

Pakistan President General Pervez Musharraf takes personal oversight of final push to eradicate polio in Pakistan



Regional Director WHO, Dr Hussain A. Gezairy, called on President General Pervez Musharraf at Rawalpindi on 12 September 2003

Pakistan's President General Pervez Musharraf announced he would take personal oversight of the final push to eradicate polio from Pakistan, at a meeting with WHO Regional Director Dr Hussein A. Gezairy, together with the Federal Secretary of Health, Mr Ejaz Rahim.

President Musharraf appealed to governors, chief ministers, district Nazims and civil servants across the country to ensure that the disease

is eradicated from Pakistan and that every child is protected against this crippling disease once and for all.

"As Pakistan is still one of only three remaining polio reservoirs, the importance of President Musharraf's commitment to polio eradication cannot be overstated," said Dr Gezairy. "Although Pakistan's polio eradication programme has made substantial progress since the early 1990s and transmission has dropped by 90%, now it is critical that every effort is made to reach every child in Pakistan."

President Musharraf has requested a monthly performance report on the status of polio eradication in each of the provinces.

During his visit to Pakistan, Dr Gezairy also met with the Governor of Baluchistan, Mr Owais Ahmad Ghani, and the Governor of Sindh, Dr Ishrat-ul-IBad Khan. Both reaffirmed the full commitment of their provincial governments to polio eradication. ♦

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Polio medical officer Omar Mekki injured in Baghdad UN bombing; see page 4 for details
Photo: © EMRO/Humayyan Asghar

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Global Polio Eradication Initiative to launch new Strategic Plan for 2004–08

WITH only seven countries remaining polio-endemic and 96% of all new cases geographically contained in parts of Nigeria, India, and Pakistan, the spearheading partners of the global Polio Eradication Initiative are developing a Strategic Plan for 2004–08. The plan will broadly focus on four objectives: interruption of wild poliovirus transmission, achievement of global certification, implementation of policies for the post-certification era, and mainstreaming of the polio eradication infrastructure. Consultations on the new Strategic Plan and budget will be completed by December, and launched in January 2004. ♦

Strategic Plan 2004–08

1. Interrupt wild poliovirus transmission
2. Achieve global certification
3. Implement policies in post-certification era
4. Mainstream polio eradication infrastructure

for a global victory



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Importance of polio policies for post-certification era

SINCE 2000, polio outbreaks caused by vaccine-derived polioviruses (cVDPVs) have conclusively demonstrated that continued use of oral polio vaccine (OPV) for routine immunization could compromise the goal of eradicating all paralytic poliomyelitis. To minimize the long-term risks associated with OPV, the world must eventually stop the routine use of this vaccine as soon as possible after global certification, while surveillance and population immunity remains high.

From 2004 onwards, WHO and its global partners will engage in extensive consultations with OPV-using countries on the risks associated with OPV cessation, and to facilitate decisions on post-OPV vaccination policies.

To ensure that the risk of paralytic poliomyelitis for current and future generations is minimized, policies for the post-certification era will need to address the following four interrelated areas of work:

Strategy for cessation of routine immunization with OPV

Strategic priorities:

- Refine existing estimates on frequency and risk associated with each type of VDPV which could emerge with OPV cessation.
- Establish standard strategies and operating procedures for responding to circulating polioviruses, should they occur after OPV cessation.
- Develop local strategies to reduce specific VDPV risks (eg in orphanages).
- Evaluate efficacy, cost and operational feasibility of IPV in low and middle income settings.
- Maintain capacity to reinstate large-scale OPV use if required.

Poliovaccine stockpile management and evolution

Strategic priorities:

- Enlarge current (rolling) stockpile from 50 million doses of trivalent OPV (tOPV) to 75 million, for the period 2006-08. (This amount will need to be further increased in the post-certification era).
- Ensure licensing of monovalent OPV (mOPV) for vaccine stockpile, to ensure type-specific response to cVDPVs or containment failures, thus limiting number of serotypes reintroduced.
- Finalize target number of stockpile doses for each vaccine (ie mOPV, tOPV, IPV).
- Develop sustainable procedure to govern the maintenance and use of the stockpile, at the time of OPV cessation and thereafter.

Detection and notification of circulating polioviruses

Strategic priorities:

- Supplement AFP reporting and investigation with additional measures to facilitate rapid detection and immediate notification of circulating polioviruses to national and international authorities.
- Align reporting of circulating polioviruses with other activities aimed at identifying events of international public health importance, such as WHO International Regulations and Global Outbreak Alert and Response Network (GOARN).
- Continue to explore new diagnostics, tools and strategies for poliovirus surveillance in the post-certification era.

