global polio eradication Polio news

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Autumn 2004

As polio immunizations resume in Kano, Nigeria, Africa launches largest-ever polio campaign

FOLLOWING a 12-month suspension of polio activities in the northern Nigerian state of Kano, the Governor of Kano officially launched the resumption of immunizations on 31 July. The resumption marked the first in a number of important measures needed to stop polio transmission in Nigeria and to halt the international spread of the virus.

Tens of thousands of traditional and religious leaders, school teachers, parents and Rotary club members joined nurses and a vast array of other volunteers and health workers to systematically go house-to-house and village-to-village, to hand-deliver polio vaccine to every child. Travelling on foot, horseback, bicycle, boat or whatever means possible, this benevolent army of volunteers covered half of the African continent – an area larger than western Europe – over just four days. Battling stifling humidity, temperatures upward of 40°C and in some places torrential downpours, the vaccinators collectively carried more than 100 million doses of vaccine in iced vaccine-carriers containing over three million ice-packs.

Dramatic challenges were overcome during the activity. Vaccinators had specifically been trained to alleviate potential concerns parents might have regarding the safety of the polio vaccine (since mid-2003, unfounded rumours concerning vaccine safety have circulated widely and led to substantial confusion across the region). In parts of Liberia and Sierra Leone, vaccine had to be airlifted by helicopter to otherwise inaccessible parts of these countries, due to civil conflict. This eradication effort has truly united all levels of civil society in Africa, to collectively combat the epidemic which is threatening to paralyse thousands of children before the end of the year.

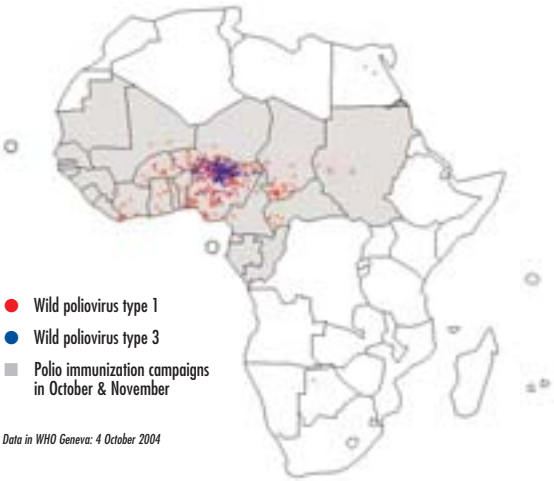
Smaller-scale activities in 2000 and 2001 had previously stopped polio in all countries in the region, except Nigeria and Niger. While the 2000 and 2001 campaigns have shown that the eradication strategies work, immunization activities need to improve in Nigeria and Niger if polio is to be stopped in Africa by end-2005.

An additional US$200 million is required to implement similar cross-border polio immunization campaigns on 18 November and throughout 2005 in Asia and Africa.

Photo: © WHO/M. Corkum

Kano, Nigeria, 2 October 2004 – H.E. Mr Olusegun Obasanjo, President of the Federal Republic of Nigeria and Chairperson of the African Union, and Professor Alpha Oumar Konaré, Chairperson of the African Union Commission, immunize a child at the official launch of the 23-country, cross-border polio campaigns.

Wild poliovirus, African continent, 1 January 2003 – 31 July 2004, and synchronized polio immunization campaigns in October & November 2004



Data in WHO Geneva: 4 October 2004

News Flash

Photo: © UNICEF Nigeria

July 31, 2004 – Global Polio Eradication Initiative welcomes resumption of immunization campaign in Kano, Nigeria.

Zainab Ibrahim Shekarau, daughter of Kano State Governor, receives oral polio vaccine (OPV) at Government House, Kano on Monday, 2 August 2004.

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Photo: © MOD-Norway

STOP POLIO FOREVER!

