

TARGET 2000: REACHING THE GOAL OF POLIO ERADICATION

ROBERT A. KEEGAN, PUBLIC HEALTH ADVISOR,
CENTERS FOR DISEASE CONTROL AND PREVENTION, ATLANTA, GEORGIA

Three years ago you invited me to review progress towards global polio eradication. I am pleased to be back to give you an update. The executive summary is: progress has been extraordinary worldwide, yet the challenges continue to be daunting.

Let's begin with a few words about the global polio eradication initiative. The community of nations represented by the World Health Assembly in 1988 resolved to eradicate polio by the year 2000. The goal is to eliminate polio in every country in the world and to eradicate the virus that causes it.

A global partnership has formed to achieve this objective and includes the World Health Organization; the United Nations Children's Fund; Rotary International; the governments of Australia, Canada, Denmark, Finland, Germany, Japan, Norway, Sweden, and United Kingdom; the Task Force for Child Survival and Development; Centers for Disease Control and Prevention (CDC) and U.S. Agency for International Development (USAID). Other partners are joining by the year.

Rotary International is a particularly unique partner. They have raised more than 250 million dollars from the pockets of their members and expect to contribute a total of 400 million dollars by the end of the program.

When I last spoke to you in 1994, I pleaded for more dollars. I am pleased to report to you, although we still need more dollars, funding from the international partnership has increased to more than 100 million dollars annually. No longer do we have a serious problem with obtaining the funds to buy polio vaccine for every child in the world.

The basic strategies to eradicate polio are the same as they were three years ago. We must have strong routine immunization programs. We must have effective surveillance for acute poliomyelitis, including surveillance for every child under the age of 15 with acute flaccid paralysis. (Polio is difficult to diagnose in many countries, so we look for every child with newly developed muscular weakness or complete paralysis of the legs or arms.) We must examine suspected cases and have stools collected for laboratory analysis. And the final strategy, when every child under the age of five is vaccinated even if they been vaccinated previously in national immunization days (NIDs).

The results of these strategies continue to be remarkable. Since 1988 there has been nearly a 90 percent decline in reported polio cases globally. In 1996 less than 4,000 cases of paralytic polio were reported in the entire world representing fewer cases than occurred in the United States alone during the epidemics of the 1950s. These positive results have occurred in the face of an improved ability to find paralytic polio. However, our surveillance is not at all perfect. WHO estimates that 40,000 cases actually occur each year, acknowledging a substantial under-reporting of cases. This is truly a remarkable achievement and reflects literally hundreds of thousands of children who are not paralyzed who otherwise would have been.

The entire Western Hemisphere has been free of naturally occurring polio since 1991. Western Europe is free from polio, although we experienced a scare last year when a large outbreak of paralytic polio occurred in Albania and spread to Greece and other surrounding countries. Thanks to immediate action, Western Europe is polio free again. The lesson from the Albania outbreak is that no country is free from polio until all countries are free of polio.

The major problem areas continue to be in Pakistan, India, Bangladesh, and many countries in sub-Saharan Africa. More than 80 percent of the cases of polio in the world occur in these countries.

Approximately 100 countries on four continents have conducted one or more NIDs to eradicate polio during the last ten years. China is now considered a polio free country having no reported cases of endemic polio for two years. This is a tremendous achievement and is the result of massive immunization efforts since 1991.

Operation MECACAR (Middle East Caucasus and Central Asian Republics) was a special initiative to conduct synchronized immunization days in large blocks of countries in the former Soviet Union and nearby Asian countries. Ultimately, 22 countries agreed to conduct NIDs at the same time, including the Russian Federation. As a result of these extensive efforts, only a handful of cases of polio have been reported in the European region excluding Albania.

The results in India and surrounding countries has been dramatic as well. For example, India conducted NIDs in each of the last two years and vaccinated

more than 100 million children each year resulting in a 90% reduction of reported polio cases since 1988.

People have always said, "Africa is different. You will never be able to eradicate polio there." So, the African region has always been a great worry to us ever since the global polio eradication initiative was launched. For three years extensive polio eradication activities have occurred in the African continent and last year more than 25 countries conducted NIDs, many achieving polio vaccination coverage of greater than 80 percent of the targeted children. However, the Democratic Republic of Congo, Nigeria, and Ethiopia are heavily populated countries which continue to report many cases of polio and give us great cause for concern.

