



From Declaration to Action: Ministers examine progress at 1st anniversary of Geneva Declaration on the Eradication of Poliomyelitis

IN January and February, the Global Polio Eradication Initiative played host in Geneva to ministerial delegations from African and Asian countries, to measure progress and lay out plans to end polio transmission in 2005.

■ AFRICA

Ministers of Health from Burkina Faso, the Central African Republic, Chad, Côte d'Ivoire, Egypt, Nigeria and Sudan and the Director-General of Public Health from Niger gathered on 13 January.

Ministers reported that in response to the 2004 epidemic, Africa held a series of vaccination campaigns across 23 countries, following resumption of immunization in Nigeria's Kano state. The campaigns bore promising results: in west and central Africa, nearly 90% of children were vaccinated against polio, the highest number ever for the area.

The delegates hammered out a 2005 plan to synchronize at least five polio National Immunization Days among the countries and to improve monitoring of the number of children missed during each campaign to allow for swift corrective action.

On 25 February, just six weeks after their meeting, the countries launched the first of the planned campaigns, covering an estimated 100 million African children.



"We, the ministers of the eight most polio-affected countries of Africa, supported by the polio partners, resolve to further intensify eradication activities with the goal of stopping polio in 2005." Ministers and senior health officials with spearheading partners at the close of the meeting.

Photo: © WHO/P. Viret



Photo: © WHO/P. Viret

India and Pakistan find common ground on polio eradication: Secretaries of Health P.K. Hota and S. A. Mahmood declare, "The world is expecting a polio-free South Asia this year, and we will not let the world down. We shall spare no effort to ensure that 2005 is the last year for polio in our countries."

■ ASIA

The Indian Minister of Health and ministerial representatives from Afghanistan and Pakistan reviewed regional progress and plans on 4 February. Sustained action has paid off in the shrinking geographic footprint of the virus. Vast areas of each country reported no polio last year. Total cases dropped 46%, while surveillance of the disease in key districts is twice as sensitive as in 2003.

The meeting laid out a plan for a total of 21 polio immunization campaigns across the region – a mix of nationwide and sub-national activities with particular focus on reaching every child in the few remaining affected districts of these countries.

The Indian delegation, including health and civil administrators at all levels, exemplified the regional resolve to mobilize government infrastructure beyond the health sector in order to reach children in every community and by every means possible. ♦

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World Health Organization
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Intensified polio eradication activities throughout 2004

AFGHANISTAN

2004



In Afghanistan, a sister takes her younger brothers to be immunized during the 'fixed post' activity of a National Immunization Day. One of the key challenges facing Afghanistan's polio eradication programme is increasing difficulty of access due to security problems, particularly in the southern part of the country.

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Egypt



Monitors in Egypt conduct 'spot-checks' of homes visited by vaccination teams, to ensure all children of all families have been reached with polio vaccine. High-quality immunization campaigns over the last few years throughout Egypt have ensured that only wild poliovirus type 1 remains in the country. In May 2005, the government will introduce monovalent OPV type 1 (mOPV1) during National Immunization Days, which could lead to a more rapid interruption of wild poliovirus type 1 transmission in Egypt.

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Rotarian Ann Lee Hussey, a polio survivor, administers OPV to a child in Egypt in December.

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2004

INDIA



Sonia Gandhi, President of the Congress Party of India, administers polio vaccination to a child in Delhi, during the National Immunization Days (NID) in November. In total, nearly 170 million children under the age of five years were immunized against polio during the six-day campaign. The NID is part of India's accelerated immunization strategy to eradicate polio in 2005.

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A child with polio in India.

© WHO

PAKISTAN



House-marking in Pakistan: a vaccinator marks the house of a family she visited, to show that all children in this family have been immunized against polio.

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A vaccinator administers polio drops to a child in Pakistan. Increasing use of female vaccinators has been a crucial development to overcome cultural sensitivities in reaching all children during immunization activities.

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CHAD



In November, children await as a polio immunization campaign rolls out at a refugee camp in Chad, close to the border with the troubled Darfur region of Sudan.

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NIGERIA



Isa Abdullahi of Nigeria, who was crippled by polio at the age of six, does not let his disability stop him from winning the fight against polio. A footballer himself, he coaches several youth teams, while urging all parents to immunize their children against polio during National Immunization Days.

