

# POLIOPLUS STATUS REPORT

AT SECOND PLENARY SESSION

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TRF Trustees Chair

The Grand Ballroom, (12 F)  
0930-0950, Saturday, Oct. 18, 2008

## 1. Introduction – PolioPlus: Our Priority (Slide 1)

This past year has seen new developments, commitments, and progress in the quest to achieve a polio-free world. This



presentation will provide an update on the status of the Global Polio Eradication Initiative, the role of Rotary International in the effort, and what Rotarians can do to continue to support Rotary’s US\$100 Million Challenge. Polio Eradication is Our Priority.

## 2. New Developments in 2007 (Slide 2)

In 2007 new tools and new tactics have led to a reduction of polio cases and stopped the circulation of imported polio virus in 22 re-infected countries.

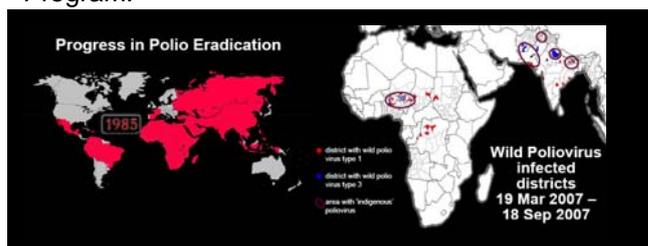


There are new commitments from country leaders and a new Case for Completing Polio Eradication. At the same time, the Global Polio Eradication Initiative faces a significant funding gap.

## 3. Progress (Slides 3&4)

When Rotary launched its PolioPlus program in 1985, there were over 350,000 cases of polio each year- 1,000 cases per day, in over 125 countries. Today, annual cases of polio paralysis are down to about 1,000 a year—that’s a 99% reduction in the number of infections worldwide. At the end of 2007

only four countries remained polio endemic – India, Nigeria, Pakistan and Afghanistan. This is the lowest number in history and, more importantly, polio only circulates in certain areas of each these countries. For example all Southern Nigeria and Southern India are polio free. Tremendous progress has been made since the launch of the PolioPlus Program.



## 4. New 'monovalent' polio vaccines are being used in 22 countries (Slide 5)

The use of the new monovalent vaccines developed in 2005 continued in 2007. 22 countries are using monovalent polio vaccine. These vaccines were developed to specifically target polio types 1 and 3. The monovalent vaccines are more effective in protecting a child from polio.



## 5. New tactics have replaced 'one-size-fits-all' approach in endemic areas (slides 6-8)

Launched by the National Program on Immunization in Nigeria, Immunization Plus Days (IPDs) offer communities additional immunizations and health

interventions along with the polio vaccine. Since the introduction of the IPDs, the proportion of children in the northern states of Nigeria who had never been immunized was reduced from more than 50% at the end of 2005 to an average of only 20% in 2006.

In Pakistan and Afghanistan, polio transmission continues among mobile groups and in communities who live in insecure or socially conservative areas. To reach these "hard to reach" populations, immunization posts have been set up at key migrant gathering areas and known border crossings between Afghanistan and Pakistan.



Immunization campaigns are being synchronized in these areas to vaccinate children that are traveling within these groups.

In India, the Expert Advisory Group on Polio Eradication called for sharply increasing the number of large-scale polio immunization activities in the highest-risk districts of western Uttar Pradesh and Bihar and focusing on children aged less than three years of age. Large-scale activities with monovalent vaccine will be held on average every four weeks, supplemented by giving a dose of monovalent type 1 polio vaccine at birth.

**6. Polio vaccine requirement for travel reduces risk of importations (Slide 9)**

The Ministry of Health of Saudi Arabia issued a directive requiring all travelers aged less than 15 years from countries with recent or ongoing circulation of polio, and all travelers from Afghanistan, India, Nigeria and Pakistan, regardless

of age, to provide proof of vaccination before an entry visa could be issued. Travelers coming from the four polio endemic countries, regardless of previous polio immunization status, will also be required to receive an additional dose of OPV upon arrival in Saudi Arabia.



**7. New Commitments: New Director-General, World Health Organization (Slides 10-11)**



The New Director General of the World Health Organization, Dr. Margaret Chan, stated in her acceptance speech that "we will complete polio eradication."

Dr. Chan has already traveled to Afghanistan and Pakistan to meet with the President of Afghanistan and Prime Minister of Pakistan, and received their full commitment to polio eradication. Dr. Chan has participated in National Immunization Days in India this past December.

**8. New Commitments: Head of Government Leadership (Slides 12-14)**



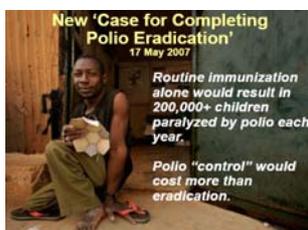
The heads of government in the polio endemic countries have committed to polio eradication. Under the



leadership of Prime Minister Singh, India approved a significant amount of domestic resources to be used for polio eradication. President Karzai of Afghanistan launched a National Polio Action Group and has taken direct oversight of all polio activities in his country. First Lady of Nigeria, Hajija Turai Umaru Yar'adua, recently immunized Nigerian children against polio during an Immunization Plus Day, demonstrating the high level governmental support of polio eradication in the country.