WHO

ISSN 1727-3730

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

Ad Hoc Advisory Committee on Poliomyelitis Eradication: recommendations for stopping polio transmission

The Ad Hoc Advisory Committee on Poliomyelitis Eradication (AACPE) convened at the World Health Organization (WHO) on 21-22 September 2004, to provide expert advice on policies for interrupting wild poliovirus transmission worldwide and the strategies, policies and products needed for the eventual synchronized cessation of oral polio vaccine (OPV) immunization after confirmation of eradication. In this issue, Polio News reviews the recommendations to stop polio transmission. The next issue of Polio News will highlight the conclusions drawn by the AACPE for eventual synchronized cessation of OPV use.

Asia

- Thanks to a marked increase in supplementary immunization campaign (SIA) frequency and quality, geographic distribution of polio transmission in India, Pakistan and Afghanistan is decreasing – just 96 cases reported compared with 213 at the same time in 2003
- Despite strong improvements made in western Uttar Pradesh, further efforts must be made to ensure children receive 6+ OPV doses, with particular focus on Muslim children under the age of 2 years.
- Analysis of non-polio acute flaccid paralysis (AFP) cases in western Uttar Pradesh has highlighted that Muslim children under the age of 2 years are still the most at-risk group of contracting polio. Nearly 40% of this demographic group had not received at least 6 OPV doses, compared to only 27% of Hindu children in the same age group.

Recommendations:

- Stop transmission in Asia by enhancing the quality of SIAs and mop-up campaigns, every six weeks.
- Particular focus on remaining areas of transmission, reaching the youngest and minority children and ensuring district-specific focus and accountability.

Nigeria and Niger

- Due to intense polio transmission in Nigeria and Niger, west and central Africa is currently facing the largest epidemic in recent years – 12 previously polio-free countries have been re-infected with virus genetically linked to virus endemic to northern Nigeria.
- Cases in Nigeria and Niger have increased to 597 and 20 respectively (compared to 178 and 4 respectively, for the same period in 2003).
- Nigeria and Niger are the only two countries in west and central Africa where endemic polio transmission has never been interrupted.
- An analysis of non-polio AFP cases shows that only as few as 33% of children had received an adequate number of OPV doses, representing the lowest immunity levels anywhere in the world.

Recommendations:

- Dramatically enhance SIAs to reach more children.
- Synchronize NIDs with west and central Africa (next round: 18 November).
- Rebuild community confidence in the safety of polio immunization.
- Increase the number of SIAs to be conducted in Q1 and Q2 2005.
- In June 2005, revise eradication strategy as appropriate/necessary.

Egypt

- Improvements in environmental sampling demonstrate continuing poliovirus transmission in two key reservoirs, requiring an increase in the quantity and quality of nationwide SIAs.
- Despite tremendous improvements in Egypt with 99% of children receiving 4+ OPV doses, due to extremely high population density and mobility, the quality of activities to stop polio transmission needs to further improve.

Recommendations:

- Revise the SIA strategy at the upcoming Technical Advisory Group (TAG), to focus on 6-weekly, full nationwide SIAs through mid-2005.
- Accelerate access to monovalent OPV type 1 for use in SIAs from early 2005.

West & Central Africa

- West and central Africa is experiencing epidemic polio. 709 cases have been reported this year, including 92 cases in 10 previously polio-free countries. This area accounts for 90% of all new polio cases in the world today.
- Surveillance indicators at sub-national level across several countries demonstrate some surveillance gaps in this key geographic area.
- In four previously polio-free countries – Burkina Faso, Côte d'Ivoire, Chad and the Sudan poliovirus transmission has been re-established, after circulation of imported poliovirus has occurred for more than 6 months.

Recommendations:

- Synchronize SIAs in 23 countries in west, central and the Horn of Africa, in the last quarter of 2004, and throughout 2005.
- Four to six full, nationwide SIAs should be conducted in 2005 across west, central and the Horn of Africa.
- Surveillance gaps at sub-national level must be filled.