© UNICEF Nigeria

In Kano, Nigeria, President Olusegun Obasanjo of Nigeria and Professor Alpha Oumar Konaré, Chairperson of the African Union Commission, vaccinate a young child at the official launch of 23-country, cross-border polio campaigns reaching 80 million children. Held in October and November, this activity was the single-largest immunization campaign in Africa's history, part of urgent efforts to stop the ongoing spread of polio across west and central Africa and get the continent's eradication programme back on track.

© WHO Nigeria



Ad Hoc Advisory Committee on Poliomyelitis Eradication: Recommendations on preparations for synchronized cessation of OPV

The Ad Hoc Advisory Committee on Poliomyelitis Eradication (AACPE) met 21-22 September 2004 at the World Health Organization (WHO), to provide recommendations for the eventual, synchronized cessation of oral polio vaccine (OPV) immunization, once the world has confirmed the eradication of wild poliovirus.

While OPV is the appropriate vaccine to achieve worldwide eradication of wild poliovirus, in rare instances the attenuated poliovirus strain used in OPV can cause paralytic polio – through vaccine-associated paralytic poliomyelitis (VAPP) or outbreaks of circulating vaccine-derived poliovirus (cVDPVs). Therefore, continued use of OPV after confirmation of the eradication of wild poliovirus is incompatible with the goal of eradicating all forms of poliovirus-associated paralysis. The international decision to eventually stop the use of OPV in routine immunization has substantial implications for National Policy Makers, particularly in minimizing the already small risks associated with OPV cessation: the immediate risk of cVDPV emergence and the medium & long-term risks of poliovirus re-introduction from a vaccine manufacturing site, research facility or diagnostic laboratory.

The box below outlines the priorities for National Policy Makers in OPV-using countries, during the ongoing preparatory period for eventual OPV cessation (NOTE: it is expected that OPV cessation would occur at earliest 3 years after detection of the last polio case worldwide caused by a circulating wild poliovirus).

Priorities for National Policy Makers in OPV-using countries during the OPV Cessation Preparatory Phase

- ⊙ Strengthen acute flaccid paralysis (AFP) surveillance to guide interruption of wild poliovirus transmission in endemic and re-infected countries, certify eradication in countries not yet certified and detect potential importations and cVDPVs,
- ⊙ Fully implement – and verify – appropriate containment of wild- and vaccine-derived polioviruses and prepare for the containment of Sabin strain polioviruses,
- ⊙ Raise routine immunization coverage (target: >90%) to minimise the risk of spread of an imported poliovirus and the risk of cVDPV emergence,
- ⊙ Decide whether to stop all routine immunization against polio after OPV cessation (when inactivated polio vaccine will be the only option for continued routine immunization),
- ⊙ Conduct special surveillance studies to detect potential immunodeficient excretors of vaccine-derived polio (iVDPVs) and plan for case management,
- ⊙ Establish national plans and mechanisms for the eventual cessation of all OPV use in routine immunization programmes and destruction of remaining trivalent OPV stocks.

Further information and technical support is available from WHO country and Regional Offices, as well as the Global Polio Eradication Initiative, WHO Geneva.

AFP and polio reporting, year-to-date comparison: 2004 and 2005

Source: Data at WHO Geneva as of 5 April 2005

Region	2004 (as of 6 April 2004)					2005 (as of 5 April 2005)				
	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	2.70	92%	56	56	829	1.60	92%	34	34	533
Americas	0.64	83%	0	0	188	0.62	75%	0	0	159
Eastern Mediterranean	2.16	89%	8	8	452	2.63	90%	22	22	530
European	0.96	81%	0	0	288	0.98	84%	0	0	246
South-East Asia	0.76	85%	8	8	729	1.82	85%	12	12	1,712
Western Pacific	0.31	82%	0	0	96	0.35	82%	0	0	117
Global total	1.13	87%	72	72	2,582	1.60	86%	68	68	3,297

