

Independent Monitoring Board

Please reply to:

10th floor, QEQM Building
St Mary's Hospital, Praed Street
London, W2 1NY

Chair: Sir Liam Donaldson



18 January 2013

Dr Margaret Chan
Director-General
World Health Organization
Avenue Appia 20
1211 Geneva 27
Switzerland

Dear Dr Chan

The Independent Monitoring Board met by teleconference today to review progress at the year-end, given the significance of the interruption of transmission deadline agreed by the World Health Assembly.

The end of 2012 was supposed to herald the end of polio. You are painfully aware that this goal has been missed. Yet very good progress towards polio eradication was made in 2012, with just 223 cases of polio (one-third of the 2011 total) in just 5 countries (similarly, one-third of the 2011 total). Each person who knows the programme is considering these contrasting facts, and weighing them in the balance.

The closing days of 2012 brought horrific news from Pakistan. The murder of polio vaccinators has outraged people of every nation. No words sufficiently condemn these senseless acts. We commend the response of Pakistan's people, government, and mainstream political parties. They have made clear that eradicating polio remains their urgent goal. Our hearts are with the families of those who were killed. The best tribute to their memory is for their work to be finished – for polio to be eradicated from Pakistan, as all but the tiniest fraction of people in Pakistan want for their children. Our November 2012 report made it clear that Pakistan's polio programme has been on a winning trajectory. These events will make stopping transmission harder, but this is not the time for anybody to lose heart. Stopping polio in Pakistan will now require the sustained commitment of many, particularly the communities in receipt of the vaccine. The programme is operating at a time of great turbulence for Pakistan. Success will not be easy. It is absolutely vital that the urgency and immediacy of polio eradication remains a distinct and unambiguous priority in the complex and challenging context of Pakistan in early 2013.

On 15 November 2012, a young boy in the Tahoua region of Niger was paralysed by a polio virus that originated in Nigeria. For this boy and his family, this is a tragedy. For the global effort, such cross-border spread is a warning of the inevitable consequence if polio transmission in Nigeria (and elsewhere) is not brought under control, as we have repeatedly stressed in our reports. The programme has a strong track record in stopping such outbreaks, but they have all too real a human cost and they sap energy. The genetic analysis of the Niger virus should cause the programme to reflect deeply on how and why it arose. The virus is a more distant relative of Nigerian virus than would be expected. In Nigeria, Niger, or both, the surveillance systems failed to detect transmission

of the virus for a number of months. Our November 2012 report called for heightened surveillance in the countries most at risk of polio importation. The subsequent news from Niger underlines the need for this. It also strengthens our call for compulsory pre-travel vaccination in each of the remaining three endemic countries.

Nigeria has taken promising steps in recent months, particularly in establishing Emergency Operations Centers. Their first reports deliver sharp insights. They make clear how much more work is needed to stop polio in Nigeria. Our November 2012 report highlighted the key role that Local Government Area Chairmen and Traditional Leaders need to play, helped by the Emergency Operations Centers and by the partners' personnel surge that is now in place. The year 2013 needs to be the year in which Nigeria turns the tide against polio. The world is watching as never before. We need to see evidence soon that the changes made to the programme are having real impact at scale.

As it became clear that the end-2012 target would be missed, the programme began the process of planning what happens next. We welcome the development of a 2013-18 Strategic Plan. Reflecting the inputs of many, this plan's development has taken four months so far, and continues. The development process has illuminated some particularly challenging questions. In particular, the question of the GPEI's relationship with routine immunisation. For years, strengthening routine immunisation has been cited as a core strand of stopping polio, but there has been ambiguity about what this means in practice. We ask that the opportunity to achieve greater clarity not be lost. Many of the GPEI partner agencies also play a key role in routine immunization. These internal linkages need to be strengthened.

Finalising the Strategic Plan cannot be allowed to divert attention from the ground. The Plan's title mentions 2018. This must not unintentionally create a mindset that the polio virus will be allowed to kill and paralyse for five more years. It is 2013 that matters the most. Stopping transmission is urgent – progress must be seen in weeks and months, not months and years. Why is it urgent? Because the world needs to capitalize on the fact that polio is now better contained than ever before. Because, with every vaccination round, parents increasingly ask "why more polio drops?" Because thousands of health professionals still work tirelessly on polio vaccination in countries free of polio but with other major health problems, simply to prevent an importation from Pakistan, Nigeria or Afghanistan. And because no child need be cruelly paralysed by polio, when a polio-free world is in reach.

Our November 2012 report congratulated the programme on a strong 12 months of performance and progress. In the closing weeks of 2012, the programme suffered two setbacks – the horrendous loss of life in Pakistan, and the detection of virus in Niger. These events reinforce our earlier-espoused view that statistical modelling cannot foresee the unforeseeable. But neither of these events fundamentally alters our assessment. Though it missed its end-2012 deadline, the programme has performed well. The world is on the brink of eradicating polio. This goal absolutely must be seen through to completion. The dramatic events of recent weeks may cause the more faint of heart to reconsider their commitment to the programme. We entirely reject this. Now more than ever, the world must be absolute in its resolve to eradicate polio. If the right things are done and commitment remains high, it will happen. This is no time for nay-saying.

We accept your request to continue the work of the Independent Monitoring Board. I will write shortly about the detail of this. We will continue to be exacting in our expectations of the programme. This is a vital global health endeavour, at a critical stage. The pace cannot slow. In

particular, we urge you to move swiftly to implement our recommendation of mandatory pre-travel vaccination for affected countries.

The Global Polio Eradication Initiative needs unwavering global support in the final stages of its mission. Each country, and each of its partners, is signing up to deliver something that is difficult, but of historic importance and absolutely feasible. Each must be held to account. This remains a once-in-a-generation opportunity for global public health.

Kind regards

A handwritten signature in dark ink, appearing to read 'L. Donaldson', is written over a light blue grid background.

SIR LIAM DONALDSON
CHAIR