Note: All data in WHO HQ as at 5 October 2004

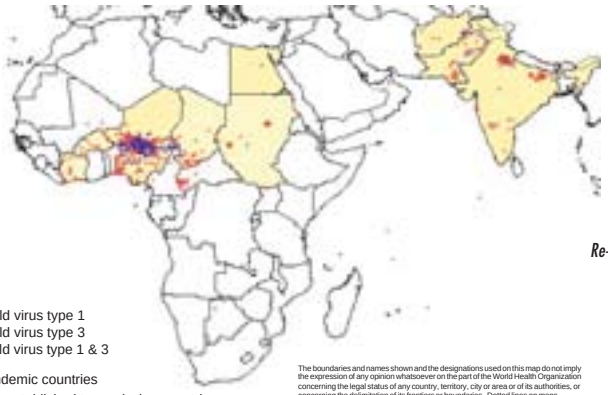
AFP and polio reporting, year-to-date comparison: 2003 and 2004

Source: Data at WHO Geneva as of 19 October 2004

Region	2003 (as of 21 October 2003) Non-polio AFP rate	Adequate specimen rate	Confirmed polio cases	Wild polio virus cases	Cases pending classification	2004 (as of 19 October 2004) Non-polio AFP rate	Adequate specimen rate	Confirmed polio cases	Wild polio virus cases	Cases pending classification
African	2.50	93%	205	205	1388	3.10	90%	728	728	1370
Americas	1.11	93%	0	0	510	0.91	81%	0	0	378
Eastern Mediterranean	2.37	90%	81	81	378	2.54	89%	54	54	508
European	1.17	83%	0	0	430	1.11	83%	0	0	410
South-East Asia	1.61	84%	161	161	1293	2.14	84%	69	69	1983
Western Pacific	0.91	87%	0	0	423	1.13	87%	0	0	298
Global total	1.69	88%	447	447	4422	1.98	86%	851	851	4947

Wild poliovirus map

20 October 2003 – 19 October 2004



- Wild virus type 1
- Wild virus type 3
- Wild virus type 1 & 3

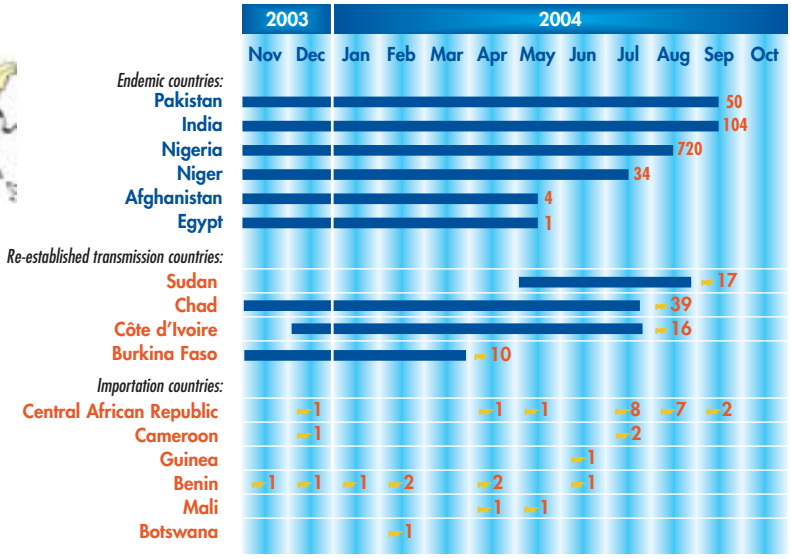
Endemic countries
Re-established transmission countries
Case or outbreak following importation

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

Data in WHO HQ as of 19 Oct 2004

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. © WHO 2004. All rights reserved

Timeline: Total wild poliovirus and month of most recent wild poliovirus by country from 20 October 2003 to 19 October 2004



Supplementary immunization activities in selected countries: November 2004 – January 2005

