

**INTER-AGENCY STANDING COMMITTEE WORKING-GROUP
XXXX MEETING**

Rome ~ 17-18 February 2000

**STOPPING POLIO TRANSMISSION IN ANGOLA &
THE DEMOCRATIC REPUBLIC OF CONGO
JUNE – SEPTEMBER 2000**

SITUATION ANALYSIS

- Humanity stands on the brink of a unique achievement – ensuring that no child on this planet will ever again be paralysed by polio. In the history of the world, only one other disease, smallpox, has been eradicated globally. Polio is targeted to join its ranks by the end of 2000, or shortly thereafter, if the UN cross-agency effort ensures that all children are vaccinated in the most critical countries, especially Angola and the Democratic Republic of Congo (DR Congo) during 2000 – 2001.
- The global Polio Eradication Initiative has made rapid progress since its 1988 launch. In 1988, polio existed in 125 countries on five continents, and over 350,000 children were paralysed that year. By end 1999, the number of polio-infected countries decreased to 30, polio was eliminated from three continents, and polio cases fell to an estimated maximum of 20,000. To fully exploit the narrow window of opportunity during the year 2000, a substantial acceleration of activities will occur that includes placing over 40 additional international and 200 national staff in priority countries.
- Progress towards global polio eradication is fragile because the virus can be reintroduced into polio-free areas. In 1999, polio-free China experienced an imported case, linked to India by genetic sequencing, which was rapidly detected and contained by vaccination of over 30 million children in China. To prevent importations, polio eradication must vigorously target the remaining global poliovirus reservoirs. Angola and DR Congo constitute one of the biggest remaining reservoirs, threatening the eradication effort on the African continent, with documented exportations to Namibia, Tanzania, and Zambia – and many others probably unrecognised.
- The Angola / DR Congo reservoir is one of the greatest challenges to global polio eradication. Conflict prevents many children in large geographic areas of these countries from receiving vaccine, and both countries continue to have intense poliovirus transmission. In Angola during 1999, the largest polio outbreak ever recorded in Africa occurred with 1100 cases and 89 deaths.

ACTIONS NEEDED IN ANGOLA AND DR CONGO

1. To stop polio transmission in Angola and DR Congo, all children aged less than 5 years must be reached and vaccinated during multiple National Immunisation Days (NIDs.) NIDs, lasting 2-5 days, have successfully reached children in Afghanistan, Sudan, Somalia, and Sierra Leone. To stop polio transmission in Angola and DR Congo, high-quality rounds of NIDs are needed during the low periods of virus transmission (June through September 2000, early 2001, and possibly NIDs or sub-national immunisation days targeted to specific high risk areas in 2001).
2. To optimise the impact of the NIDs, access to conflict-free areas secured during 1999 in Angola and DR Congo must be expanded during 2000 so that vaccination teams can reach all children. During 1999 in DR Congo, the efforts of UN agencies and the UN Secretary-General proved that access could be provided for three NIDs in 267, 299, and 285 districts, respectively, reaching between 7 and 9 million children. In Angola, three NIDs reached over 95% of targeted children (between 2.5 and 3 million children) in government-controlled areas, ranging from 98 to 102 municipalities of the 164. Non-government controlled areas were not accessed at all. Vitamin A supplements –decreasing child mortality by at least 20% – were administered in both countries during at least one NID.
3. In Angola and DR Congo, only a broadened UN cross-agency effort will allow all children to be vaccinated during 2000. Success requires multiple partners, including the technical skill of the WHO as the global lead agency, the capacity for decentralised planning and implementation of UNICEF, the logistical strength of the WFP, the support of national governments, the grass-roots orientation and community ties of non-governmental organisations (NGOs), the advocacy and financial support of Rotary International, the technical input of the U.S. Centers for Disease Control and Prevention, and the financial support from the public and private sectors.

SPECIFIC ACTIONS FOR IASC WORKING GROUP CONSIDERATION

1. In Angola and DR Congo, the UN system, led by OCHA and the UN Secretary-General's Office, is requested to work closely with WHO/UNICEF to promote access to all areas (including ceasefire negotiation as needed) for training, vaccine distribution, and vaccination of all children aged less than five during NIDs. OCHA and UNSG negotiations with different factions should be closely coordinated with WHO/UNICEF locally in-country to ensure feasibility of proposed activities.
2. WHO/UNICEF should lead the UN effort, coordinating activities with national/local health authorities and communicating information to all partners, including NGOs and the ICRC, through the existing Inter-Agency Coordinating Committee (ICC) for polio/immunisations. UNHCR is requested to continue to place a high priority on vaccination of refugees and other displaced populations.
3. All partners (UN, NGOs, etc.) are requested to appoint a polio focal point to participate in the ICC, and jointly ensure that all areas are reached.

4. UNICEF should lead social mobilisation activities, ensuring that all population subgroups are aware of the vaccination activity and the need to immunise all children.
5. All UN agencies, particularly including WFP and/or DPKO operational capacity, are requested to augment or continue logistical support to the NIDs by providing transport, staff, and communications.
6. WHO, UNICEF, and local authorities should lead country teams in finalising the detailed plans for each country, including district level planning.
7. The UN system is requested to assess the security constraints upon UN staff with a view toward facilitating sufficient (increased) UN staff access to all areas – consistent with preserving and protecting the lives of UN personnel.