

UNICEF's engagement in the Global Polio Eradication Initiative

The partnership

The Global Polio Eradication Initiative is a major public-private partnership led by national governments and spearheaded by four organizations: the World Health Organization (WHO), Rotary International, the US Centers for Disease Control and Prevention (CDC) and UNICEF. It is on the verge of achieving a momentous goal: to completely rid the world of polio so that no child will ever again know the crippling effects of this preventable disease.

The challenge

Poliomyelitis is a highly infectious disease that can lead to permanent paralysis or death. It can strike at any age but mainly affects children under 5 years old.

Polio is caused by a virus (wild poliovirus) that is spread through contaminated food and water or close contact with an infected person. It is particularly devastating because it can lead to lifelong paralysis, making it challenging for children to live healthy, normal lives. Around 1 in 200 infected people develop paralysis as a result of the infection.

Transmission is concentrated in areas with overcrowding and poor sanitation and health care. Therefore the most vulnerable and disadvantaged children are the ones most heavily affected. There is no cure, but polio can be prevented by safe and effective vaccines. Because humans are the only known reservoir for poliovirus, it is scientifically feasible to rid the world of the disease.

At a Glance: The Global Polio Eradication Initiative (2011)

- 23 years of operation
- 4 spearheading partners and many other partners
- 200 countries involved
- 20 million volunteers
- 2.5 billion children immunized
- >US\$ 8.2 billion international investment
- Goal: A polio-free world

Source: GPEI website www.polioeradication.org/AboutUs.aspx



Background

The Global Polio Eradication Initiative (GPEI), launched in 1988 at the 41st World Health Assembly, aims to interrupt transmission of wild poliovirus as quickly as possible, achieve certification of global polio eradication, contribute to health systems development, and strengthen routine immunization and surveillance for other communicable diseases.

Each of the spearheading partners has a clearly defined role in the polio eradication effort:

- WHO, as the lead organization, provides overall strategic planning, technical direction and support, and is responsible for the surveillance and certification process. WHO also coordinates operations, resource mobilization, donor contributions and advocacy activities.
- Rotary International's primary responsibilities include fundraising, advocacy and volunteer recruitment. It was the first to inspire the vision of a polio-free world. Over the years more than a million Rotarian volunteers have taken part in national immunization days, joining in social mobilization activities and administering oral polio vaccine to children.
- The CDC deploys epidemiologists, public health experts and other scientists to WHO and UNICEF for the eradication initiative. It also provides funding for the oral polio vaccine and for a wide range of technical expertise and laboratory support.
- UNICEF's role is to procure and deliver vaccines and support countries in developing and implementing communication and social mobilization strategies. Together with partners, it supports countries in running national immunization days, sub-national immunization days and mop-up campaigns, as well as resource mobilization and advocacy efforts. It also works with the vaccine industry to maintain sufficient supplies of oral polio vaccine.

Although not anticipated at the outset, the GPEI gradually evolved into a broad-based global public-private initiative. In recent years, the Bill & Melinda Gates Foundation joined the four spearheading partners as a leading partner and major funder. The World Bank and donor governments are also major GPEI funders. Other partners include the United Nations Foundation and other private foundations, development banks, the European Commission, humanitarian and non-governmental organizations, corporate partners and volunteers.

Activities

The strategy to eradicate polio is based on preventing infection by immunizing every child until transmission is blocked and the virus dies out. During designated national immunization days (NIDs), which are usually conducted over three to four days, polio vaccination teams consisting of trained community volunteers walk from house to house to identify and vaccinate every child under 5 years of age with oral polio vaccine.

Community engagement is crucial to the success of immunization campaigns. In Nigeria, for example, UNICEF supports some 2,000 social mobilizers who work directly with community members to discuss immunization and other child health interventions.

This engagement is vital for ensuring high demand for polio vaccine among reluctant communities. In close coordination with GPEI partners, UNICEF supports governments and works with local civil society organizations to mobilize communities, engage leaders and reach the most under-served and vulnerable populations. In many countries, the agency has commissioned studies to better understand and address the reasons for missed children during vaccination campaigns.

The GPEI relies on UNICEF's Supply Division to procure and deliver the necessary vaccines for the programme. This requires constant forecasting and coordination with vaccine manufacturers and country programmes, because needs can change rapidly based on the disease epidemiology. In 2011, UNICEF procured more than 1.6 billion doses of oral polio vaccine with a value of US\$185 million for use in 76 countries.¹

Polio vaccine is extremely sensitive and can lose its potency through excessive exposure to heat. Therefore, a well-functioning cold chain, the system of refrigeration and coolers that protect the vaccine from its point of origin to its actual administration to a child, is vital. UNICEF supports countries in maintaining their cold chain systems and providing guidance on approved cold chain equipment, including solar and propane-fueled equipment.