The accomplishments of 1996 can be summarized as follows:

- a 90% reduction in reported polio cases since 1988 despite improving surveillance;
- NIDs or SNIDs (SubNational Immunization Days) conducted in 28 sub-Saharan African countries;
- No laboratory confirmed indigenous cases in China for more than 2 years;
- 250 million children received OPV (oral polio vaccine) in NIDs in China, India, and South Asian countries in December 1996;
- 60 million children received OPV in NIDs in 22 countries during Operation MECACAR.

Despite this progress, the challenges remain. During a recent meeting in Geneva, it became clear that additional surveillance activities are needed and that the funds needed to implement this have been seriously underestimated in Africa and some South Asian countries.

In addition to funds, greater political commitment is needed both to strengthen routine immunization programs and implement polio eradication strategies in the numerous countries with civil unrest such as Sierra Leone and the Democratic Republic of Congo.

I was in Cambodia recently to help conduct village-to-village and house-to-house vaccinations in a mopping up campaign. On the last day we visited a two-year-old baby who was suspected of having paralytic polio. Laboratory results confirmed the diagnosis. I was disappointed that despite all of our efforts, transmission has continued in Cambodia. Eight children have been paralyzed this year.

Despite these cases I was particularly encouraged by one thing. My Cambodian counterpart was upset and angry when she saw this child with polio. She clearly understood that polio doesn't have to happen any more in any country in the world.

When the world community reacts the same way my Cambodian colleague did, I know polio eradication will be achieved. I thank you for your encouragement and continued support so that we can be sure that the children in the next century will not have to, as you at this conference must, face the many possible consequences of having polio. ❀

APPAREL RESEARCH COMPANY NEEDS INPUT

Joanne Gillease, President, Gillease and Associates, a textile and apparel research and consulting firm, is conducting a survey of adults with disabilities and seniors to define their apparel needs. Without documented research on the needs of these two specific populations, it is unlikely that manufacturers will develop or market adaptive apparel lines.

Gillease and Associates is consulting with occupational therapists and other health care professionals, but needs input from individuals who have difficulties with personal dressing on questions such as: Are there special closure concerns, e.g., are buttons, zippers, or snaps difficult to use? Are there garment design and construction needs necessitated by specific physical or medical conditions? Are there special sizing needs? Is there a need to construct garments with new lightweight fabrics that permit added warmth or cool, dry comfort?

If you want to share your opinions and knowledge about the apparel needs of adults with disabilities and seniors, please contact Gillease and Associates at 800/510-7170. You can request that a survey be sent to you, or you can participate in an interview over the phone. Research will be conducted and the results compiled and validated through October 1997. ❀

INTERNATIONAL POLIO NETWORK

4207 Lindell Blvd., #110
Saint Louis, MO 63108-2915 U.S.A.
314/534-0475 314/534-5070 FAX
gini_intl@msn.com

ISSN 1066-5331

POLIO NETWORK NEWS is an international newsletter for polio survivors, health professionals, and resource centers to exchange information, encourage research, and promote networking among the post-polio community.
ISSUED QUARTERLY

EDITOR/EXECUTIVE DIRECTOR: Joan L. Headley

ASSISTANT: Sheryl R. Prater

PUBLISHER: Gazette International Networking Institute (G.I.N.I.)
4207 Lindell Blvd., #110, Saint Louis, MO 63108-2915 U.S.A.

SPECIAL THANKS TO: Ellen Peak and Linda Bieniek

ANNUAL SUBSCRIPTION: U.S.A. ♦ \$16 (U.S. dollars only)

CANADA, MEXICO & OVERSEAS (Surface) ♦

\$21 (U.S. dollars or Canadian equivalent)

OVERSEAS (Air) ♦ \$25 (U.S. dollars only)

Copyright ©1997 by Gazette International Networking Institute

PERMISSION TO REPRINT PORTIONS MUST BE OBTAINED FROM THE EDITOR.