

NOW, MORE THAN EVER: STOP POLIO FOREVER.



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“We Will Finish Polio Before Year’s End,” say Ministers of Health *Unique Opportunity for Eradication Success Now Rests with Key Governments*

Polio should be relegated to the history books within the next twelve months, Ministers of Health from the six remaining polio-endemic countries declared today at a high-level meeting in Geneva. The Ministers unveiled a bold new plan to immunize 250 million children multiple times during a series of massive polio immunization campaigns in 2004.

Data presented from Afghanistan, Egypt, India, Niger, Nigeria and Pakistan, show poliovirus beaten back to only a few remaining reservoirs. These data, and the introduction of aggressive new programmes, present an unprecedented opportunity to eradicate a disease that once paralyzed hundreds of thousands of children each year.

After an international investment of US\$ three billion over 15 years, and the successful engagement of over 200 countries and 20 million volunteers, polio could be the first disease of the 21st century to be eradicated. Health ministers in Geneva noted that the success or failure of the world’s largest public health initiative, spearheaded by national governments, the World Health Organization (WHO), Rotary International, the US Centers for Disease Control and Prevention (CDC) and UNICEF, now rests with the governments of the six endemic countries. Polio transmission levels are now at their lowest ever in the key countries of India, Pakistan and Egypt, providing these governments with a rare opportunity to halting spread of the virus. The first milestone in 2004 toward global polio eradication may well come from Egypt, according to epidemiologists, followed closely by India.

Nigeria is currently the greatest risk to global eradication. In late 2003, immunization activities against polio were brought to a halt in the state of Kano, the last major polio reservoir in Africa, because of unfounded rumours which suggested that the polio vaccine was not safe. With immunization activities stalled in Kano and polio campaigns of a sub-optimal quality in other northern states, polio was able to creep back across Nigeria and spread into the previously polio-free countries Cameroon, Chad, and through Niger, into Benin, Burkina Faso, Ghana and Togo, putting 15 million children at risk and necessitating a massive immunization campaign across west and central Africa.

The Nigerian Minister of Health, Professor Eytayo Lambo, outlined the steps his country will take to “dramatically” improve polio campaigns in the first half of 2004, particularly in the northern states where the virus continues to circulate widely. He said: “We will work together as one – federal and state governments, religious and traditional leaders, Christians and Muslims – to reach every child with the polio vaccine. It is the responsibility of every Nigerian to ensure polio is eliminated from every area, north and south, of our great country. Nigeria is determined to break the chains of polio transmission for the sake of our children, our neighbours’ children, and the children of the world.”

Speaking from Delhi, Ms Sushma Swaraj, India's Minister of Health, said: "Polio eradication is a tremendous challenge in a vast, densely populated country like India. But in 2003, we have shown the world we have the capacity, resources, and most importantly, the will, to vanquish this devastating disease." The Minister referred to preliminary data from 2003, showing a 84 percent reduction in polio cases there compared with 2002.

She continued: "We have a unique window of opportunity in which to end polio forever. We will seize this opportunity by reaching each and every child with vaccine, particularly in western Uttar Pradesh and any other corner of India where transmission has not been stopped. There is no room in India's future for polio."

The year 2003 also demonstrated the serious risks at play in the world's final push to eradicate polio. In 2003, funding shortfalls required most polio-free countries to stop their polio immunization campaigns, thereby leaving millions of children more vulnerable to poliovirus infections from endemic countries, underscoring the urgency of interrupting poliovirus transmission in the six remaining endemic countries.

The Ministers concurred on an all-out effort to reach every child with the polio vaccine from early in 2004, particularly in Nigeria, India and Pakistan, which together account for more than 95 percent of all polio cases worldwide. Within these three countries, transmission of poliovirus is further confined to "polio hotspots," especially in five states and provinces (Kano in Nigeria, Uttar Pradesh and Bihar in India and North West Frontier Province and Sindh in Pakistan) that together are linked to more than 75 percent of all new cases worldwide in 2003.

To fully implement the bold eradication plans outlined by the Ministers of Health requires the continued generous support of public and private donors. An additional \$150 million is urgently needed to fill the remaining funding gap for activities during 2004 and 2005.