Category	Country	November 2004 Type of activity Intervention	December 2004 Type of activity Intervention	January 2005 Type of activity Intervention
Endemic	Afghanistan	30 Nov / SNIDs / OPV Round 1		11 Jan / SNIDs / OPV Round 2
	Egypt		02 Dec / NIDs / OPV Round 3	
	India	21 Nov / NIDs / OPV Round 2		9 Jan / SNIDs / OPV Round 1
	Niger	18 Nov / NIDs / OPV Round 2	13 Dec / NIDs / OPV Round 3	
	Nigeria	20 Nov / NIDs / OPV Round 2		
	Pakistan	30 Nov / NIDs / OPV Round 1		11 Jan / NIDs / OPV Round 2
Countries with re-established transmission of wild poliovirus	Burkina Faso	18 Nov / NIDs / OPV Round 2	13 Dec / NIDs / OPV Round 3	
	Chad	19 Nov / NIDs / OPV Round 2	17 Dec / NIDs / OPV Round 3	
	Côte d'Ivoire	18 Nov / NIDs / OPV Round 2	13 Dec / NIDs / OPV Round 3	
	Sudan	21 Nov / NIDs / OPV Round 2		
Importation countries	Benin	18 Nov / NIDs / OPV Round 2		
	Cameroon	19 Nov / NIDs / OPV Round 1	17 Dec / NIDs / OPV Round 2	
	Central African Rep.	19 Nov / NIDs / OPV Round 1	17 Dec / NIDs / OPV Round 2	
	Guinea	18 Nov / NIDs / OPV Round 2		
	Mali	18 Nov / NIDs / OPV Round 2	13 Dec / NIDs / OPV Round 3	

This calendar reflects information known to WHO/HQ at the time of print. Some dates are preliminary and may change. Please contact WHO/HQ for up-to-date information.

Jagadish Deshpande honoured by Rotary

Photo: © SEARO

Dr Jagadish Deshpande, Director, Enterovirus Research Centre, Mumbai, India, recipient of the Rotary Paul Harris Fellow award, 2004.

Dr. Jagadish Deshpande, Director of the Enterovirus Research Centre in Mumbai, India became the first member of the Global Polio Laboratory Network to be honoured by Rotary as a Paul Harris Fellow. Presenting this award at the India Expert Advisory Group meeting in New Delhi, Mr. Sushil Gupta, Director of Rotary International, cited Dr Deshpande's contributions to polio eradication in India and South East Asia through his leadership of the highest volume laboratory in the Global Network.

"I am very proud to accept this recognition by Rotary, and I accept it on behalf of all of my colleagues in India and in the Global Laboratory Network," said Dr Deshpande. Dr Deshpande, the longstanding head of the regional polio reference laboratory, is widely credited with bringing recognition to India through high quality enterovirus and molecular virology techniques.

The Paul Harris Fellowship, named after the founder of Rotary International, was established in 1957 to recognize substantial contributions to humanitarian and educational programmes and scholarships of The Rotary Foundation of Rotary International.

Polio TCG Chair retires from CDC

Photo: © WHO

Dr. Walter A. Orenstein at the signature of the Geneva Declaration on 15 January 2004.

Dr. Walter A. Orenstein, Chairman of the Technical Consultative Group (TCG) on the Global Eradication of Polio since 1996, retired from the US Centers for Disease Control and Prevention (CDC) in April 2004. He had served as the Director of CDC's National Immunization Program since 1993, and worked in immunization at CDC for 26 years.

Dr. Orenstein is one of the world's leading experts on immunization. He has authored or co-authored more than 150 articles and chapters in medical books and literature, and co-edited the Third and Fourth Editions of Vaccines. "Walt Orenstein brought enormous knowledge of the scientific literature and expertise in immunization to his role as TCG chairman," said Dr. Bruce Aylward, Global Coordinator of the Polio Eradication Initiative, WHO. "He has the details of polio epidemiology, past outbreaks, and vaccine effectiveness issues at his fingertips."

Like many leaders in global immunization, Dr. Orenstein gained first-hand knowledge concerning the political and operational issues of immunization while working in the smallpox eradication programme in the 1970s.

Dr. Orenstein is now the Associate Director of the Emory Vaccine Center at Emory University, Atlanta, USA.

In Memorium

Photo: © SEARO

Dr Natth Bhamarapravati passed away on 16 February.

