

## **Polio Eradication advocacy messages for the use by the *Inter-Agency Standing Committee***

**WHAT?** Communicable diseases are a major threat to survival during humanitarian emergencies. In addition, emerging crises contribute to the breakdown of disease control and eradication programmes, affecting neighbouring countries and endangering regional and global health security. Communicable diseases do not respect human conflict or international boundaries. Polio is a communicable disease, which cannot be controlled; it has to be fully eradicated. Polio usually infects children under 5 through contaminated drinking water. It attacks the central nervous system, causing paralysis, muscular atrophy, deformation and, in some cases, death. As long as a single child remains un-immunized, polio will remain a threat to public health. Polio eradication is not a single effort; it also helps to strengthen health systems, which must remain functioning during and after disasters.

The number of cases of polio has fallen from an estimated 350,000 annually when the Global Polio Eradication Initiative was launched in 1988 to fewer than 700 in 2003. This success story, however, is now at risk due to an alarming spread of poliovirus in west and central Africa. In the past year, 12 previously polio-free countries have been reinfected with poliovirus. Today, 90% of all the world's polio cases (593 of 668) are found in Africa. Polio eradication has been adversely affected by a) lack of investment by the Authorities, reducing the intensity of immunization and b) the impact of emerging crisis in neighbouring countries, perhaps exacerbating the spread.

Therefore, strong political commitment is urgently required. Critical attention should be given to National Immunization Days, which are needed also next year to curb the ongoing polio epidemic, to ensure that transmission is rapidly stopped and that the collective investment in the social capital of communities reaps dividends.

**WHY?** 80 million children need to be immunized against polio in Africa. To do this, political engagement at all levels is key to success. Particular efforts to reach each child must be made in complex emergencies, as access to children is frequently hampered in those situations.

**HOW?** To ensure adequate support for National Immunization Days, **IASC Principals and Field Representatives should advocate with Heads of State and Ministers** for strong leadership and personal oversight of polio eradication programmes. They should also stress the severity of the situation to relevant Country Teams, which are encouraged to include polio eradication project proposals in the 2005 Consolidated Appeals where applicable.

**WHERE?** 23 countries<sup>1</sup> will be participating in the upcoming National Immunization Days. Special focus should be on Chad, Côte d'Ivoire, the Sudan and Burkina Faso, which are the only four countries where polio transmission has been re-established since 2003, and Nigeria and Niger, which are the only countries in the region which have never stopped polio transmission.

**WHEN?** On 2 October, an official launching ceremony was held in Kano, Nigeria, to kick-off the largest, single public health effort in history. Representatives from the African Union were joined by Nigerian President Obasanjo. A series of synchronized mass immunization campaigns will begin on 8 October; the second round will start on 18 November, with similar campaigns required throughout 2005.

These efforts should contribute to a world free of polio for future generations by the end of 2005.

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<sup>1</sup> 23 countries conducting synchronized National Immunization Days in the coming months: Benin, Burkina Faso, Cameroon, Cape Verde, Central African Republic, Chad, Congo, Côte d'Ivoire, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Sudan and Togo.