Wild poliovirus*

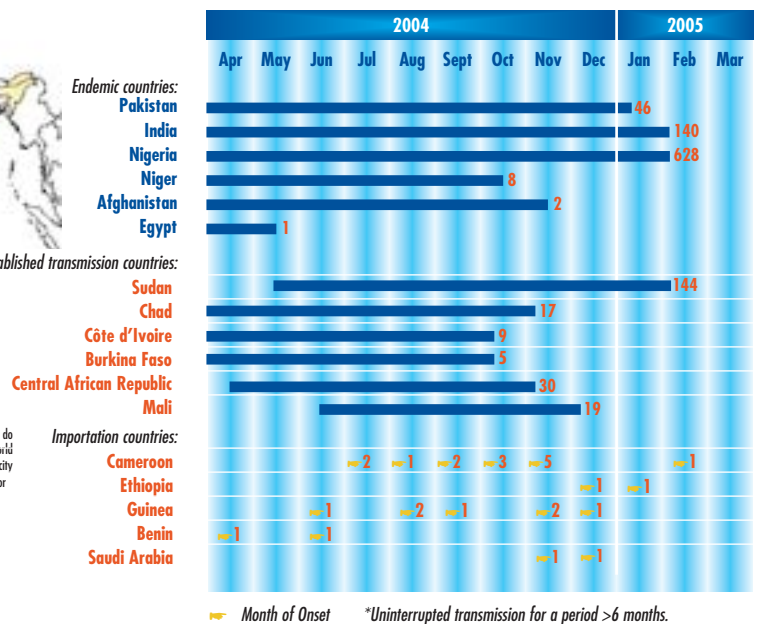
05 Apr 2004 to 05 Apr 2005



*Excludes viruses detected from environmental surveillance and vaccine derived polio viruses.
Data in WHO HQ as of 05 Apr 2005

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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Timeline: Total wild poliovirus and month of most recent wild poliovirus by country from 05 April 2004 to 05 April 2005



Supplementary immunization activities in selected countries: April – June 2005

Category	Country	April 2005 Type of activity Intervention	May 2005 Type of activity Intervention	June 2005 Type of activity Intervention
Endemic countries	Afghanistan	26 Apr / NIDs / OPV Round 2		21 June / SNIDs / OPV Round 1
	Egypt*		9 May / NIDs / OPV Round 1	June / NIDs / OPV Round 2
	India	10 Apr / NIDs / OPV Round 1	15 May / NIDs / OPV Round 2	June / SNIDs / OPV Round 1
	Niger	9 Apr / NIDs / OPV Round 2	14 May / NIDs / OPV Round 3 / Vit. A	
	Nigeria	9 Apr / NIDs / OPV Round 2	14 May / NIDs / OPV Round 3 / Vit. A	
	Pakistan	26 Apr / NIDs / OPV Round 2 / Vit. A		21 June / SNIDs / OPV Round 1
Countries with re-established transmission of wild poliovirus	Burkina Faso	9 Apr / NIDs / OPV Round 2	13 May / NIDs / OPV Round 3 / Vit. A	
	Central African Rep.	9 Apr / NIDs / OPV Round 2	13 May / NIDs / OPV Round 3	
	Chad	9 Apr / NIDs / OPV Round 2	13 May / NIDs / OPV Round 3	
	Côte d'Ivoire	9 Apr / NIDs / OPV Round 2	14 May / NIDs / OPV Round 3	
	Mali	9 Apr / NIDs / OPV Round 2	14 May / NIDs / OPV Round 3	
	Sudan	11 Apr / NIDs / OPV Round 3	May / NIDs / OPV Round 4	
Importation countries	Benin	9 Apr / NIDs / OPV Round 2 / Vit. A		
	Cameroon	8 Apr / NIDs / OPV Round 2	13 May / NIDs / OPV Round 3	
	Ethiopia	8 Apr / SNIDs / OPV Round 1	14 May / SNIDs / OPV Round 2	
	Guinea	9 Apr / NIDs / OPV Round 2 / Vit. A	14 May / NIDs / OPV Round 3	
	Togo	9 Apr / NIDs / OPV Round 2		

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.
*Egypt: second set of NID rounds in 2005.

Major contributions from the EC, Sweden and Canada ensure polio activities in Asia and Africa can go ahead

UNPRECEDENTED commitment from both long-standing and new contributors has given the green light to supplementary polio activities in Africa and Asia in the first part of 2005.