Dr Natth Bhamarapravati, late Chairman for the South East Asia Regional Committee for the Certification for the Eradication of Poliomyelitis and member of the Global Commission for the Certification of the Eradication for Poliomyelitis passed away on 16 February 2004. He will be remembered for his outstanding contributions to the advancement of medical, public health and human services.

Dr Bhamarapravati made exemplary contributions in the fields of pathology and immunology, both as a physician and as an academic. His academic career spanned more than 30 years, and he was behind the founding of the second medical school at Mahidol University.

Dr Bhamarapravati was an active member of several national and international medical research councils. His notable honours include the Pasteur Medal (awarded jointly by UNESCO and the Institute Pasteur for outstanding contribution to the development of scientific knowledge for the benefit of humanity) and the Distinguished Civil Service Award as well as the Scientist of the Year award from the Government of Thailand.

Rotary helps immunize 200 million children in India and West Africa

As Rotary International's centennial year approaches, Rotary members worldwide are working to fulfil their promise of a polio-free world for all children.

In January and February this year, members of Rotary clubs in the United States, Canada, Europe and Australia joined fellow members in India and West Africa to help immunize more than 200 million children against polio.

Rotary member Dave Groner from Michigan, USA led a team of almost 200 volunteers from the United States and Canada to various cities in the state

Photo: © J.-M. Giboux/Rotary International

Rotary club member Dave Groner joins fellow volunteers in Varanasi, India to immunize a child against polio.

of Uttar Pradesh, India, in February. Groner said that connecting with the mothers of children receiving the vaccine was a moving experience. "At times I get very emotional when I think of a particular mother whose child was immunized against polio for the first time. The look in her eyes said the words 'Thank you'. This tremendously exhilarating experience let me know that my life is meaningful."

Jonathan Majiyagbe, President of Rotary International and resident of Kano, Nigeria said, "The dedication shown by Rotary members is not only inspiring, but it is also a fundamental component of our fight against polio."

With its worldwide community-based network of business and professional leaders, Rotary International is the volunteer arm of the global partnership dedicated to the eradication of polio. Hundreds of thousands of volunteers at the local level are providing support for clinics and mobilizing their communities for immunization and polio eradication activities.

COUNTRY-FOCUS
PAKISTAN

Continuing our series of country-focus features, this issue of Polio News examines progress toward polio eradication in Pakistan.

Pakistan on track for stopping poliovirus transmission

Pakistan is on track to meet its target of stopping poliovirus transmission. As of 1 October, Pakistan had conducted 7 supplementary immunization activities (SIAs) in 2004, and the quality of the country's polio campaigns has improved significantly. As of 27 October, Pakistan has reported 36 cases of wild poliovirus, in contrast to the 75 cases reported for the same period in 2003, and 103 cases for the year 2003 as a whole. Success now hinges on markedly increasing the quality of SIAs in 15 districts of northern Sindh, south-central Punjab and North West Frontier Province.

EVIDENCE of geographic restriction of wild poliovirus circulation is becoming increasingly apparent, thanks to the marked increase in SIA frequency and quality. An analysis of the immunization status of non-polio acute flaccid paralysis (AFP) cases has revealed that as many as 80% of children had received 6+ doses of oral polio vaccine (OPV) in 2004, compared to 71% in 2003 and 60% in 2002.

Thanks to these strong improvements, particularly in the first part of the year, North West Frontier Province – a region historically with the most intense polio transmission – has only reported two cases since 1 June. Despite these improvements, however, focal transmission continues in parts of Sindh and Punjab. The primary risks to Pakistan's polio eradication programme, identified at a recent Technical Advisory Group (TAG) held on 13-14 September, are:

