured by Rotary with the coveted Paul Harris Fellowship recognition at the recent global TCG meeting in Geneva. Presenting this award, Mr Bill Sergeant, Chairman, Rotary International PolioPlus Committee, cited Wahdan’s ongoing commitment and important contributions to polio eradication as key determinants for the endowment.

“I am very proud to receive this recognition by Rotary, and I accept it on behalf of all those working in the Regional Office and the country programme, who are the ones really responsible for this progress,” said Dr Wahdan. Special Advisor to the Regional Director for Polio Eradication at WHO’s Eastern Mediterranean Regional Office (EMRO) in Egypt since 1998, Wahdan has been instrumental in the fight against communicable diseases at WHO since 1979.

Named after the lawyer who founded Rotary International in 1905 in Chicago, Illinois, USA, the Paul Harris Fellowship was established in 1957 to express appreciation for substantial contributions to humanitarian programmes and scholarships. ♦



Dr Mohamed Wahdan, joined by Dr Faten Kamel (right) and Dr Mary Agocs of his team in EMRO, receives the prestigious Paul Harris Fellowship

1st new feature

COUNTRY-FOCUS
EGYPT

In the first of a new series of country-focus features, Polio News looks at polio eradication efforts in Egypt. Monthly 1-2 page electronic supplements to the quarterly Polio News will be developed, highlighting eradication activities in polio-affected countries. Please look for next month's feature on Angola, available on www.polioeradication.org in August.

2002 Polio eradication in Egypt: a year of contrasts

January to June: widespread polio circulation and insufficient surveillance sensitivity... 2002 proved to be a year of two contrasts for polio eradication efforts in Egypt. Although poliovirus types 2 and 3 have not been detected since 1994 and 2000 respectively, positive environmental sampling indicated widespread circulation of multiple lineages of wild poliovirus type 1. Of great concern, standard AFP surveillance had not identified any polio cases as of September. Consequently, based on data from the first half of 2002, the global TCG expressed "grave concerns" about Egypt's polio eradication programme.

July to December: immediate improvements as new Minister of Health and Population takes oversight of programme... In mid-2002, the national polio eradication programme underwent a major restructuring with immediate improvements in surveillance and SIA quality. Between September and December, seven new cases were reported. His Excellency the Minister of Health and Population, Dr Muhammad Awad Tag Eldeen, soon after taking office established full-time polio officers and polio cells at all levels, greatly facilitating both the planning and implementation of supplementary immunization and surveillance activities. The renewed political support made itself felt across all levels, as the Governors of key provinces launched SIAs. In September 2002, the first round of national immunization campaigns was officially opened by Egypt's First Lady, Suzanne Mubarak.

Dr Walter Orenstein, Chairman of the global TCG, discusses the Egyptian polio eradication programme:

"Polio eradication activities in Egypt have improved dramatically since the second half of 2002. Egypt is closely following the recommendations put forward by the global TCG, as well as by the national Technical Advisory Group (TAG). The SIA schedule for 2003 is appropriate. The key now will be to markedly improve the quality of house-to-house activities in the megacities of Cairo, Alexandria and Giza, if poliovirus transmission is to be rapidly interrupted."

December 2002 NID, an increase of 12% over the previous year, with coverage of greater than 95% in many of the sampled districts. Improvements



Suzanne Mubarak, First Lady of Egypt, prepares to administer OPV to a child



Photo © WHO

Egypt at a glance

	2001	2002	2003
Number of polio cases	5	7	0
Number of positive environmental samples	74	26	3
Proportion of environmental samples positive	57%	16%	2.6%
Non-polio AFP rate	1.1	2.4	2.4
Adequate stool collection rate	93%	91%	94%
Supplementary immunization rounds	8	5	6

Egypt: Selected SIAs and Performance

Intervention	Date	Status	Number of children immunized
NID	December 2001	Completed	8.6 million
NID	December 2002	Completed	9.8 million
NID	28 March 2003	Completed	10 million
NID	2 May 2003	Completed	10.3 million
SNID	20 June 2003	Completed	805 000
SNID	September 2003	(Sharkiya governate)	(preliminary)
		Planned	Not applicable
NID	October 2003	(Greater Cairo)	
		Planned	Not applicable
NID	December 2003	Planned	Not applicable

continue in 2003, as during the most recent NID in May, 10.3 million children were reached.

♦ **Strong surveillance and laboratory performance...** The close oversight of the programme also resulted in an increase in the sensitivity of the surveillance system. The non-polio acute flaccid paralysis (AFP) rate doubled over 2001, from 1.1 to 2.4. Although workload doubled, the Regional Reference Laboratory VACSERA maintained excellent speed of reporting.

