

*As prepared for delivery*

**The Kangaroo Group  
"Lessons learned from the fight against Polio and Ebola –  
What can Europe do?"**

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**Introduction**

Thanks to President and MEP Michael Gahler and Secretary General Dr. Karl von Wogau of the Kangaroo Group for organizing today's lunch on "Lessons learned from the fight against Polio and Ebola – What can Europe do?"

**Historic progress**

April 11 marked eight months since the onset of the last confirmed case of wild poliovirus (WPV) on the African continent. That is longer than at any time in recorded history. There is now a chance that we are on the verge of a historic achievement in global health: an Africa free of wild poliovirus.

The devastating Ebola outbreak in West Africa, combined with a surge in the number of polio cases in Pakistan in 2014, have diverted attention from this potential accomplishment. But for those of us involved in global health, it is an exciting time as the world makes progress to eliminate polio.

My focus today will be on lessons learned from the fight against polio: the current situation; the need for strong financial and political support to finish the job; the role that the Global Polio Eradication Initiative (known as GPEI) plays in strengthening health systems; and the eventual transition of polio assets under the rubric of “legacy planning.”

In some respects, the ultimate “global public good” is the eradication of a disease. Eradication means forever. Only one other human disease, smallpox, has ever been eradicated.

And now we are getting closer to that goal with polio, a highly infectious viral disease which mainly affects young children and in some cases causes paralysis that is often permanent. There is no cure; it can be prevented only by immunization.

## **Background on Eradication**

In 1988 the World Health Assembly unanimously established the goal of eradicating polio. Since that time, the polio program, a public-private partnership, has been spearheaded by the World Health Organization, UNICEF, the U.S. Centers for Disease Control and Prevention, and Rotary International. The Bill & Melinda Gates Foundation subsequently joined them as a core partner, and many others, including the United Nations Foundation, are strong supporters of the program.

The *Polio Eradication and Endgame Strategic Plan 2013-2018* addresses the eradication of all polio disease, whether caused by wild poliovirus or circulating vaccine-derived poliovirus, while planning for the backbone of the polio effort to be used for delivering other health services to the world’s most vulnerable children.

The Plan has four objectives:

- 1) Detect and interrupt all poliovirus transmission
- 2) Strengthen immunization systems and withdraw oral polio vaccine
- 3) Contain poliovirus and certify interruption of transmission
- 4) Plan for polio’s legacy

## **Current efforts to detect and interrupt all poliovirus transmission**

So where do we stand as we approach the mid-term of GPEI's six-year strategy?

Through concerted global efforts, the number of wild poliovirus cases has dropped dramatically: from 350,000 per year in 1988 to 359 in 2014.

Particularly good news is the fact that the last known case of wild poliovirus) in Africa was in Somalia in August. Even Nigeria, where polio is endemic, has not seen a case since July.

The experts know that the success of polio vaccination programs is fragile and depends on continued, concerted effort on the part of governments in affected countries, from capitals to the local level; international and regional organizations; donors; nongovernmental organizations, foundations and the private sector; and, most importantly, mothers who agree to have their children vaccinated.

The biggest challenge the polio program now faces is in Pakistan, which had 306 WPV cases in 2014, and neighboring Afghanistan, which had 28 cases. Most of Pakistan is polio-free, but the country has never interrupted transmission of wild poliovirus. Transmission is intense in the Federally Administered Tribal Areas (FATA), and periodically spreads to other parts of the country and internationally. Tragically, polio workers in Pakistan have been killed while trying to keep children from being paralyzed forever. The Government of Pakistan faces great challenges, particularly in those insecure areas, and the international community has stepped up to provide support.

### **Strengthening immunization systems**

In addition to the global public good of disease eradication, two of the four strategic objectives of GPEI – even though many think of GPEI as a “vertical” program focused only on one disease – involve broad support to strengthen immunization systems and, more broadly, health systems.

GPEI's work includes collaboration with other institutions working in global health. Gavi, the Vaccine Alliance, is now partnering with GPEI to help ensure that inactivated polio vaccine (IPV) is accessible to all countries, in particular the 73 countries eligible for Gavi support. Introduction of IPV is

financed through a separate Gavi fund for polio, directly from the GPEI budget.

Polio eradication is also included as a goal in the Global Vaccine Action Plan, a framework to prevent millions of deaths by 2020 through more equitable access to existing vaccines for people in all communities. The plan was endorsed by the 194 Member States of the World Health Assembly in May 2012.