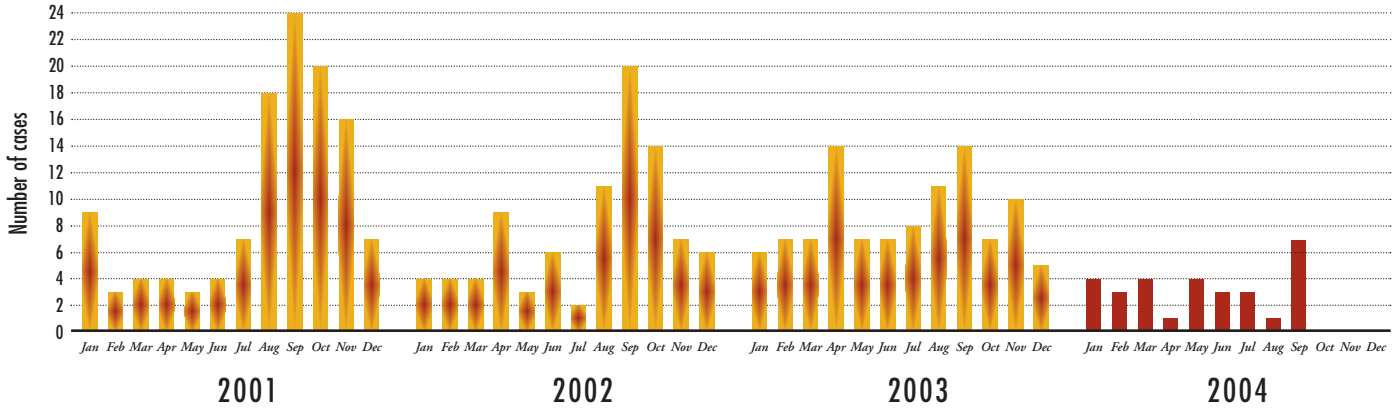
"It is essential, in these final stages, to redouble our efforts to ensure that all children less than five years of age, especially, those less than six months old, are vaccinated during every polio campaign," said President Pervez Musharraf.

Photo: © WHO/EMRO

Pakistan President General Pervez Musharraf and Regional Director WHO Dr Hussain A. Gezairy. President Musharraf wrote to all district Nazims, urging strong leadership and announcing his direct personal oversight of the country's polio eradication effort.

- ongoing management issues at district level in high risk areas, particularly in northern Sindh;
- not reaching all children during SIAs, particularly the youngest children, as accessing households in conservative communities requires additional strategies;
- ongoing surveillance gaps at provincial level, leading to a delay in identifying all transmission chains quickly and reliably; and
- lack of full community involvement in tribal and conservative communities.

Confirmed polio cases



The focus of upcoming activities, identified by the TAG, should be on the following issues.

■ *Increasing political commitment at district & sub-district level*

It is vital to maintain the high level of political engagement achieved at the national and provincial level. President Musharraf has pledged his full support for Pakistan's polio eradication effort, emphasizing that it is a top priority for the country. The President wrote to all district Nazims on the issue of polio, emphasizing that: "I am personally monitoring the polio eradication campaign. I expect that you (district Nazims) will also assume leadership of this effort in your district and ensure that no effort is spared in making it polio-free." This political committment must be mirrored at the district level, especially in northern Sindh and south-central Punjab.

■ *Further build on improvements of SIA quality*

In several high-risk districts, the immunity gap among the youngest children must be rapidly closed. Large-scale mop-up campaigns, implemented from early 2005, will be critical to achieving this. A specific focus of these campaigns will be improving access and quality of the activity in the high priority districts.