The Global Polio Eradication Initiative is spearheaded by WHO, Rotary International, the US Centers for Disease Control and Prevention and UNICEF. The polio eradication coalition includes governments of countries affected by polio; private foundations (e.g. United Nations Foundation, Bill & Melinda Gates Foundation); development banks (e.g. the World Bank); donor governments (e.g. Australia, Austria, Belgium, Canada, Denmark, Finland, Germany, Ireland, Italy, Japan, Luxembourg, the Netherlands, New Zealand, Norway, the United Kingdom and the United States of America); the European Commission; humanitarian and nongovernmental organizations (e.g. the International Red Cross and Red Crescent societies) and corporate partners (e.g. Aventis Pasteur, De Beers).

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For further information on the Global Polio Eradication Initiative, please see www.polioeradication.org, Rotary International's PolioPlus site at <http://www.rotary.org/foundation/polioplus/>, www.cdc.gov, or the polio site on www.unicef.org/polio

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Polio Eradication – Global Status and Progress

In 1988, the World Health Assembly, a body comprised of Ministers of Health from every WHO member nation, established the goal of global eradication of poliomyelitis. At the time, wild poliovirus was endemic in more than 125 countries on five continents, paralyzing more than 1000 children every day. Only 677 cases of polio have been reported in 2003 (as of 13 January 2004), representing a greater than 99 percent reduction in poliovirus. Today, only six countries in the world remain polio-endemic (Nigeria, India, Pakistan, Egypt, Niger and Afghanistan).

The Global Polio Eradication Initiative (GPEI), spearheaded by national governments, the World Health Organization (WHO), Rotary International, the US Centers for Disease Control and Prevention (CDC) and UNICEF, is the largest public health initiative the world has ever known. Since 1988, some two billion children around the world have been immunized against polio thanks to the unprecedented cooperation of more than 200 countries and 20 million volunteers, backed by an international investment of US\$ 3 billion.

In 2004, the world has a one-time opportunity to make good on this global investment by ending transmission of poliovirus, now and forever.

1988-2002 eradication milestones

- 1991 – Last case of polio in the Americas (Peru)
- 1997 – Last case of polio in Western Pacific (Cambodia)
- 1998 – Last case of polio in Europe (Turkey)

The Americas, Europe, and Western Pacific regions of the World Health Organization were certified polio-free in 1994, 2002 and 2002 respectively. More than three billion people now live in 134 countries and territories certified polio-free.

2003 – Recent Status

Poliovirus is more geographically restricted than ever before in history. Only six countries remain polio-endemic. More than 75% of all polio cases worldwide linked to just five key polio hotspots within these countries: Kano (Nigeria), Uttar Pradesh and Bihar (India) and Sindh and North West Frontier Province (Pakistan).

Importations of poliovirus from endemic to polio-free areas threaten to derail efforts to contain the virus. In the 2002-2003 period, for the first time in history, more countries suffered polio cases due to importations than were themselves endemic for the disease.

2004 – Final Push for Polio Eradication

Stopping transmission of poliovirus by end-2004 is the overriding objective for all six remaining polio-endemic countries. In 2004 the world has its best – and perhaps last - chance to stop polio forever. Epidemiologically and programatically, a one-time opportunity now exists to stop transmission of poliovirus, but political will must be galvanized across all levels – international, national, state/provincial and local -- in order to immunize every child and capitalize on this opportunity.

Country Profiles:

To stop poliovirus transmission by the end of 2004, endemic countries must immediately take decisive action to vaccinate every child under five years old multiple times especially within the next six months during the low-transmission season, particularly in the five main polio hotspots of Kano (Nigeria), Uttar Pradesh and Bihar (India) and Sindh and North West Frontier Province (Pakistan).