**9. New 'Case for Completing Polio Eradication' 17 May 2007 (Slide 15)**

The World Health Organization developed a new case for completing polio eradication. The 'Case' document summarizes



the financial and humanitarian benefits of completing polio eradication and sets the stage for intensive resource mobilization activities to fill the 2007-2008 global funding gap. An independent analysis found that switching to polio 'control' would result in costs that would exceed, by billions of dollars over a 20 year period, those of completing eradication. Switching to polio 'control' and relying on routine immunization alone would result in over 200,000 children again paralyzed by polio each year. The message is clear: stay the course!

As part of the case document the World Health Organization created new milestones. It states that by the end of 2007 there should be a 50% reduction in the number of polio-infected districts relative to 2006, and by the end of 2008 polio transmission should be interrupted, or there should be at least a further 50% reduction in the number of infected districts relative to 2007.

**10. New Commitments: overwhelming support for PolioPlus at Rotary's Council on Legislation, April 2007! (Slide 16)**

At the Council of Legislation in 2007, Rotarians

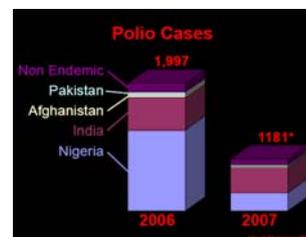
adopted the proposed resolution to 'endorse and affirm that the eradication of polio is a goal of the highest order of Rotary International'. This is vital because without Rotarians' support, the eradication of polio will not occur. We need your ongoing commitment to finish the job!



**11. Progress in 2007 (Slide 17)**

Can the last 4 endemic countries stop polio? The answer is "Yes!" Let's look at the progress in 2007.

As of 2 April 2008 there were 1308 polio cases in the world in the year 2007 compared to 1997 in the year 2006. This is approximately a 35% reduction in the number of cases!



The impact of the use of monovalent type 1 vaccine in Nigeria has caused a 90% decrease in the number of type 1 cases in the country.

Despite being the high season for polio transmission, the last quarter of 2007 was the lowest ever reported incidence of type 1 polio in India, since surveillance began.

Insecurity is increasing in the Southern Region of Afghanistan where type 1 polio is reported and cross-border areas along the tribal regions of the North West Frontier Province in Pakistan where there are both type 1 and 3 polio cases. Polio cases in Afghanistan and Pakistan must be tackled together and both countries continue to synchronize activities.

**12. Gates Grant (Slide 18)**

The Bill and Melinda Gates Foundation has awarded The Rotary Foundation a US\$100 million grant, which



Rotary will match dollar for dollar, over the next three years. It is the largest grant ever given to a volunteer service organization and is a tremendous validation of the approach and success of our PolioPlus Program.

Rotary has committed to raising US\$100 million of new funds, over a three year period beginning 1 January 2008. Rotary's new PolioPlus fundraising effort will be completed on 31 December 2010.

**13.What Are Rotarians Being Asked to Do? (Slides 19-21)**

1.Each club is being challenged to organize a public fundraising event each year for the three years of the challenge. Rotaract and Interact clubs are also asked to get on board and contribute to the challenge. They can organize fundraising events independently or in conjunction with their sponsor clubs. (Please insert your own suggestions for fundraisers, these could be examples of previous fundraisers your club has successfully done in the past.)



2.Clubs are being asked to commit to a goal of at least US\$1,000 per year for the next three years. This goal may be fulfilled through the public fundraiser.



3.Individual Rotarians are also invited to personally take part in the challenge, with special emphasis on new members and clubs who have not had the opportunity to participate in PolioPlus, Rotary's priority program.

4.Both Cash and District Designated Funds will be accepted to help meet the challenge.

5.Contributions to the challenge will qualify for PHF and Major Donor recognition. There will be no new recognition types created for Rotary's US\$100 million challenge.

**14.Polio Eradication: Our Priority (Slide 22)**

The world now has its best chance to eradicate polio. The tools to eradicate polio are better than ever. The program now has vaccines which are twice as effective and diagnostic tools that detect and track polio twice as fast. New strategies have been formulated to reach all children in endemic areas. New policies and tactics are in place to minimize the risks and consequences of polio importations.



The heads of government in the polio endemic countries have committed to this effort, and global polio eradication depends on the engagement of the leaders of Afghanistan, India, Pakistan, and Nigeria. With their support and direct oversight of the polio activities in their countries, the number of polio cases will continue to decline.

It has been documented that over a 20 year period, the cost of controlling and treating polio would be higher, in human suffering and dollars, than the cost of finishing eradication. Over 200,000 children a year would be paralyzed, if we don't finish. Our efforts over the last 20 years would be wasted. We cannot let that happen. We cannot fail. Polio Eradication is our priority and our gift to the children of the world. Please consider making a gift to Rotary's US\$100 million Challenge.

