

Executive Summary

THE YEAR 2008 witnessed a polio outbreak in Nigeria, with new international spread to bordering countries, persistent importations in south-central Africa and Sudan and the largest outbreak of polio in eight years in Pakistan. Elsewhere, western Uttar Pradesh in India – historically the world's most entrenched reservoir of polio but free of indigenous poliovirus type 1 for more than a year – was re-infected by a virus from a neighbouring state. By the end of the year, the number of children paralysed by polio in 2008 had returned to 1999 levels. And yet 2008 has proved to be a turning point in the fight against polio.

To say 2008 was an arduous year in polio eradication is an understatement. To say it was a watershed for polio eradication is not. Against a sobering epidemiological backdrop, the progress made – in key political, technical, financial and operational areas – led the ACPE and SAGE¹ to conclude in November 2008 that the intensified eradication effort had shown that the remaining challenges in the four polio-endemic countries could be overcome.

First and foremost, all tiers of government in key polio-infected countries – from central to local levels – have realized the level of support and effort required to finish polio eradication and are engaging in the global effort as never before. In addition to financial and operational commitments, the remaining countries with indigenous polio – Nigeria, India, Pakistan and Afghanistan – now have special mechanisms to monitor the performance of eradication activities and hold local authorities accountable for their quality.

Secondly, these efforts are being closely watched and frankly assessed. Following the re-infection of West Africa, for example, the international community has refocused its attention on key polio-affected countries, especially Nigeria, with a World Health Assembly Resolution (WHA) in May 2008 tasking each endemic country – by name – to act.

Thirdly, the donor community has remained determined in the face of continued transmission of polio. Mindful that meeting established global health goals demands extraordinary perseverance, donors have redoubled efforts to finish the final lap. In January 2009, the Bill & Melinda

Gates Foundation announced a further US\$ 255 million grant for polio eradication to Rotary International, which the latter pledged to match with another US\$ 100 million, bringing to US\$ 200 million Rotary's matching funds in the past year alone. That same month, the United Kingdom announced a multi-year contribution of US\$ 150 million, and Germany signalled its intention to provide US\$ 130 million.

By the end of the year, these global developments and country-specific strategies were showing an impact on wild poliovirus transmission. In India, monthly vaccination campaigns in the highest-risk areas, using monovalent vaccine, have reduced wild poliovirus type 1 – the more dangerous of the two remaining strains – to record lows. In Nigeria, stronger leadership at state level brought about new commitments to accountability for the quality of vaccination campaigns. By early 2009, the proportion of children with no polio vaccination in the highest-risk states of northern Nigeria fell to under 10% for the first time ever.

In Afghanistan, teams exploited lulls in the conflict in the southern region to enter normally inaccessible areas and give children an additional dose of monovalent vaccine between large-scale campaigns. Pakistan started using finger-marking of vaccinated children to objectively measure coverage, thereby introducing real accountability of local authorities. With new multi-sectoral activities, the country laid the ground for the Prime Minister's Action Plan for Polio Eradication, launched in early 2009.

Meanwhile, ongoing research in social attitudes, the development of new vaccines and behaviour of the poliovirus is expanding the current state of knowledge. In March 2008, Somalia became polio-free once again, demonstrating that full application of international outbreak response guidelines can stop the virus even in the most difficult conditions.

This Annual Report of the Global Polio Eradication Initiative (GPEI) features progress made in 2008 towards the objectives defined in the *GPEI Strategic Plan for 2004-08* and reports on intensified eradication activities.

¹ The Advisory Committee for Poliomyelitis Eradication and the Strategic Advisory Group of Experts on Immunization.

“Eradicating a disease is hard, slow, painstaking work. But failure is no alternative at all – we don’t let children die because it is fatiguing to save them.”

Bill Gates, Co-chair Bill & Melinda Gates Foundation, January 2009

While not all milestones have been met, the 2008 ACPE recommendations recognized the range of progress made and concluded that “the strategies of the GPEI are valid and can succeed”.

Consequently, the ACPE endorsed the framework for a new strategic plan for the GPEI, combining proven eradication strategies, recently-developed tools and tactics and new initiatives to stop polio transmission. This strategic plan will be informed by the outcomes of an independent evaluation in 2009 – to propose area-specific strategies to address the remaining barriers to stopping polio transmission – and by the results of clinical trials to assess the impact of new tools, such as a bivalent OPV formulation.

Polio eradication, when complete, will be an enduring gift to future generations. In the 21 years since the launch of the GPEI, the number of children paralysed by polio has fallen by more than 99% – from more than 350 000 children paralysed each year to 1652 in 2008.

The world has gone from more than 125 countries infected to 18, of which only four have never stopped polio. Some five million people are walking today who would otherwise have been paralysed.

The powerful combination of government commitment, tireless immunization efforts by health workers and communities, along with a keen understanding of the remaining country-specific challenges has paved the way for the GPEI to approach the final inch to polio eradication with confidence.

