

International PolioPlus Committee
Statements on Current Facts and Figures Relative to Polio Eradication and the Role of
Rotary International in the Global Effort

For the sake of clarity and consistency in all Rotary publications and information, the International PolioPlus Committee has adopted the following set of frequently reported statements, statistics, and terms concerning the PolioPlus Program and the global polio eradication effort, and encourages all members in the global partnership for polio eradication to adopt similarly consistent statements and figures. The Committee has also requested a wide dissemination within Rotary for these statements. The Committee reviews these statements at each meeting, to ensure that they remain current and appropriate.

1. A statement on the goal of the PolioPlus program:

“The goal of the PolioPlus program is the global certification of polio eradication. By eradication, WHO, the Global Commission on Certification, and Rotary mean the interruption of the transmission of the wild poliovirus.”

2. A statement on Rotary International's contribution to the polio eradication effort:

“By the time the world is certified polio-free, Rotary’s contributions to the global polio eradication effort will be nearly US\$650 million. In addition, millions of dollars of 'in-kind' and personal contributions have been made by and through local Rotary clubs and districts for polio eradication activities. Of even greater significance has been the huge volunteer army mobilized by Rotary International. Hundreds of thousands of volunteers at the local level are providing support at clinics or mobilizing their communities for immunization or polio eradication activities. More than one million Rotarians worldwide have contributed toward the success of the polio eradication effort to date.”

3. A statement on the number of nations benefiting from PolioPlus grants:

“To date, 122 nations around the world have benefited from PolioPlus grants for polio immunization and eradication efforts.”

4. A statement on the number of polio cases prevented annually through immunization:

“From the launch of the global initiative in 1988, 5 million people, mainly in the developing world, who would otherwise have been paralyzed, will be walking because they have been immunized against polio. More than 500,000 cases of polio are now prevented each year by the efforts of governments and the partnership of the World Health Organization (WHO), Rotary International, the United Nations Children’s Fund (UNICEF), the United States Centers for Disease Control and Prevention (CDC), and the overseas development agencies of donor nations.”

5. Statements on the number of children immunized against polio:

a. Since 1985, when Rotary implemented the PolioPlus program:

"As a result of the efforts of Rotary International and its Foundation and those of our partners, more than two billion children have received oral polio vaccine."

b. immunizations in 2005:

"As part of the global polio eradication effort in 2005, over 400 million children were vaccinated in 49 countries using nearly 2.2 billion doses of oral polio vaccine."

6. A statement on the percentage of the world's children that live in polio-free countries:

"In 1988, 10% of the world's children lived in polio-free countries; as of 1 January 2006, over 70% are living in polio-free countries."

7. A statement on the reduction of cases of polio:

"The number of cases of polio has declined by 99% since Rotary launched the PolioPlus program."

8. A statement on the cost of vaccine per child:

"A child can be protected against polio for as little as US\$.60 worth of vaccine."

9. A statement on the number of polio endemic countries:

"Since Rotary began its PolioPlus Program, the number of countries which continue to be polio endemic has declined from over 125 countries in 1985 to 4 countries at the start of 2006. The number of polio cases has declined by more than 99% since 1985."

10. A statement on the number of countries that are polio-free and the number of people who live in countries, territories, and areas that have been certified polio-free by independent commissions:

"Two hundred and ten (210) countries, territories and areas are now polio-free, and 134 of these have been certified polio-free by independent commissions. In June 2002, the WHO European Region was certified polio-free, joining the WHO Regions of the Americas and the Western Pacific. More than three billion people, half the world's population lives in the 134 countries, territories and areas that are now certified polio-free."

11. Statements on polio in Nigeria, India, Afghanistan and Pakistan:

"At the start of 2006, transmission of indigenous poliovirus had been interrupted in all but four countries (Nigeria, India, Pakistan and Afghanistan)."

"Within these four countries, polio is more geographically restricted than ever before. However, acute outbreaks in specific areas in two of these countries (India and Afghanistan) underlines the fragility of this progress, and adds further motivation and attention to finishing the job as rapidly as possible."

Progress in Asia, but new outbreaks in western Uttar Pradesh, India, and Afghanistan: "Intensified polio campaigns in India, Pakistan and Afghanistan

resulted in progress especially in the traditional reservoirs of India and Pakistan in 2005.”

“While most areas of India are today polio-free and strong progress continues to be achieved in Bihar state, a new outbreak centered in and around Moradabad district, western Uttar Pradesh, is increasing the risk of further national and international spread of polio. As at mid-October, there was a fifteen-fold increase of cases in 2006 compared to the same period in 2005. 90% of these cases are from western Uttar Pradesh.”