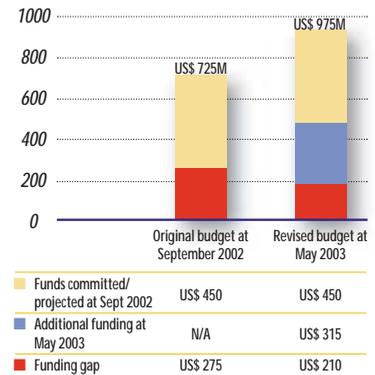
Continuing challenges... Despite the progress, the quality of AFP surveillance rates and house-to-house immunization activities were still lagging in the key "megacity" governorates of Cairo, Giza and Alexandria in 2002. ♦

Funding gap reduction announced at WHA

THANKS to generous contributions from Canada, the European Commission, Japan, the United Kingdom, the United States, Rotary International and other donors, the Polio Eradication Initiative's 2003-2005 funding gap has been reduced from US\$ 275 million to US\$ 210 million. The announcement was made at the fifty-sixth World Health Assembly, held in Geneva from 19 to 28 May. This reduction in the funding gap occurred despite the additional polio campaigns needed in India and Nigeria in response to the increase in cases in 2002 and the resulting US\$ 250 million increase in the overall budget for the period.

While the overall funding gap has been reduced, the Initiative still faces a critical US\$ 20 million shortfall to conduct planned activities for the end of 2003 and the first quarter of 2004. Moving forward, the Initiative's focus will be on securing flexible global funding. The Polio Eradication Initiative is also preparing the 2004-2008 Strategic Plan for Polio Eradication and the accompanying budget to provide a longer time horizon for donors to ensure planning for multi-year contributions. ♦

Status of external financial resource requirements for polio eradication (2003-2005) as of May 2003
all figures in US\$ millions, excluding agency overhead



World Bank, Gates Foundation, Rotary/UNF announce innovative funding mechanism for Nigeria and Pakistan to purchase OPV

AN innovative financing initiative was launched on 29 April when The World Bank approved a US\$ 29 million no-interest loan for the purchase of OPV in Nigeria, a country accounting for 11% of global polio cases. The World Bank, the Bill & Melinda Gates Foundation, Rotary International, and the United Nations Foundation (UNF) have together established the *Investment Partnership for Polio* to help fund the purchase of OPV in key polio-endemic countries. Subsequent to the Nigeria loan approval, a US\$ 20 million loan for Pakistan was approved by The World Bank on 15 May 2003.

The loans are being funded through the International Development Association (IDA). In a new approach to development aid, the *Investment Partnership for Polio* will "buy down" the countries' IDA loans. Funds established by the Bill & Melinda Gates Foundation and Rotary International/UNF – representing 43% of the total loan – serve to "buy down" the loan, in effect turning it into a grant. ♦



World Bank President James D. Wolfensohn

Photo: © World Bank

Recent donations:*

- Canada**
US\$ 850 000 for polio eradication activities in Pakistan
US\$ 850 000 for surveillance and social mobilization in India
 - European Commission**
US\$ 29.4 million to India's polio program
US\$ 15.1 million to Nigeria's polio program
 - Japan**
US\$ 14.5 million for polio activities in Bangladesh, Ethiopia, Ghana, India, Nigeria and Sudan
 - New Zealand**
US\$ 919,540 to polio eradication through Rotary, UNICEF and WHO
 - Norway**
US\$ 7.5 million for global eradication efforts
 - Rotary International**
US\$ 2 million for polio activities in India and Pakistan, and the Polio Laboratory Network
 - UNICEF**
UNICEF Regular Resources - US\$ 1 million for India
Legacy Gift to UNICEF - US\$ 5.3 million for Afghanistan, Nigeria and Pakistan
 - World Bank/Gates/Rotary-UN Foundation Investment Partnership for Polio**
US\$ 29 million for Nigeria's polio program
US\$ 20 million for Pakistan's polio program
- The Global Polio Eradication Initiative expresses its gratitude to all donors.
Donations announced since Polio News 18 (March 2003).

On 28 April, top representatives from the Bill & Melinda Gates Foundation, Rotary International and the UN Foundation joined World Bank President James D. Wolfensohn in announcing the Investment Partnership for Polio



Photo: © Gates Foundation

Patty Stonesifer, Co-Chair and President, Bill & Melinda Gates Foundation



Photo: © Rotary International

Rotary International President (2003-04) Jonathan Majiyagbe



Photo: © UN Foundation

Timothy Wirth, President of the UN Foundation

Materials available

- 2002 Progress Report of the Global Polio Eradication Initiative
 - CD Rom: Impact of polio eradication on other health services; selected background documents
- Please email polioepi@who.int for copies.

Forthcoming events 2003

- SAGE meeting: 7-9 July
- India Expert Advisory Group: 11-12 July
- Afghanistan TAG meeting: 17-18 July