Nigeria

Current Status

- Nigeria currently poses the highest risk to the end-2004 target for global polio eradication. In 2003, Nigeria had the highest number of polio cases anywhere in the world (302 as of 13 January 2004), and accounted for 45% of all confirmed cases globally. A number of states in Nigeria, especially Kano, stopped participating in sub-national immunization campaigns in autumn 2003 due to unfounded rumours of lack of vaccine safety, leading to a dramatic decline in overall immunity levels and a significant increase in polio cases.
- The Nigerian state of Kano now has more polio cases than any other area in the world, including Uttar Pradesh in India until recently the world's largest polio reservoir. Kano has a significantly smaller population (1/20th the size) than Uttar Pradesh.
- Poliovirus from the north of the country is re-infecting previously polio-free areas within Nigeria, including the densely populated city of Lagos, and nearby countries. This year, poliovirus from Nigeria has been exported to Benin, Burkina Faso, Cameroon, Chad, Ghana, Niger and Togo, threatening children across west and central Africa.
- Many states in the south of Nigeria were polio-free from mid-2001 to mid-2003, demonstrating that transmission can be stopped in the north if high-quality immunization campaigns are conducted throughout 2004.

Urgent actions for 2004

- **Restart national immunization campaigns** - with the participation of every state, local government authority and community. Dramatic improvement of the quality of these immunization campaigns, particularly in the north, to reach each child.
- **Active support of leaders** – particularly state, local and traditional leaders to take oversight of immunization campaigns especially in the northern states.
- **Full accountability among state and local leaders** - for mobilizing communities and disseminating correct information on vaccine safety.

India

Current Status

- Within India, the greatest risk is western Uttar Pradesh, the only area of India which has never stopped wild poliovirus transmission.
- India presents the greatest opportunity for success or failure in stopping polio transmission early in 2004. Last year, India dramatically increased the quantity and quality of its large-scale immunization campaigns. As a result, India now has the lowest-ever levels of poliovirus transmission in the key polio hotspots of Uttar Pradesh and Bihar as the country enters the critical low transmission season, for poliovirus in early 2004.
- Recent efforts have increased OPV coverage among Muslim communities in Uttar Pradesh from 58 percent in 2002 to 87 percent in 2003.

Urgent actions for 2004

- **Closing of immunity gap in Uttar Pradesh, Bihar and West Bengal** - by reaching all children, particularly minority populations, during immunization campaigns in 2004 (particularly from January to June). Organization of multiple vaccination campaigns to protect the rest of the country while stopping transmission in these polio hotspots.
- **Full accountability at the state and district level** - to implement quality immunization campaigns.
- **Full involvement of the local population** - particularly Muslim, underserved and minority communities.

Pakistan

Current Status

- Pakistan President Musharraf has requested monthly briefings on the country's progress in polio eradication.
- Pakistan had the third highest number of cases globally of polio (99 cases as of 13 January 2004), with endemic poliovirus concentrated in two key provinces and areas, North West Frontier Province and Sindh. Transmission and immunity gaps also exist in Baluchistan and central Punjab.
- Transmission was reduced during the high transmission season in Sindh, a key polio reservoir. Polio cases in Pakistan declined in the second half of 2003 despite the high transmission season.

- In 2003, a prolonged polio-outbreak in the densely populated area of east/central Punjab demonstrated the fragility of progress that has been made, the need to maintain very high coverage throughout the country and the need for rapidly responding to importations with high quality activities.

Urgent actions for 2004

- **High-quality immunization activities** - by increased access to all children in all provinces, especially in traditional and tribal areas, through the use of female vaccinators, improved communications and better community mobilization.
- **Greater governmental accountability** – through presidential oversight, at provincial and district levels for immunization activities.

Niger

Current status

- Polio cases in Niger have increased in 2003 as a result of both indigenous transmission and importations from northern Nigeria.
- Nomadic populations present a particular challenge in ensuring adequate immunization coverage.
- Virus from northern Nigeria was transmitted through Niger to re-infect Benin, Burkina Faso, Ghana and Togo.

Urgent actions for 2004

- **Dramatic improvement in quality of immunization activities** - especially in highly populated southern and western areas, and with nomadic populations. Synchronize activities with Nigeria.
- **Strong communication efforts** - to ensure full participation by all communities in immunization campaigns.
- **Greater governmental accountability** - at the provincial level for immunization efforts.

Egypt

Current status

- A single case of polio was reported in Upper Egypt in 2003, due to a virus from greater Cairo. The greater Cairo area (Cairo, Giza and Kalyoubia) presents the last remaining challenge for eradicating polio from Egypt.
- The number of positive environmental samples collected in 2003 decreased markedly, falling from 55 percent in 2001 to four percent in 2003, primarily in the greater Cairo area.
- Population immunity increased markedly in 2003, under the new Minister of Health, as the quality of immunization campaigns improved, with a particular focus on Cairo, Alexandria and other large cities.

