

**UNICEF Executive Board
2009 Annual Session (8-10 June 2009)**

**Special Focus Session on
Global Health, with particular focus on polio eradication**

**Tuesday, 09 June 2009
3 – 5 pm, ECOSOC Chamber
United Nations Secretariat, New York**

Background Note

The current level of political commitment and funding for the health-related MDGs is unprecedented. In many areas of global health progress has been impressive. In others, the goals have not yet been met and we face a critical window of opportunity as the financial crisis looms large and the challenges of reaching the unreached confront us.

The number of under-five deaths worldwide has fallen from around 13 million in 1990 to 9.2 million in 2007. Africa (51% or 4.7 million children) and Asia (41 % or 3.8 million children) accounted for 92 percent of these deaths.¹ The average annual rate of reduction in child mortality for the period 1990 to 2007 was 1.8 percent, still leaving a required rate of 9.8 percent between 2008 and 2015 to achieve Millennium Development Goal 4.

As documented in the Countdown 2015 review,² progress continues to be strong in immunization coverage, the use of insecticide-treated mosquito nets, vitamin A supplementation, and exclusive breastfeeding in children less than six months old and prevention of Mother-to-Child Transmission of HIV (PMTCT) particularly in Africa. Immunization continued to reach over 80 percent of children. The number of measles deaths worldwide fell from an estimated 750,000 to 197,000 (by 74 percent) from 2000 to 2007. The introduction of two types of new vaccines, namely pneumococcal and rotavirus vaccines will provide a major opportunity in contributing to the reduction of diarrhea and pneumonia.

Maternal mortality remains unacceptably high across much of the developing world. In 2005, more than 500,000 women died during pregnancy, childbirth or in the six weeks after delivery. About 95% of maternal deaths occur in Africa and Asia, with particularly high burdens in sub-Saharan Africa (50 percent of the global total) and South Asia (35 percent). In Africa, the lifetime risk of maternal death is 1 in 26, four times higher than in Asia and more than 300 times higher than in industrialized countries.¹

Overall, progress in achieving the health MDG's for children and women is lagging for critical interventions that depend on a functioning health system with skilled health workers. This is particularly true for diarrhea and pneumonia which together account for more than 40 percent of all deaths under five. Coverage for services addressing maternal and newborn health is also low due to poor access to skilled birth attendants and Emergency Obstetric Care. Addressing these challenges will require increased focus on strengthening health systems, greater support to maternal and new born health and stronger integration of programmes. UNICEF joined UNAIDS, UNFPA, WHO, World Bank, GAVI, the Gates Foundation and the GFATM to set priorities and recommendations to the G8 leaders. These were reflected in the G8 statement and the Toyako Framework on Global Action for Health Systems Strengthening.

Polio eradication is an example of where the international development community has committed to a goal and needs to deliver. Polio eradication is the most visible indicator as to whether we are making real and sustainable

¹ The State of the World's Children 2009: Maternal and Newborn Health

² Peter Salama, Elizabeth Mason, et al: "Commentary: Making the Countdown count," (Countdown special edition of *The Lancet* 371, April 2008)

progress toward the MDGs especially because eradication requires that we go beyond the usual 80% coverage to the very last 20% of children. The Global Polio Eradication Initiative (GPEI), spearheaded by Rotary International, the World Health Organization, the US Centers for Disease Control and Prevention (CDC) and UNICEF, is a unique collaboration of governments, international organizations, the private sector, civil society and over 20 million volunteers.

Since its launch in 1988 during the World Health Assembly, the number of polio cases has decreased by 99%, from over 350,000 in 125 countries to only 1,652 cases in 2008 with only four countries (Nigeria, India, Pakistan and Afghanistan) that have never interrupted transmission. The final strides towards global eradication require the programme to overcome major hurdles in some of the most difficult areas in the world

The challenges are primarily operational. Large numbers of children in transmission areas continue to be missed due to sub-optimal quality of polio immunization campaigns. In Nigeria wild poliovirus continues to spread leading to importation of poliovirus in previously polio free countries in Africa. There is an urgent need for strong accountability among political and health systems leaders, along with quality planning, monitoring and supervision during campaigns. Insecurity in some parts of Afghanistan and Pakistan also present challenges.