Long-term containment of poliovirus stocks

Strategic priorities:

- Develop a third edition of the Global Action Plan for the Containment of Polioviruses (GAP III) to deal with containment in the post-certification and OPV-cessation phases.
- Establish international consensus on the timeframe and mechanisms for ensuring that containment requirements for all poliovirus stocks are appropriate to the risks (including Sabin and Sabin-derived polioviruses).
- Develop other tools and capacity to ensure that containment requirements are maintained in the long-term in all laboratories and vaccine production facilities that hold polioviruses.
- Align the long-term monitoring of containment implementation with the processes already in place for other pathogens which are subject to high biosafety levels.

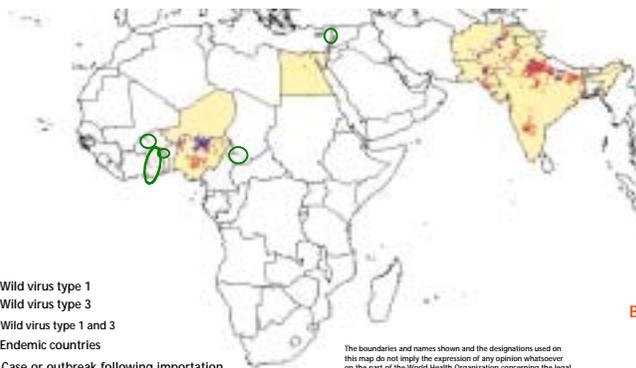
post-certification era
polio eradication

AFP and polio reporting, year-to-date (YTD) comparison: 2002 vs. 2003

Region	2002 (as of 29 October 2002)					2003 (as of 28 October 2003)				
	Non-polio AFP rate	Adequate specimen rate	Confirmed polio cases	Wild polio virus cases	Cases pending classification	Non-polio AFP rate	Adequate specimen rate	Confirmed polio cases	Wild polio virus cases	Cases pending classification
African	3.00	83%	154	141	NA	2.60	89%	231	231	1 359
Americas	0.93	98%	0	0	531	1.14	81%	0	0	512
Eastern Mediterranean	2.24	88%	67	67	426	2.38	90%	83	83	380
European	0.99	82%	0	0	422	1.19	82%	0	0	448
South-East Asian	1.55	84%	815	815	1 837	1.61	84%	163	163	1 245
Western Pacific	1.08	87%	0	0	487	0.91	87%	0	0	445
Global total	1.77	85%	1 036	1 023	3 703	1.70	88%	477	477	4 389

Wild poliovirus map

29 October 2002 – 28 October 2003



- Wild virus type 1
- Wild virus type 3
- Wild virus type 1 and 3
- Endemic countries
- Case or outbreak following importation

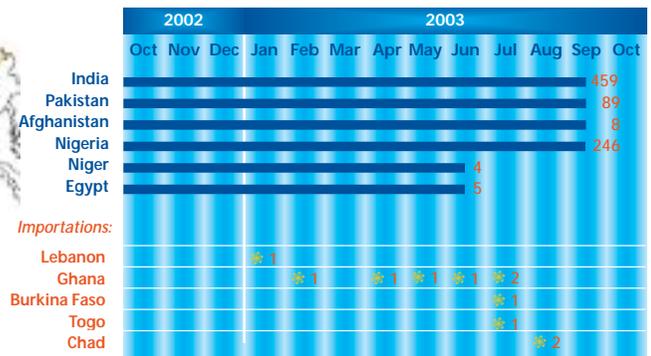
*Excludes viruses detected from environmental surveillance and vaccine derived polio viruses.

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

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Data in WHO HQ as of 28 Oct 2003.

Timeline: total wild poliovirus and date of most recent wild poliovirus by country from 29 October 2002 to 28 October 2003



Source: Data at WHO Geneva as of 7 October 2003

* Data of importation

Snapshots from NIDs...