Urgent actions for 2004

- **Reach all children house-to-house** - in the densely populated districts and high rises of the greater Cairo area through intensification of planning, supervision, training and communication efforts.
- **Full governmental ownership** - at governorate and district levels, particularly in greater Cairo, for immunization activities.

Afghanistan

Current Status

- Two areas of indigenous transmission existed in 2003: the southern region (including Kandahar) and the western region (Herat).
- Repeated importations, especially along the Pakistan border, continue to pose challenges.
- Immunization status has improved over time, but areas of major concern remain in the southern and western regions, as well as those areas bordering Pakistan. Security concerns in the south are a key challenge to ensuring adequate immunization coverage.

Urgent Actions for 2004

- **Access to all children** - particularly in the southern region, through greater engagement with local staff and improved communication and community mobilization efforts.
- **Government accountability** - to maintain commitment to polio eradication.
- **Synchronized immunization activities** - with Pakistan.

Polio re-infected countries: Benin, Burkina Faso, Cameroon, Chad, Ghana and Togo

- In 2003, there were 23 cases of paralytic polio following importations of poliovirus into previously polio-free countries of Benin, Burkina Faso, Cameroon, Chad, Ghana and Togo.

- Viruses found in these countries, which had not reported indigenous wild poliovirus for more than two years, are related to virus circulating in northern Nigeria and southern Niger in 2002 and 2003.
- Benin, Burkina Faso, Cameroon, Chad, Ghana and Togo will conduct two to four rounds of National Immunization Days/Sub-National Immunization Days in 2004 to ensure transmission is not re-established.

International Efforts in 2004

- **The G8 reinforced its commitment to polio eradication during its June 2003 Summit, and pledged to provide the funding needed for polio eradication activities in Africa.** To date Canada, the United Kingdom, Japan, the Russian Federation and the United States are the G8 countries which have acted on their commitment to provide additional funding for polio eradication activities.
- Several key multilateral organizations made strong commitments to polio eradication in 2003. At the 2003 **African Union Summit in Maputo**, the African Union recalled its 1996 resolution to “Kick Polio Out of Africa” with a further decision on polio eradication. In October, the **Organisation of the Islamic Conference (OIC)** adopted a landmark resolution to wipe out polio. Five of the world’s six remaining polio-endemic countries globally are OIC members – Nigeria, Pakistan, Egypt, Afghanistan and Niger. The resolution urges the OIC polio-endemic countries to accelerate their eradication efforts.
- **Rotary International announced the results of its second membership fundraising campaign**, which raised more than US\$ 111.5 million. Funds received during this campaign pushed Rotary’s total donation to polio eradication to **well over US\$ 500 million**.

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Partners in the Global Polio Eradication Initiative

2004 - Now More than Ever: End Polio Forever

In 2004, the world has a one-time opportunity to stop the transmission of poliovirus. A rare confluence of factors, driven by the epidemiology of the disease, provides the world with a rare chance to end the crippling scourge of polio, thereby creating a legacy of a unique global public good from which all children will benefit.

The world has never had a better chance to end polio. It may also be the last chance. If the world does not seize the opportunity now, both risks and costs will increase dramatically. Failure to stop transmission in 2004 could squander a fifteen-year investment in polio eradication made by over 200 countries and 20 million volunteers at an international investment of more than US\$3 billion. Governments in the six remaining endemic countries must act immediately, urgently and decisively over the next 12 months to stop poliovirus transmission in the remaining strongholds.