“The increase in polio transmission in and around Moradabad is due to a decline in coverage during the late 2005/early 2006 Supplementary Immunization Activities (SIAs) in that area of the country. Specific actions are being taken to urgently address the outbreak, including increased technical support and administration of a birth dose of mOPV1. Monitoring data indicate that improvements have already been made during recent campaigns, however these improvements will not be felt until they are sustained through several activities, and further cases in western Uttar Pradesh are expected in the interim.”

“Critical to success in India is strong political oversight and government action at national, state and district level, to ensure every child is reached during every immunization campaign. In addition, it is essential that all key government medical positions in the affected areas of western UP are filled.”

“In Afghanistan, increased insecurity in the Southern Region of the country has significantly hampered access to all populations, which has led to a new outbreak resulting in a nearly seven-fold increase in polio cases in mid-October 2006, compared to the same period in 2005. The polio partners are continuing to work with all levels of civil society to negotiate increased access, and use any windows of opportunity to conduct rapid and focused mop-ups, whenever areas can be accessed. Given the security situation, the immediate goal is to ensure that polio does not spread out of the Southern Region of the country. All but one of the 2006 cases are from the Southern Region.”

“Afghanistan is continuing to synchronize activities with Pakistan to increase coverage in the shared cross-border polio transmission corridor.”

Progress leads to introduction of new polio vaccine: “Progress in Egypt and India in eliminating poliovirus types 2 and 3 prompted the rapid development of monovalent oral polio vaccine type 1 (mOPV1) to interrupt the final chains of transmission in these countries. mOPV1 is more efficient at boosting immunity against poliovirus type 1, than trivalent OPV (which works against all three polio strains). **mOPV is now being used in all four endemic countries, as well as in outbreak response activities in re-infected countries.**”

“To more rapidly interrupt the final strains of type 3 transmission in India, monovalent OPV type 3 (mOPV3) was used for the first time in selected key districts in December 2005.”

Africa - polio eradication back on track, but risk of further spread from northern Nigeria remains high: “Polio eradication is back on track in most parts of Africa following the resumption of immunizations in Kano, Nigeria **in late 2004** (which had

been suspended due to unfounded concerns as to the safety of the polio vaccine). In response to the ongoing outbreak, the African Union (AU) conceived and conducted synchronized immunization campaigns in more than 25 countries, which successfully stopped the outbreak in most parts of west and central Africa.”

“In northern Nigeria, however, further urgent improvements are needed. In 2006, northern Nigeria accounts for more than **two-thirds (67%)** of all polio cases worldwide. Five key states in the north of the country – Bauchi, Jigawa, Kaduna, Kano and Katsina – account for over 80% of Nigeria’s disease burden in 2006.”

“The critical problem in Nigeria had been a reluctance by political leadership and communities to be fully engaged in polio eradication activities. To address this reluctance, the Government of Nigeria has introduced Immunization Plus Days (IPDs). During IPDs, additional health benefits are added to OPV, including Vitamin A, measles and DPT vaccination as well as de-worming tablets. Two such IPDs have been conducted in May and June 2006, with further rounds planned for the latter half of the year.”

“The IPDs have more strongly engaged both the political and community leadership. The focus now must be on increasing the quality of IPDs, which was still not sufficiently high to interrupt polio transmission in northern Nigeria, with up to 40% of children being missed in some key areas.”

“The risk of further international spread from Nigeria remains high.”

Statements on polio in outbreak countries:

“Since 2003 to October 2006, poliovirus spread to 24 previously polio-free countries. Only 8 of these countries are still considered infected, e.g. have had cases in the past six months (Somalia, Ethiopia, Angola, Niger, Bangladesh, Democratic Republic of Congo, Namibia, and Nepal). This demonstrates that outbreaks are not the major threat to polio eradication, and can be rapidly controlled if large-scale immunization campaigns are rapidly implemented. Outbreaks will continue to occur until polio has been eradicated in the four remaining endemic countries.”

Sporadic outbreaks not the major risk to global eradication effort: “The sporadic outbreaks of polio in previously polio-free countries, due to imported virus (e.g. Indonesia) do not represent the major risk to the global eradication effort. Historical evidence shows that the rapid implementation of high-quality immunization activities always stops such sporadic outbreaks within 6-12 months. However, such re-infections underscore the risk polio continues to pose to children everywhere, until the disease is stopped in the **four** remaining endemic countries.”

12. A statement on the contribution of Rotary’s advocacy efforts:

Public Advocacy Efforts: “In 1995, Rotary International launched a task force to advocate the cause of polio eradication to donor governments. This task force, later to be part of the Polio Advocacy Group, with additional partners, has resulted to date in more than US\$2.6 billion in polio-specific grants from the public sector. These advocacy efforts are ongoing and will be continued as necessary.”