The other challenge that the program currently faces is securing the required financial resources to finish the job. Governments and donor communities are urged to immediately fulfill their commitments by providing the necessary funding to fully implement all polio-related activities until we achieve the eradication goal.

In summary, polio eradication represents a tremendous investment in human and financial resources to achieve a global public health good. We will only achieve the goal of a polio free world if we redouble our efforts through 2009 and 2010. More than 10 million children will be paralysed in the next 40 years if the world fails to capitalize on this investment and finish the job of eradication³.

Purpose

The purpose of this Session is to allow members of the UNICEF Executive Board and partners to discuss the health-related MDGs. Polio eradication is presented as an example that demonstrates how an intervention can help build systems to deliver sustainable results, that demonstrates the importance of fulfilling existing commitments, and of acting with urgency.

³ Thompson KM, Tebbens RJ. Eradication versus control for poliomyelitis: an economic analysis. *Lancet* 2007; 369 (9570): 1361-71.

Annex 1: Health-related MDGs

MDG 1: Halve the proportion of people who suffer from hunger

Globally, the proportion of children under five years of age suffering from under-nutrition, according to WHO Child Growth Standards, declined from 27% in 1990 to 20% in 2005. But, the progress is uneven, and an estimated 112 million children are underweight.⁴

MDG 4: Reduce child mortality by two thirds

The number of under-five deaths worldwide has fallen from around 13 million in 1990 to 9.2 million in 2007. Africa (51% or 4.7 million children) and Asia (41 % or 3.8 million children) accounted for 92 percent of these deaths.⁵ This reduction is due to a combination of interventions, including the use of insecticide-treated mosquito nets for malaria, oral rehydration therapy for diarrhoea, increased access to vaccines for a number of infectious diseases and improved water and sanitation. But pneumonia and diarrhoea continue to kill 3.8 million children aged under five each year, although both conditions are preventable and treatable.

MDG 5: Improve maternal health

Maternal mortality remains unacceptably high across much of the developing world. In 2005, more than 500,000 women died during pregnancy, childbirth or in the six weeks after delivery. Progress in maternal mortality has been rather slow. About 95% of maternal deaths occur in Africa and Asia. In Africa, a woman's risk of dying from treatable or preventable complications of pregnancy and childbirth over the course of her lifetime is 1 in 26, four times higher than in Asia and more than 300 times higher than in industrialized countries.¹

MDG 6: Combat HIV/AIDS, malaria and other diseases⁴

HIV/AIDS: The percentage of adults living with HIV worldwide has remained stable since 2000 but there were an estimated 2.7 million new infections during 2007. Moreover, deaths are increasing in parts of Africa, particularly eastern and southern Africa. The use of antiretroviral therapy has increased; in 2007, about 1 million more people living with HIV received the treatment. That means one third of the estimated 9.7 million people in developing countries who need the treatment were receiving it.

Malaria: Efforts to control malaria are beginning to pay off with significant increases in the proportion of children sleeping under insecticide-treated mosquito nets. Although it is still too early to register the global impact, 27 countries – including five in Africa – have reported a reduction of up to 50% in malaria cases between 1990 and 2006. In 2006, the number of cases was estimated to be 250 million globally.

MDG 7: Halve the proportion of people without sustainable access to safe drinking water and basic sanitation⁴

The number of people with access to safe drinking water rose from an estimated 4.1 billion in 1990 to 5.7 billion in 2006. But 900 million people still had to rely on water from what are known as unimproved sources, for example surface water or an unprotected dug well.