Strengthening routine immunization is a pillar of the polio eradication strategy and is essential in the final steps to eradicate polio.

Strong immunization systems are, of course, an integral part of a well-functioning health system. Routine immunization and polio efforts can amplify each other's impact and together will more rapidly and effectively achieve the ambitious eradication timelines.

A considerable proportion of the substantial international resources invested in GPEI over the years has been allocated to the strengthening of routine immunization and health systems. Approximately 50% of the annual GPEI budget consists of one-off costs associated with polio supplementary immunization activities (for example, the purchase of polio vaccine, transport of vaccinators and so on). However, the remaining 50% or so is used for training of health staff, district-level micro-planning, refurbishment of vaccine cold-chain systems, and scaling up technical capacity for vaccine-preventable surveillance and monitoring networks.

In many areas of the world, polio staff constitute the single largest resource of technical assistance to low-income countries. GPEI personnel and infrastructure can serve, and in many places are serving, as the vehicle for distributing other health interventions and as the foundation for disease surveillance in many countries.

A survey of technical staff indicated that 85% give an average of half their time to work that is related to immunization, surveillance and outbreak response for other diseases. Consequently, polio-funded staff have been an instrumental factor in the 71% reduction in measles deaths from 2000 to 2013, a concrete contribution toward achieving Millennium Development Goal 4 for child survival. The polio surveillance network helps identify and track other diseases of public health importance, including measles, yellow fever, neonatal tetanus and Ebola.

Regarding the Ebola outbreak in West Africa, the Emergency Operations Center (EOC) funded by the polio program in Abuja, Nigeria, proved to be a critically important asset when Nigeria suffered from an Ebola outbreak in Lagos and Port Harcourt. Shortly after the outbreak began, the EOC's deputy incident manager and other staff were transferred from Abuja to a newly established EOC in Lagos. In addition, 44 polio-trained physicians helped lead and conduct the response that traced nearly 800 contacts made some 19,000 home visits. They found 19 secondary Ebola cases and were able to stop the outbreak.

### **Planning for polio's legacy**

But what happens when polio is eradicated? Will all of those assets be available for use in other health programs, or will they just go away?

That gets us to objective four of the GPEI strategic plan: Legacy planning, or transition planning, to "...ensure that the investments made to eradicate poliomyelitis contribute to future health goals, through a programme of work to systematically document and transition the knowledge, lessons learned and assets of the Global Polio Eradication Initiative."

Polio's large and complex network of assets spans across countries and includes a wide range of asset types and capabilities.

Other global health and development programs can benefit from the assets and capabilities of GPEI, which include:

- Trained volunteers, social mobilizers, and health workers
- Unprecedented access to households untouched by health systems
- Maps and micro-plans to deliver health services to chronically neglected communities
- Standardized, real-time global surveillance and response capacity

Leveraging these assets for other priorities will require a planned, coordinated approach.

On the other hand, inadequate planning for legacy would likely result in loss of substantial opportunities to benefit communities and failure to document lessons learned.

The main guiding principles of the polio transition planning process are:

- Polio transition planning will aim to benefit all countries and the global community, not only those countries in which polio resources are currently concentrated.
- Enabling long-term transitions to country ownership of basic public health functions, wherever possible, is a priority.
- Under the leadership of the national government, a broad range of stakeholders must be involved in the polio legacy planning process at the country level, including donors and civil society.
- Beginning the process of polio transition planning early represents GPEI's desire to plan carefully and responsibly for the future.
- At the same time, legacy planning should not distract from the current focus on interruption of poliovirus transmission and other objectives of the 2013-2018 Strategic Plan.

I co-chair the Polio Partners Group, which consists of all stakeholders in GPEI. We held a workshop on legacy planning last October in Geneva, and it was only then that I realized how important it was for all us involved in global health to focus on the GPEI legacy now, not later. We cannot squander this highly valuable resource.

## **Conclusion**

It has been a pleasure to be here with you during World Immunization Week, which this year takes place from April 24 to 30 and which focusses on closing the immunization gap to ensure that all children have access to life-saving vaccines.

The international community has made great strides toward achieving the global good of polio eradication. But challenges remain and more international support is needed. The Global Polio Eradication Initiative, costing approximately US \$1 billion per year, is already planning for the transition of GPEI assets as part of the polio legacy. I hope that the European Union will be a strong financial and political supporter to help finish the job of eradicating polio and an active contributor to discussions of GPEI strategy and legacy in meetings of the Polio Partners Group in Geneva.

Thank you again for the invitation to speak, and I look forward to the discussion.