13. Definitions of the terms *Partners*, *Spearheading Partners*, *Coalitions* and *Donors* are outlined below:

“When used as generic terms to refer to organizations who are also sharing in work and funds to eradicate polio, either *partners* or *partnerships* is preferred. Generally, *coalition*

should be used to describe a specific group. *Donor* is a term to describe an entity which is providing funds to eradicate polio and should be limited to those whose primary or exclusive role is in providing funds. “*Donor*” should be avoided in describing Rotary International or its Foundation.”

“Where *partners* is used to delineate specific organizations engaged in global eradication of polio *spearheading partners* refers to the **World Health Organization (WHO)**, **Rotary International (RI)**, the **U.S. Centers for Disease Control and Prevention (CDC)**, and the **United Nations Children’s Fund (UNICEF)**.”

“Rotary is engaged in one specific coalition; that is the coalition to advocate for increased contributions by the U.S. Government to global polio eradication. The coalition includes **The Rotary Foundation of R.I.**, **The United Nations Foundation**, **The Task Force for Child Survival and Development**, the **U.S. Fund for UNICEF**, the **American Academy of Pediatrics** and the **March of Dimes Birth Defects Foundation**. Rotary is the leader.”

“Rotary is the leading non-governmental contributor. Whenever possible, most of the polio eradication costs are borne by the polio-endemic countries themselves. However, as the battle against polio is taken to the poorest, least-developed nations on earth, and those in the midst of civil conflict, up to 100 percent of the NID and other polio eradication costs must be met by external donor sources.”

“Polio-specific contributions have been made by the following governments: Andorra, Australia, Austria, Belgium, Canada, Czech Republic, Denmark, Finland, France, Germany, Hungary, Iceland, Ireland, Italy, Japan, Luxembourg, Malaysia, Monaco, the Netherlands, New Zealand, Norway, Oman, Portugal, Qatar, Republic of Korea, the Russian Federation, Saudi Arabia, Singapore, Spain, Sweden, Switzerland, Taiwan, Turkey, the United Arab Emirates, the United Kingdom and the United States of America.”

14. A statement on global certification:

“Global Certification: An independent commission will consider global certification when no wild polio virus associated cases have occurred for at least three years, in the presence of certification-standard surveillance, and all wild poliomyelitis stocks have been appropriately contained.”

15. A statement on the cessation of polio immunization with Oral Polio Vaccine:

“After interruption of wild poliovirus transmission, appropriate containment of poliovirus stocks, and establishment of sufficient polio vaccine stockpiles, immunization with routine OPV will be stopped, resulting in substantial financial savings (note: the magnitude of these savings will depend on national decisions on the introduction of IPV). This stoppage could be as early as three years following the global interruption of wild poliovirus transmission.”

16. A statement on estimated annual global savings after cessation of immunization:

“Once polio has been eradicated, the world will reap substantial financial, as well as humanitarian, dividends due to foregone polio treatment and rehabilitation costs. Depending on national decisions on the future use of polio vaccines, these savings could exceed US\$1 billion per year.”

17. A statement on the annual cost of immunization of U.S. children against polio:

“The United States Centers for Disease Control and Prevention (CDC) estimates that more than US\$350 million per year is spent on immunizing U.S. children against polio.”

18. A statement on type II wild poliovirus:

“Type II wild poliovirus has not been found since October 1999, suggesting that transmission of one of the three types of wild poliovirus may have been interrupted.”

19. A statement on the importations of the poliovirus:

“**Since 2003 to October 2006** there were over 1,400 cases of paralytic polio following importations of wild poliovirus into **24** previously polio-free countries. Of these countries, **eight** continue to have active transmission of imported polioviruses, including the recently endemic country Niger, as well as **Somalia, Ethiopia, Angola, Bangladesh, Democratic Republic of Congo, Namibia, and Nepal.**”

20. A statement on instances of vaccine-derived polio:

“Between 2004 and 2005 there were six episodes of circulating vaccine-derived poliovirus resulting in approximately 60 polio cases in the Island of Hispaniola (which includes Haiti and the Dominican Republic), Indonesia, the Philippines, Madagascar, and China. The vaccine-derived virus detected in Minnesota, USA in 2005 did not result in any cases of paralytic polio.”

21. A statement on the Vitamin A distribution during polio National Immunization Days:

“Since 1998, the inclusion of Vitamin A supplements on NIDs has averted an estimated 1.5 million childhood deaths. Vitamin A comes in liquid form in soft gelatin capsules that are opened to give as drops. It is an essential nutrient that is needed for healthy growth and development. Vitamin A deficiency can lead to blindness, increased risk of infection, and a 25 percent greater risk of dying from childhood diseases such as measles, malaria and diarrhea. The administration of Vitamin A during polio National Immunization Days has resulted in fewer childhood deaths from measles, diarrhea and other causes. ”

The Committee further requests that the General Secretary, in official and public releases and statements, follow the above expressions. Finally, the Committee requests that all other RI and TRF officials and spokespersons, and all organizations which report to the Committee, adhere to the approved statements and observe the recommended terminology.