■ *Fully engage all communities*

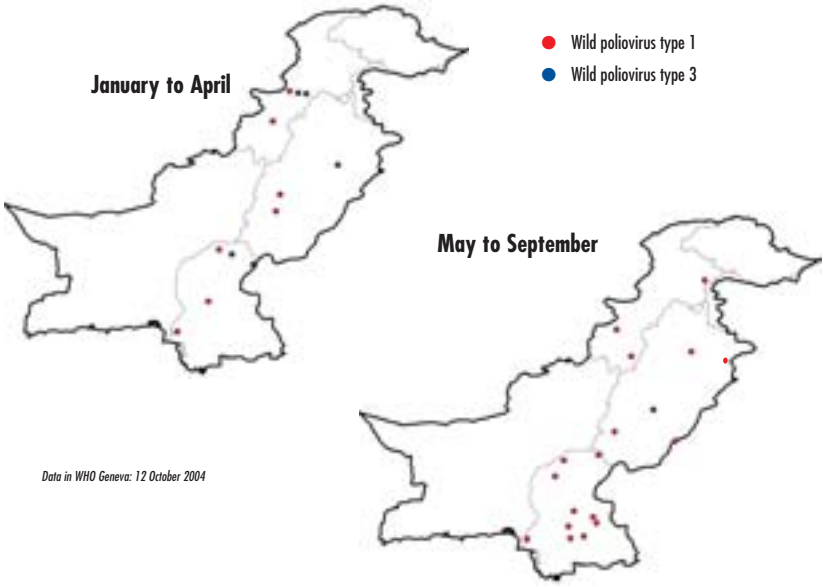
Full community engagement will facilitate access to all children. Access remains inadequate in many high-risk areas. Specific efforts will be made especially in high-priority districts and engaging community leaders and community groups at all levels.

Photo: © Jean-Marc Giboux

Peshawar, Pakistan – Polio vaccination of Afghan children in the tent city of new Jalozai refugee camp.

■ Pakistan, Polio cases in 2004

Comparison of January to April, and May to September



Data in WHO Geneva: 12 October 2004

Photo: © WHO

A volunteer marks the house of a family to show children have been immunized against polio during national immunization days in Peshawar, Pakistan, December 2003.

Risks & focus

Risks:

- Need to strengthen management at district levels in high-risk areas
- Immunity gap among youngest children in several key districts
- Surveillance gaps at sub-national level
- Need to strengthen community engagement

Focus:

- Increase district-level ownership
- Improve quality of SIAs to ensure all children are reached
- Engage all communities to access all children in conservative communities

UN Foundation fundraises among Non Resident Indians and other Indian communities

IN its latest show of support for the Global Polio Eradication Initiative, the UN Foundation has been working successfully with both Indian communities in the United States and with foundations, corporations and individuals in India, to generate support for polio eradication. As a result, the Kriplani Foundation, founded by the Kriplani family in Suriname – originally from India – has announced a US$ 28,000 contribution in support of the country's polio eradication efforts. Seema Paul, Programme Director of UN Foundation's India Initiative, whose efforts helped secure the contribution, commended the Kriplani Foundation for their commitment. "It is this type of community spirit shown by the Kriplani Foundation which will secure a polio-free India," she said.

Photo: © UNF

Kathy Buskin, Executive Vice-President of the UN Foundation and Ambassador Mehbubani at the UN Foundation reception at the Indian Consulate on December 11, 2003.

The US$ 28,000 contribution will be matched dollar-for-dollar by the UN Foundation. In addition, many Indians have contributed small amounts ranging from US$ 5 to US$ 5,000 in support of polio eradication in India through online donations to the UN Foundation's India website, www.prideinindia.org

UNITED NATIONS FOUNDATION

Canada provides additional funding to fight polio

Photo: © CIDA/John Willman

UN Secretary-General Kofi Annan and Canadian Prime Minister Paul Martin look on as Aileen Carroll, Canada's Minister for International Cooperation, signs documents following an announcement of US$ 11.5 million in new funding for polio eradication, in March 2004.

The Russian Federation acts on G8 pledge with an additional US$ 4 million to stop polio

Following the meeting of G8 leaders in Sea Island in June, the Russian Federation has pledged an additional US$ 4 million in fulfilment of its commitment to eradicating polio. This new pledge brings the Russian Federation's total polio commitment for 2003-2005 to US$ 8 million.

