

GLOBAL HEALTH SECURITY AND THE IMPACT OF POLIO ERADICATION

Ian Riseley, the President of Rotary International, discusses how we can apply polio eradication learnings and assets to help tackle other serious health issues across the Commonwealth.



Ian Riseley,
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When the Global Polio Eradication Initiative (GPEI) was launched in 1988, the endeavour was met with a great deal of scepticism. Despite the many voices saying that it could never be done, the GPEI's partners - Rotary, the WHO, the United States Centers for Disease Control and Prevention and UNICEF - were convinced that polio could be eliminated, and set an ambitious target date for eradication.

Within a few years of steady progress, it became clear that while eradication was possible, it would be a far more complicated matter than originally anticipated. Reaching every child on earth with two drops of vaccine was a simple goal, but the sheer scale of the exercise gave rise to immensely complex logistical challenges. Nevertheless, the GPEI persisted, answering each of these challenges with astonishing determination, creativity and tenacity. Every setback was met with renewed resolve: to find new ways around each obstacle, and keep moving forward towards the end.

Polio eradication ultimately became the work of more than three decades, and an investment

of over US\$15 billion to date. It has united Commonwealth and non-Commonwealth countries, governments and non-governmental agencies, philanthropists and individual donors, and a vast network of staff and volunteers, to become the largest public-private health initiative in history. The magnitude of the effort has been breathtaking, and the results have been historic.

In 2017, wild poliovirus paralysed only 22 children: the lowest number in history, and a 99.99 per cent reduction on the thousand children paralysed every day in 1988. Thanks in large part to longstanding support by the Commonwealth - collectively and on the part of individual countries - we are closer than we have ever been to stopping transmission of the wild poliovirus.

As we look ahead to that success, it is essential that we also look forward, not only towards the goal we will soon achieve, but beyond it. When we first undertook to eradicate polio, we underestimated the time it would take, simply because we did not realise how much else we would have to do, build, create and learn, to reach that primary goal. Today, as a result of that work,



A child receives polio vaccine during a National Immunization Day.

Credit: Rotary International

we have achieved much more than the task we initially set out to do. Indeed, the accrued and ongoing benefits of the work of the GPEI, beyond its reduction of polio, are staggering in their scope and breadth.

In every part of the world where the GPEI is active, well-coordinated global health partnerships are supporting the existing health systems, strengthening capacity for social mobilisation, disease surveillance and rapid response. Because of the experience gained over many years of mass vaccination campaigns and outbreak response, global capacity for pandemic response is far greater than it would otherwise have been. Health education carried out in tandem with polio-related activities has increased awareness and understanding of health issues - from childhood diseases to basic hygiene. Advocates for polio eradication have improved levels of immunisation against other communicable diseases, such as mumps, measles, hepatitis and Rotavirus. And the involvement of community-based volunteers, increasingly including women, has strengthened local support for public health initiatives, even in areas where such initiatives have traditionally been met with mistrust.

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The infrastructure that has been created to support the work of polio eradication has, over time, proven invaluable in addressing many other crises of public health. When Ebola threatened West Africa in 2014, one of the worst-case scenarios to be modelled was the disease reaching Lagos - one of the largest and most densely populated urban areas in Africa, with a highly mobile population. When Ebola did arrive in Lagos, on a flight from Liberia, it travelled no further, because the emergency operations centre, the response procedures and the surveillance infrastructure of polio were there and ready, able to stop its spread. Two years later, when yellow fever threatened the Democratic Republic of Congo, it was the experience of past polio vaccination campaigns that allowed the government, with support from the WHO and partners, to launch a prompt

reactive and preemptive vaccination campaign - interrupting transmission, and saving untold lives.

By definition, eradication, once reached, will be permanent. While itself a monumental achievement, polio eradication should not be the only enduring benefit of the GPEI's work, or the only return on the world's collective investment. The Commonwealth is now faced with an unprecedented and unique opportunity to leverage its past investment, and build on its continuing leadership, by transitioning the assets, infrastructure and lessons of polio eradication, to benefit the goals of Universal Health Coverage and Global Health Security. As we plan together Towards a Common Future - one free of polio - it is also time to plan for that transition, to provide for that investment, and to take to heart all the lessons that this bold initiative has taught us. ●