Since 1990, an estimated 1.1 billion people in developing regions have gained access to improved sanitation. In 1990, just under 3 billion people had access to sanitation. Their number rose to more than 4 billion by 2006. Yet, in 2006 some 2.5 billion did not have access to improved sanitation and 1.2 billion of them had to practise open defecation.

⁴ Fact Sheet on Progress on health-related Millennium Development Goals (MDGs), World Health Organization

⁵ The State of the World's Children 2009: Maternal and Newborn Health

Annex 2: Polio Eradication

1. Polio disease is the best candidate for eradication

Polio is a highly infectious disease which enters the body through the mouth, in water or food that has been contaminated with faecal material from an infected person. The virus has only human hosts but it spreads rapidly in under immunized populations, especially in areas with poor sanitation and dense population. Oral Polio Vaccine (OPV) is a very safe, inexpensive (<\$US 0.15 per dose) and effective vaccine that is easily administered. The vaccine can be given multiple times by non-medical volunteers without any side effects.

2. The current status of polio in the world

The annual number of wild polio virus cases has been reduced by 99 % from an estimated 350,000 in 125 countries in 1988 to only 1,652 cases in 2008. Polio is endemic in four countries, India, Pakistan, Afghanistan and Nigeria, which together accounted for 1,513 cases in 2008 (91 % of all cases). As of 02 June 2009, there are 506 confirmed cases worldwide (Table 1)..

Table 1: Polio cases in 2008 and 2009⁶, by countries

<i>Country</i>	<i>Total in 2008</i>	<i>Total Year-to-date 2009 (as of 2 June 2009)</i>
Nigeria*	799	288
India*	559	59
Pakistan*	117	17
Afghanistan*	31	7
Kenya	0	13
Côte d'Ivoire	1	14
Sudan	26	35
CAR	3	7
Chad	37	1
Togo	3	6
Benin	6	19
Niger	12	13
Burkina Faso	6	10
Uganda	0	8
Angola	29	6
DR Congo	5	1
Mali	1	1
Ghana	8	0
Nepal	6	0
Ethiopia	3	0
Guinea	0	1
Globally	1652	506

*endemic countries

⁶ <http://www.polioeradication.org/cascount.asp>

3. We are in the final stage of polio eradication - it is now or never.

- These final strides towards global eradication require the programme to overcome major hurdles in some of the most difficult areas in the world. The fact that polio transmission has been stopped in the Americas, Western Pacific Region, and Europe and in some of the most densely populated and hard to reach areas of the world, is solid evidence that it is possible to rid the world of polio.
- The GPEI has invested more than 6 billion US dollars through the support of donor and partner agencies.
- More than 10 million children will be paralysed in the next 40 years if the world fails to capitalize on this investment and finish the job of eradication. Switching to polio 'control' would actually cost more than completing eradication and merely relying on routine immunization alone would result in > 200,000 children again paralyzed by polio each year.⁷ The large scale outbreaks experienced in Somalia, Indonesia and Yemen from virus imported from Nigeria in the past five years supports these conclusions.

4. What remains to be done to finish the job

The primary objective is to stop transmission in the remaining four endemic and the re-infected countries through the implementation of high-quality supplemental polio immunization activities. To achieve this, several key actions are necessary. These include:

- Advocating for stronger political commitment and governmental engagement at all levels to ensure excellent planning, implementation, monitoring and supervision of the immunization campaigns.
- Revitalize the global community to ensure resources are in place to support eradication efforts.
- Strengthen and support UNICEF communication programmes in endemic and re-infected countries to ensure that we have the human resources in place to assist in overcoming the final hurdles.
- Improve existing efforts to develop tailored strategies and to take advantage of any window of opportunity to reach all children with OPV.
- Strengthen health systems, especially those that reach the most vulnerable, to provide routine immunization and other needed child survival interventions.

⁷ Thompson KM, Tebbens RJ. Eradication versus control for poliomyelitis: an economic analysis. *Lancet* 2007; 369 (9570): 1361-71.