New Opportunities: the best chance ever

Epidemiology: Success within reach in the remaining polio strongholds

- Wild poliovirus now is endemic in only six countries – Nigeria, India, Pakistan, Niger, Afghanistan and Egypt – the lowest number in history since polio was first recorded.
- Polio transmission is now primarily confined to a limited number of polio “hot spots” within these endemic countries. Five states and provinces within Nigeria, India and Pakistan are linked to more than 75% of all new cases of polio worldwide, and represent the key to stopping transmission globally. While intensifying immunization activities is essential wherever the virus still circulates, polio cannot be eradicated unless transmission is halted in these five hot spots.
- In the late 2003 high season for poliovirus transmission, three key poliovirus reservoirs – India, Pakistan and Egypt - had the lowest levels of poliovirus transmission ever recorded. India, Pakistan and Egypt’s success sets the stage for stopping transmission there in the next six months.
- Experience from every country in the world demonstrates that polio transmission can be stopped in 2004 -- but only if governments in the remaining endemic countries act immediately to ensure high quality vaccination campaigns reach every child in even the most densely populated or difficult areas.
- While northern Nigeria had more cases than any other area in the world in 2003, experience in southern Nigeria demonstrates that with a sufficient number of high quality nationwide activities, transmission could be stopped within 12 months.

Campaign Quality: New Improvements to Combat Old Challenges

- In India, for the first time, minority populations are being reached with a higher number of vaccine doses. In the key state of Uttar Pradesh, data show at least 87% of children from minority populations had received at least four doses of polio vaccine in 2003, compared to only 58% in 2002.
- In Egypt, in the greater Cairo “megacity” (Cairo, Giza and Kalyoubia), improvements were seen in 2003 over 2002, as data show 65% of children had received at least 5 doses of polio vaccine in 2003 (versus 19% in 2002).

- In Pakistan, vaccinators are gaining access to increasing numbers of households by employing female vaccinators who can enter every home to search and immunize previously unreachable children.

Political Interest: Eyes now on the prize

- Polio eradication is now a top line concern of leading international organizations, donors and multilateral institutions. Polio eradication was discussed at a number of key Summit meetings in 2003, including the African Union Summit, the Organization of the Islamic Conference Summit (OIC), and the G8 Summit.
- Within each of the remaining polio-endemic countries – Nigeria, India, Pakistan, Egypt, Niger and Afghanistan – national and subnational leadership is now focused on the goal of stopping polio transmission by end-2004.

Significant Risks: a last chance?

Epidemiology: Vulnerability to Poliovirus Importations

- Polio knows no borders. The world's few remaining reservoirs of poliovirus continue to pose a significant risk due to the threat of polio importations, which can spread rapidly and threaten millions of unprotected children. All countries – and all children - remain vulnerable to importations of the wild poliovirus until it is eradicated everywhere.
- As a result of scarce financial resources, almost every polio-free country stopped their polio immunization campaigns in 2003, thereby leaving millions of children more vulnerable to poliovirus importations. In 2000, more than 100 countries conducted preventive immunization campaigns. In 2003, only 15 countries did so, with the result that children from Lebanon to Lagos were susceptible to poliovirus imported from the world's remaining polio reservoirs.
- The India epidemic of 2002 and the spread of the Nigerian virus in 2003 demonstrate the speed with which the virus will exploit this vulnerability. For example, importations from a polio hotspot in northern Nigeria (Kano) have now infected six neighbouring countries (Benin, Burkina Faso, Cameroon, Chad, Ghana and Togo) that were previously polio-free. Subsequent resulting mass immunization campaigns had to be organized in these countries, at an international cost of US\$20 million.

Campaign Quality: A limited window for success

- In all communities, the massive investment of health and civil administration resources will not be sustainable.
- In India, upcoming national elections in November 2004 may seriously hinder or prevent civil administrators from lending their full support to vaccination activities.
- In Pakistan, the use of female vaccinators may not prove sustainable were there to be a potential cultural backlash.

Political and Financial Support: Critical Need, Limited Duration

- Commitment to polio eradication may not be sustainable beyond 2004 as other health, social and political issues clamour for the world's attention.
- The opportunity costs – as well as the financial, manpower and morale – of failing to stop poliovirus transmission grow significantly with each passing month. If transmission continues beyond mid-2005, costs to the program are estimated to increase by US\$339 million (2005-06).
- There is an ever-shrinking pool of international and national resources available for implementing polio eradication activities. Large-scale, costly efforts to halt the ongoing transmission of poliovirus beyond 2004 will be difficult to justify.

**In 2004, the world now has its best -- and perhaps last -- chance to end polio.
Now more than ever: end polio forever.**