Polio partners commend G8 for continued support to polio eradication

ON 10 June, the polio partners commended the G8 for its continuing efforts and commitments towards closing the funding gap for planned 2004-2005 polio eradication activities. The Global Polio Eradication Initiative looks forward to working closely with the G8 and other donors in identifying additional funding to scale up immunization activities in west and central Africa in mid-late 2004. The partners appreciate the continuing efforts and commitments of the G8 towards closing the funding gap for planned 2004-2005 polio eradication activities. The G8's increased support for polio eradication, reaffirmed at Sea Island, builds on G8 polio pledges made at the G8 Summits in Kananaskis, Canada in 2002 and in Evian, France last year.

Malaysia & UAE follow through on OIC resolution with US$ 1.5 million in contributions

FOLLOWING the landmark resolution at the 10th Session of the Islamic Summit Conference of the Organization of the Islamic Conference (OIC) aimed at eradicating polio, OIC Member States are now following up the resolution with concrete financial contributions.

In August, the Government of Malaysia provided US$1 million to the global effort to eradicate polio – the funds will support synchronized, mass polio immunization campaigns in October and November in 25 countries across west and central Africa, 17 of which are OIC Member States. Some 80 million children will be vaccinated against the disease with multiple doses of the oral polio vaccine.

Malaysia's contribution follows the financial boost from the United Arab Emirates, which provided US$500,000 to Pakistan's polio eradication effort. These contributions represent a significant show of solidarity for polio eradication on the part of Islamic leaders.

US$200 million additional funds urgently needed to fill funding gap for 2004 and 2005

THE Global Polio Eradication Initiative needs an additional US$200 million over 2004-05, for immunization campaigns to stop the epidemic of polio in west and central Africa, and for eradication activities in Asia and north Africa. US$35 million of this global sum is urgently needed by November. Donors around the world have been urged to consider ways to provide additional funds and to fast-track existing pledges.

The additional financing is required to conduct synchronized mass immunization campaigns, targeting 80 million children across 23 countries in the region, between September and December 2004.

Materials available

- *Ad Hoc Advisory Committee on Polio Eradication (AACPE) report, Weekly Epidemiological Record, 5 November 2004*
- *Global Polio Eradication Initiative Progress Report 2003*
- *Progress towards global eradication of poliomyelitis, 2003 and January–April 2004, Weekly Epidemiological Record, vol. 79, 25*
- *"The Last Child: The Global Race to End Polio", a documentary about the race to eradicate polio by 2005, will appear on public television stations across the United States starting in October. Filmed in Angola, Bangladesh, Haiti, India, Nigeria, Pakistan and Spain, the programme is being distributed internationally by CS Associates. For further information, or to purchase a copy, please visit www.lastchild.org*

Rotary honours Norway for its support of a polio-free world

Photo: © NOD-Norway

Norwegian Minister of Development Hilde Frafjord Johnson accepts the Rotary International Polio Eradication Champion Award, made in recognition of Norway's support to polio eradication.

Recent donations:*

Arab Gulf Program for United Nations Development Organizations
US$ 120,000 in funding for South Sudan

Austria
US$ 85,000 in global funding for 2004

Canada
US$ 11.5 million in global funding and funding for Africa and Pakistan for 2004

Finland
US$ 150,000 for the global laboratory network for 2004

Italy
US$ 15 million over three years in global funding

Ireland
US$ 1.2 million in global funding for 2004

Japan
US$ 7.2 million for OPV for India

Luxemburg
US$ 1.2 million in funding for 6 African countries for 2004

Malaysia
US$1 million in global funding

Rotary International
US$ 500,000 in funding for polio campaigns in Darfur, Sudan; and US$ 500,000 for polio campaigns in India

Russian Federation
US$4 million as part of G8 Africa Action Plan

United Arab Emirates
US$ 500,000 for Pakistan for 2004

The global Polio Eradication Initiative expresses its gratitude to all donors.
**Donations announced since Polio News 21*

Upcoming events 2004

- Pan-American Health Organization (PAHO) Technical Advisory Group, 2-4 November, Mexico City, Mexico
- Task Force on Immunization (TFI), 7-9 December, Bamako, Mali
- Meeting of Health Ministers of Polio-affected Countries, 13 January 2004, Geneva, Switzerland

Polio news

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