Photo: © Nigeria – Rotary International/JM Glibou



Photo: © Nigeria – Rotary International/JM Glibou



Photo: © Nigeria – Rotary International/JM Glibou

Supplementary immunization activities calendar for selected countries

Category	Country	October 2003 Type of activity Intervention	November 2003 Type of activity Intervention	December 2003 Type of activity Intervention
Endemic	Afghanistan	19 October / NIDs / OPV Round 2 / Vit A		
	Egypt	18 October / NIDs / OPV Round 1		2 December / NIDs / OPV Round 2
	India		9 November / SNIDs / OPV Round 2	
	Niger	22 October / NIDs / OPV Round 1		3 December / NIDs / OPV Round 2
	Nigeria	22 October / SNIDs / OPV Round 1		3 December / SNIDs / OPV Round 2
	Pakistan	14 October / NIDs / OPV Round 2 / Vit A		7 December / SNIDs / OPV Round 1
	Somalia (southern)	13 October / SNIDs / OPV Round 1		
High risk/ Importations	Benin	22 October / NIDs / OPV Round 1		3 December / NIDs / OPV Round 2
	Burkina Faso	22 October / NIDs / OPV Round 1		3 December / SNIDs / OPV Round 2
	Cameroon			16 December / SNIDs / OPV Round 1
	Chad		11 November / NIDs / OPV Round 1	16 December / SNIDs / OPV Round 2
	Ghana	22 October / NIDs / OPV Round 1		3 December / NIDs / OPV Round 2 / Vit A
	Togo	22 October / NIDs / OPV Round 1		3 December / NIDs / OPV Round 2
	Ethiopia	17 October / SNIDs / OPV Round 1		5 December / SNIDs / OPV Round 2
	Lebanon	19 October / NIDs / OPV Round 1		7 December / NIDs / 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.

Polio medical officer Omar Mekki injured in Baghdad UN bombing

DR Omar Mekki, WHO medical officer for polio eradication and EPI in Baghdad, was among those injured during the 19 August bombing of the Baghdad UN headquarters.

Dr Mekki, a native of the Sudan and three-year veteran of the Polio Eradication Initiative, had been evacuated with his family from Baghdad to Jordan earlier in the year, just prior to the commencement of military campaigns against Iraq. He then returned to his duties in Baghdad in July. Dr Mekki suffered extensive injuries to his head and face, and subsequently underwent a neurosurgical intervention, with rehabilitation in Geneva prior to returning to Jordan with his family. ♦



Photo: © WHO/EMRO/Humanayan Asghar

Omar Mekki, polio officer injured in Baghdad blast

Dr Rafi Aslanian, EMRO polio pioneer, dies



Photo: © WHO/EURO

Dr Rafi Aslanian, co-founder of Operation MECACAR, passed away 5 August

DR Rafi Aslanian, a long-time leader in the polio eradication effort in WHO's Eastern Mediterranean Region (EMRO), died 5 August 2003. Dr Rafi Aslanian joined the World Health Organization (WHO) in the late 1970s and made a considerable contribution to the eradication of smallpox in India. It was the first ever WHO programme aimed to eradicate an infectious disease. Dr Rafi Aslanian headed the group on the Expanded Programme on Immunization of the WHO South-East Asia Region. His knowledge and skills based on years of varied experience were invaluable to the Global Polio Eradication Initiative. Dr Aslanian, serving as Medical Officer at EMRO, became co-founder of the innovative Operation MECACAR, a series of coordinated national immunization campaigns in 18 countries and areas with the highest polio rates in the European and Eastern Mediterranean Regions. The success of these synchronized campaigns contributed greatly to the achievement of polio eradication in the European Region in 2002, and rapidly ended polio transmission in many countries in EMRO. Those who had the pleasure of knowing him will remember him for his compassion, wit, and ability to motivate others, particularly in difficult conditions. ♦

Tribute to Frederick C. Robbins, Nobel Laureate and polio vaccine pioneer

DR Frederick C. Robbins, who received the Nobel Prize in 1954 for discovering a way of growing the poliovirus in the laboratory, died on 4 August at the age of 86. His discovery resulted in the development of effective poliomyelitis vaccines, and also the eventual development of vaccines for other major childhood illnesses, including measles and rubella.

Throughout an illustrious career which spanned over six decades, Dr Robbins held many renowned and honorary positions, including serving as the Chairman of PAHO's International Commission for the Certification of Poliomyelitis Eradication for the Americas, where his dedication and leadership were critical to achieving polio-free certification in the Americas in 1994.