UNICEF also facilitates improved access to children in areas of armed conflict. Recently the GPEI's Independent Monitoring Board assigned UNICEF to lead the effort to improve access to children in high-threat environments through setting up an inter-agency think tank at global level.

Finally, UNICEF assists in mobilizing resources for polio eradication. For example, in 2011, the agency spent over US\$15 million from its core budget to support the GPEI.

Results

More than 2.5 billion children in 200 countries have been immunized against polio since the eradication goal was adopted. As a result of an unprecedented global effort involving 20 million volunteers, cases of paralytic polio have decreased by over 99 per cent,² from an estimated 350,000 cases in more than 125 endemic countries in 1988,³ to 650 confirmed cases in 2011.⁴ As of 2012, only three countries remain that have never stopped polio transmission – Afghanistan, Nigeria and Pakistan – and three out of six WHO regions are now certified polio-free: the Americas, Europe, and the Western Pacific.⁵ India, long considered the nation facing the greatest challenges to eradication, was removed from the list of polio-endemic countries in February 2012.

¹ UNICEF, *Young Child Survival and Development: Thematic Report 2011*, p. 18.

² WHO, *Global Polio Eradication Initiative: Annual Report 2011*, Geneva, 2012.

³ WHO, 'Fact Sheet No. 114', February 2012.

⁴ Global Polio Eradication Initiative, <<http://www.polioeradication.org/Dataandmonitoring/Poliothisweek.aspx>>, accessed 19 July 2012.

⁵ WHO, 'Fact Sheet No. 114', February 2012.



The success of the global eradication effort demonstrates that well-planned health interventions can reach even the most remote, conflict-affected or poorest areas. By preventing a debilitating disease, the GPEI is helping to reduce poverty and is giving children and their families a greater chance of leading healthy and productive lives. Since 1988, more than 8 million people who would otherwise have been paralyzed are walking because they have been immunized against polio.⁶

In most countries, the GPEI has expanded the capacity to tackle other infectious diseases: by building effective disease-reporting and surveillance systems, training local epidemiologists and establishing a global laboratory network.

Lessons learned and way forward

The GPEI partnership has highlighted two factors crucial for success: national government leadership and ownership, and strong community engagement. These two elements are the pillars of polio eradication programmes everywhere, especially in polio-endemic countries and countries where polio has re-established transmission. Programmes in these countries are led by a high-level task force that reports to the office of the president or prime minister and helps to monitor progress and ensure accountability for results. Similarly, polio programmes in priority countries have established extensive community networks to promote awareness and capitalize on local opportunities to engage community members and influential players in polio eradication activities, thus creating and sustaining local momentum for the campaigns.

At the same time, in order to manage such a huge undertaking, the GPEI partnership has invested in setting up coordination mechanisms⁷ and forums that allow all partners to contribute their input to the development of joint strategies. The main strength of the strategies that emerge from these consultative processes is their articulation of the clearly defined and time-bound milestones that drive the programme. The partnership then relies heavily on independent monitoring to assess progress towards achieving these milestones.

While tremendous progress has been made, continued circulation of the wild poliovirus in the few remaining endemic areas has proved difficult to stop. Moreover, the virus knows no borders, and imported virus can cause outbreaks in previously polio-free countries. In 2009-2010, 23 previously polio-free countries were re-infected with imported poliovirus, and three countries – Angola, Chad and the Democratic Republic of the Congo – have been classified as having re-established transmission. Several factors limit the ability of the eradication initiative to permanently eliminate polio. These include poor accountability and management, logistical barriers, supply challenges, insecurity in areas with ongoing armed conflict, and low vaccine demand among certain communities. Unfortunately, as long as a single child anywhere remains infected, children in all countries are at risk of contracting polio.

The GPEI aims to improve coverage of polio vaccination campaigns and to identify and reach chronically missed and under-served children. In order to reach this target, intensive efforts are needed in endemic countries and countries that have re-established transmission. Similarly, high-risk countries must sustain high immunization coverage through routine immunizations.

⁶ Ibid.

⁷ For instance, the Inter-Agency Country Support Groups, Global Partnership Groups, and Polio Advocacy Group.



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