Progress in Angola, DR Congo, India, Pakistan and Chad contrasts with setbacks in Nigeria and Afghanistan

Figure A: Global situation: 1 Jan - 2 May: 2011/2012 comparison

Angola: With no case for 10 months, Angola has come far, but improvements in the organisation and quality of its programme are still needed to secure success. Upcoming elections must not derail progress. Strengthening surveillance and immunisation coverage are key.

DR Congo: No cases in 2012, but DR Congo remains vulnerable. Encouraging improvements in the Programme must continue.

India: India has magnificently achieved polio-free status. This is proof of the capability of a country to succeed when it truly takes to heart the mission of protecting its people from this vicious disease.

Pakistan: The Programme in Pakistan has raised its game in the last year, and needs to build on the considerable improvements that have been made.

Chad: Chad too has come far in the last year, but it’s low routine immunisation coverage and proximity to Nigeria mean that it still has further to go.

Nigeria: Now the only country in the world to have all three types of polio virus. Nigeria poses a substantial risk to the global goal, in part because it has many neighbouring countries that are vulnerable to the spread of infection. The risk of an explosive return of polio in Nigeria and West Africa is ever-present and raises the chilling spectre of many deaths and a huge financial outlay to regain control. The country’s impressive political and public health leaders are to be strongly encouraged: they have made strong progress in the past, and need to do so again.

Afghanistan: Insecurity poses a great challenge, but there are also many problems in the way that the programme is being run. The basics of running a vaccination day are repeatedly going wrong. Afghanistan is on the ‘critical list’.

The remaining polio virus is confined not just to a few countries, but to a small number of discrete locations within these countries. The IMB describes these as ‘sanctuaries’ – places with large numbers of missed children where the virus can take safe refuge, multiply, and attack the vulnerable.

Polio is at its lowest level since records began

In the first four months of 2012, there have been many fewer cases of polio than at any previous time in history. Compared to the same period last year, there have been:

- substantially fewer cases (62, down from 123)
- in fewer districts (99, down from 72)
- in fewer countries (four, down from 12)

The global programme has embarked upon a transformation of its management approach; this transformation needs to be vigorously continued

Previous IMB reports have criticised several aspects of the global programme’s management. It had got stuck in a certain way of operating which, though capable of reducing the global incidence of polio by 99%, made it unable to reach the 100% mark needed for eradication. The IMB’s critique of the programme’s management has not been easy to hear, but has stimulated a good response. This report summarises ten transformations that were required. In some of these areas, there has been considerable progress, and the programme is in substantially better shape than it was a year ago. In other areas, the required transformation has barely started. This report urges the programme to push on with the process of programmatic change that has been started.

Conclusions

The current position of the programme is strong in many ways, creating an opportunity to build momentum that really must be seized. It must be seized by addressing the substantial risks to the eradication goal – the financial shortfall being one of many. The prize of a polio-free world is drawing closer, but is far from secure.