Robbins, associated for more than 50 years with the Case Western Reserve University in Cleveland, USA, is survived by his wife Alice Northrop Robbins and their daughters Alice and Louise. ♦

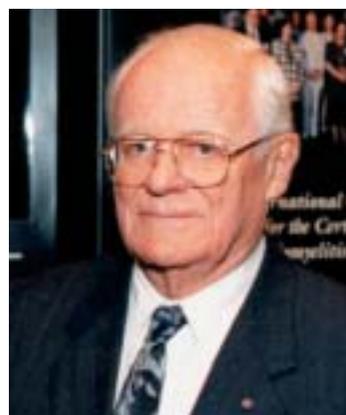


Photo: © A. Vitek/PAHO

Dr Frederick C. Robbins, Nobel Laureate and polio vaccine pioneer

COUNTRY FOCUS NIGERIA

Continuing our series of country-focus features, this month Polio News examines polio eradication in Nigeria.

Nigeria – higher quality immunization campaigns urgently required

Since August 2003, Nigeria has overtaken India as the country with the most reported wild poliovirus cases in the world in 2003.

Increase in new cases... As of 29 October, 217 cases have been reported, representing nearly half of all cases in the world. Nigeria now poses the highest risk to the end-2004 target date for global eradication, due to very low immunization coverage during immunization campaigns in the north, and postponement of recent immunization campaigns in the northern state of Kano. Poliovirus from the north of the country is re-infecting previously polio-free areas within Nigeria (ie Lagos), as well as nearby countries across west Africa.

Distinct epidemiological blocks; virus transmission centred around northern state of Kano... Although the number of polio campaigns conducted in Nigeria in 2002 and 2003 is appropriate, field data demonstrate that a high number of children are being missed during campaigns. For example, in the northern states of Kano, Jigawa, and Kaduna, some data suggests that only between 16% and 41% of children received an adequate number of OPV doses in the first half of 2003. The coverage rates are insufficient to interrupt wild poliovirus transmission.

The result has been the emergence of distinct epidemiological blocks. The “high endemic” block centres around the state of Kano, which together with Jigawa, Kaduna and Katsina account for 62% of all new cases in Nigeria.

Higher quality campaigns required... To interrupt wild poliovirus transmission, it is critical to reach all children during polio campaigns. Of particular importance will be to engage political,

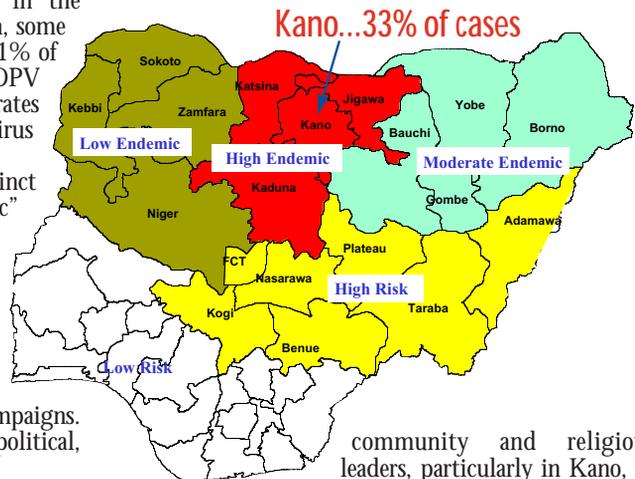
Nigeria at a glance

	2001	2002	2003 <i>(as of October)</i>
Number of polio cases	56	202	217
Percentage of global burden	12%	11%	45%
Number of cases in:			
Kano	9	51	72
Jigawa	2	16	18
Katsina	2	23	20
Kaduna	1	27	11

Jonathan Majiyagbe, President of Rotary International, calls for stronger commitment to polio eradication during a recent trip to his native Nigeria

“As a Rotarian, as a Nigerian, as President of one of the spearheading partners of the Initiative, I call on the leaders of each state in Nigeria to take direct oversight of polio eradication activities, and ensure all children are protected against this paralyzing disease.”

Polio epidemiologic blocks in Nigeria



community and religious leaders, particularly in Kano, to ensure all children are reached during campaigns. In September, a high-level delegation from WHO's Africa office met with the new Nigerian Minister of Health, Professor Eytayo Lambo. During these consultations, Professor Lambo affirmed the federal government's commitment to eradicate polio in Nigeria by end-2004, and requested the development of a 15-month Plan of Action to address major operational issues of the national polio eradication programme. ♦

Carol Bellamy, Executive Director UNICEF, discusses her recent trip to Nigeria:

“Nigeria has the most reported polio cases in the world in 2003. I believe Nigeria's political leaders have the power to turn this situation around. During my visit to that country I was impressed with their commitment to polio eradication. Now we have to see action, particularly in Kano, as every child must be fully vaccinated against this paralyzing disease.”

