

# Polio Network News

## Eradication of Acute Poliomyelitis in Sight

*Timothy E. Wirth, President, United Nations Foundation*

The international initiative to eradicate polio worldwide, launched as a voluntary effort by Rotary International in 1985 and adopted by the World Health Assembly in 1988, is moving closer to the goal each year. A revised plan for achieving the goal was adopted at the Polio Summit at the United Nations in September 2000. It projects the last case of polio – probably an African child – to occur within the next two to three years, with certification of a polio-free world two years after that in 2005. There is a caveat to the plan: that adequate resources are available to complete the job. The United Nations Foundation has joined the Global Polio Partnership to help ensure that the resources are there.

It is in Africa and Asia that polio continues to attack young children. As with other diseases, the children still threatened by polio live in twenty of the poorest countries in the world. Many of the countries are in conflict, including Afghanistan, Angola, Democratic Republic of the Congo, Sudan, and Somalia. Two large countries of great potential wealth, and great pockets of poverty, Nigeria and India, require large-scale efforts to defeat polio. So the Global Polio Partners and our Foundation are focusing especially on these difficult twenty countries.

The Partners – the World Health Organization, UNICEF, Rotary International, and the

US Centers for Disease Control and Prevention, with private sector support as well as that of governments – have made stunning strides in recent years. Thirteen years ago the number of polio-infected countries was 125. As late as 1988, when the coordinated effort began, polio was paralyzing 250,000 children per year. Since then, by delivering a few drops of the Sabin vaccine to every child under five – in massive immunization campaigns around the world – the eradication initiative has steadily reduced the impact of the disease.

In 1994, the Western Hemisphere was certified to be free of polio. In 2000, the Western Pacific, including China, was certified polio-free. In these 13 years, the concerted effort has succeeded in reducing the annual number of polio cases by 99 percent: there were less than 3500 confirmed cases in 2000.

Indeed, with the virus active anywhere in the world, children everywhere remain under threat. This is why we must redouble our efforts now. Those efforts have sometimes assumed heroic dimensions. In December 2000, with tens of thousands of volunteers (including, once again, many Rotarians) and national and international health workers, 150 million children in India were vaccinated in one day. In African countries in conflict, UN Secretary General Kofi Annan and other leaders have succeeded in securing ceasefires between

warring parties so that children can be vaccinated during “Days of Tranquility.”

All of us involved in the effort are keenly aware that many persons who have survived polio’s greatest threats in childhood, nonetheless experience later effects. We trust that research will soon provide answers to this untimely phenomenon and that health care systems will not back away from providing full care and attention to those who, in mid-life and later, find themselves once again dealing with polio.

Aware and concerned, we must push on with the challenge we do know how to address medically and logistically: to eradicate the threat of polio to the world’s children. As we do this, we are also putting in place a health care delivery infrastructure that can be used to attack other diseases, from malaria to HIV/AIDs.

The cost of reaching the goal of a world that is certified as polio-free by 2005 is estimated to be only \$1 billion US dollars. Half of that amount is already com-

CONTINUED ON PAGE 2

### Inside this issue

Selecting a Physician .....	4
Boundary Issues .....	5
Post-Polio Resources .....	6
Readers Write .....	10



mitted by national governments and international agencies, and significant amounts are committed by private sector sources. To date, the United Nations Foundation has invested \$78 million, with Ted Turner giving \$28 million and Bill and Melinda Gates, \$50 million; the Rotarians have contributed several hundred million dollars to polio eradication since 1988. To complete the job by 2005, the shortfall now stands at only \$400 million.

The UN Foundation has established a Global Polio Eradication Fund. We are in a special partnership with the Rotary International Foundation to try to

**TABLE 1. Number of confirmed cases of poliomyelitis and wild poliovirus, by type and region — World Health Organization, 1999 and 2000**

Region	1999					2000				
	No. confirmed cases	Wild virus confirmed	Type 1	Type 2	Type 3	No. confirmed cases	Wild virus confirmed	Type 1	Type 2	Type 3
African	2861	246	167	0	79	1763	144	139	0	5
Americas	0	0	0	0	0	0	0	0	0	0
Eastern Mediterranean	914	479 (four were mixed types 1 and 3)	392	0	83	453	259 (six were mixed types 1 and 3)	155	0	98
European	0	0	0	0	0	0	0	0	0	0
South-East Asia	3365	1185 (12 were mixed types 1 and 3)	430	11	732	608	271 (one was mixed types 1 and 3)	140	0	130
Western Pacific	1*	1	0	0	0	0	0	0	0	0
<b>Total</b>	<b>7141</b>	<b>1911</b>	<b>989</b>	<b>11</b>	<b>894</b>	<b>2824</b>	<b>674</b>	<b>434</b>	<b>0</b>	<b>233</b>

\* Imported case.

SOURCE: Morbidity and Mortality Weekly Report, March 30, 2001/Vol. 50/No. 12

raise a significant part of that amount from private donors. And we hope many citizens will join us in the effort.

Smallpox was eradicated in the previous century. What a gift it will be to those who come after

us, indeed to the 21st century, to eradicate polio in the next five years. We must do so, and we invite you to join in the cause. ■

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## Editor's Comments

As a faithful reader of *Polio Network News*, you will recall the May 2000 "International Conference on Post-Polio Syndrome: Identifying Best Practices in Diagnosis & Care," sponsored by the March of Dimes, held at Warm Springs, Georgia. Two reports — one for physicians and one for people who had polio — were published and included with your *Rehabilitation Gazette* mailed in July.

The value of "Post-Polio Syndrome: Identifying Best Practices in Diagnosis & Care" and "Guidelines for people who had polio" for me is that they represent a peer-reviewed consensus of opinion from researchers and clinicians. They clarified the definition of post-polio syndrome. I think we all should keep this in mind the next time a neurologist tells us we "don't have it." No one is saying there are not consequences to having had polio earlier in life, i.e., the late effects

of polio. The reports are saying that post-polio syndrome is a specific, new neurologic condition.

My satisfaction with assisting in distributing the reports was tempered by some of the press coverage. I reminded one journalist that, "The use of the word 'victim' is outdated, and the image that it presents to non-disabled people, or reinforces in polio people, can be damaging."

Guidelines do exist to assist journalists when writing about disability ([www.accessiblesociety.org](http://www.accessiblesociety.org)). The Research and Training Center on Independent Living ([www.rtcil.org](http://www.rtcil.org)) in Kansas is updating their pamphlet about language. I will let you know when it is available.

However, I was most frustrated at the bleak message the media presented about post-polio syndrome — physicians do not know about the condition and there is nothing that can be done. So where does that leave polio survivors who read these columns? I expressed my

concern with a Letter to the Editor. "To say that the symptoms of post-polio syndrome include weakness, pain, and fatigue, the symptoms of many diseases, and then say there is no cure but rest, or canes and wheelchairs (devices many would rather avoid), might cause polio survivors who read the article to 'treat' themselves and not go to a physician. While 'conserve it to preserve it' is a catchy phrase, it minimizes the seriousness of the problem for some polio survivors, and it ignores the complexity of the problems those survivors present to the medical community." "Conserve it to preserve it" offers some general guidance, but many times the advice is just that — general, and survivors are not offered specific options or encouragement.

I encourage each of you to visit a primary care physician regularly to receive a physical and to have the routine screenings appropriate for your age and sex. Insist that your physician is diligent about finding and treating what can be treated