The European Commission (EC), in coordination with the African, Caribbean, Pacific (ACP) group of countries, in December signed an agreement to provide €55 million through WHO to fund 2005–2006 polio eradication activities in 14 ACP member countries in Africa. The Government of Sweden continued its support to child health with an extraordinary US\$ 30 million contribution, and the Government of Canada announced on 17 January a US\$ 35 million polio contribution at a Commission for Africa meeting in Cape Town, South Africa. ♦

New donors join the global quest to eradicate polio

RECOGNIZING that children in all countries are at risk unless polio is eradicated everywhere, a number of new donor countries have now joined the global effort to eradicate polio. Funding from first-time contributors Monaco, Qatar and Spain and new commitments from Austria, Ireland, Luxembourg, Malaysia, Norway, the Russian Federation, the United Kingdom, the Bill and Melinda Gates Foundation, ECHO and the OPEC Fund provide the Global Polio Eradication Initiative some breathing space during which to secure the funds for activities in the second half of 2005. These funds are critical to conduct key immunization campaigns in 30 countries across Africa and Asia and reach more than 300 million children with multiple doses of the oral polio vaccine. Successful implementation of the planned activities could see wild poliovirus transmission interrupted everywhere by the end of the year. ♦

Materials available

On www.polioeradication.org

- *Financial Resource Requirements 2005–2008* (January 2005 issue)
- Presentations from ministerial meetings of January/February 2005

In print

- *Eventual elimination of OPV from routine immunization programmes – Framework for National Policy Makers* (to be available by WHA)
- Arabic version of Executive Summary of Polio Eradication Strategic Plan
- *Polio outbreak in Sudan*, Weekly Epidemiological Record, 4 Feb 2005

Forthcoming events in 2005

- Global Certification Commission: 26–27 April
- Nigeria Expert Review Committee: 28–29 April
- India Expert Advisory Group: 3–4 May
- Egypt Technical Advisory Group: 1–2 June
- WPRO Technical Advisory Group: 8–10 June
- EMRO Technical Advisory Group: 24–25 June

In Memoriam: Polio colleagues

Mr. Robson Edionseh, a driver in the WHO Abuja office, lost his life to gunshot wounds on 19 January 2005. Well-remembered by all who visited and worked in the programme in Nigeria, he is survived by a wife and five children.

Mr. Babatunde Oshodi, a WHO driver in Oyo State, Nigeria, passed away 9 November 2004. He leaves behind his wife and their four children.

Dr. Sanjay Dube met with a fatal accident while on duty, on 17 September 2004. A Surveillance Medical Officer in Uttar Pradesh, India, since 2003, he is survived by his wife and two children and mourned by his colleagues.

Please see the next issue of Polio News for more in-depth information.

Recent donations:*

Austria	US\$ 105,000 for Africa
Bill and Melinda Gates Foundation	US\$ 10 million for 2005–2006 for developing, licensing and procuring mOPV1 vaccine
Canada	US\$ 35 million in global funding for 2005
Denmark	US\$ 1.6 million for Ghana
ECHO	US\$ 492,000 for Guinea, Liberia, Sierra Leone
European Commission	US\$ 71 million in funding for 14 African countries for 2004–2006
European Commission Delegation Mali	US\$ 300,738 for Mali
Monaco	US\$ 54,000 for Niger
Netherlands	US\$ 1.86 million for Mali
Norway	US\$ 14 million in global funding for 2004–2005
OPEC fund	US\$ 600,000 for UNICEF polio activities in Niger, Chad, Burkina Faso
Qatar	US\$ 330,000 for Eastern Mediterranean Region (EMR), and global funding
Rotary International	US\$ 18.17 million for Afghanistan, Burkina Faso, Côte d'Ivoire, Egypt, India, Niger, Nigeria, Pakistan, Sudan, WHO-African Region (AFR), WHO-Eastern Mediterranean Region (EMR), WHO-HQ
Spain	US\$ 2.5 million for polio activities in African countries
Sweden	US\$ 30 million in global funding for 2005
UN Foundation	US\$ 1.3 million in Government of Australia matching funds of Rotary contributions in Australia
UNICEF Canadian National Committee	US\$ 200,000 for Mali
UNICEF Regular Resources	US\$ 4.21 million for Nigeria, Liberia, Central African Republic, Ghana, Mauritania
United Kingdom	US\$ 16.6 million in funding for the India programme
USAID	US\$ 29.4 million for surveillance, laboratory, and operations costs; communications and social mobilization in priority countries
World Bank Education Project	US\$ 1.55 million for Mali and Mauritania

The Global Polio Eradication Initiative expresses its gratitude to all donors.
*Contributions received since Polio News 22