The Russian Federation pledges US\$ 4 million to fight polio

FOLLOWING the recent G8 Summit in Evian, the Russian Federation has signed a three-year, US\$ 4 million agreement with WHO for polio eradication. The Russian Federation joins Canada, Japan, the United Kingdom, and the United States as the G8 countries that are fulfilling their collective commitment to fund polio eradication activities for 2003–2005. For the past two years, G8 leaders have publicly committed to helping the African continent through the Africa Action Plan and providing the “necessary funding to eradicate polio once and for all.”

“This contribution is a practical expression of the agreement by the leaders of the G8 to support WHO in the task of eradicating one of the world’s most dangerous diseases,” according to J.L. Shevchenko, Minister of Health of the Russian Federation.

France, Germany and Italy have yet to fulfil their pledge to fund polio eradication. The fulfilment of the G8’s pledge will be key to ensuring funds are in place for late 2003 and early 2004 activities, and to filling the overall funding gap of US\$ 210 million for 2003–2005 which threatens to undermine the collective investment. ♦

Polio partners appeal to nations in the Middle East for increased funding

IDENTIFYING and engaging new donors will be the key to closing the funding gap faced by the Initiative and helping generate greater support for eradication efforts in the seven remaining endemic countries. All Middle Eastern countries are at risk of polio re-introduction until transmission is stopped globally, because of the frequent travel to and from polio-endemic countries such as Egypt, India and Pakistan. This year’s importation of poliovirus to Lebanon from India clearly demonstrates this risk. Under the leadership of Dr Hussein A Gezairy, Regional Director of the WHO Regional Office for the Eastern Mediterranean (EMRO), polio partners are working to identify potential sources of new funding among Middle East countries, particularly Gulf Cooperation Council countries and members of the Organization of Islamic Conference. To date, Middle Eastern countries have contributed a total of approximately US\$ 1 million towards polio eradication through the UN, in addition to providing bilateral support. Most recently, the United Arab Emirates Red Crescent Society has pledged to provide US\$ 200 000, through UNICEF, to support polio eradication activities in Iraq during the spring of 2004. Polio partners will continue to investigate opportunities to engage governments and organizations within the Middle East. ♦

Rotary International Day



Photo: © Juus Strickland-Byfa
Pictured: Mr Germano, Mr Majiyagbe and Mr Jack Blane, President of the Private Sector Initiative, during the presentation of the sculpture.

4 October 2003:

During the ‘Rotary International Day’ at the United Nations in New York, Rotary International President Jonathan Majiyagbe presented a sculpture to Geno Germano, Wyeth Vaccines Company Executive Vice President, recognizing Wyeth’s recent US\$1 million contribution to the Rotary/UN Foundation Private Sector Campaign for Polio Eradication.

The Russian Federation joins Canada, Japan, the United Kingdom, and the United States as the G8 countries that are fulfilling their collective commitment to fund polio eradication activities for 2003–2005.

Recent donations:*

- The Russian Federation
US\$ 4 million in global funds

- Canada
US\$ 13.9 million for Nigeria over three years
- United Arab Emirates Red Crescent Society
US\$ 200 000 for Iraq

- United Kingdom
US\$ 6.2 million in global funds
- US Centers for Disease Control and Prevention
US\$ 23.6 million in global funds
- UNICEF National Committee Canada
US\$ 50 000 for Haiti

- US Fund for UNICEF “Trick-or-Treat” campaign
US\$ 3 million in global funds

The Global Polio Eradication Initiative expresses its gratitude to all donors.
*Donations announced since Polio News 19 (July 2003).

Materials available

- *The End of Polio: A Global Effort to End a Disease* – an inspiring and poignant chronicle of the global initiative to eradicate polio, from world-renowned photographer Sebastião Salgado (*available at bookshops end September*).
- Progress towards poliomyelitis eradication in Afghanistan and Pakistan, January 2002 to May 2003 (*Weekly Epidemiological Record*, 25 July 2003, Vol. 78, 30).
- Report of the eighth meeting of the Technical Consultative Group on the Global Eradication of Poliomyelitis.

*Please email:
polioepi@who.int for copies.*

Forthcoming events 2003

- EMRO Regional Certification Commission meeting, Cairo, 14–15 October
- Global Certification Commission meeting, Geneva, 22–23 October
- WHO’s Meeting of Interested Partners, Geneva, 7–11 November
- WPRO Regional Certification Commission meeting, Manila, 12–13 November



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