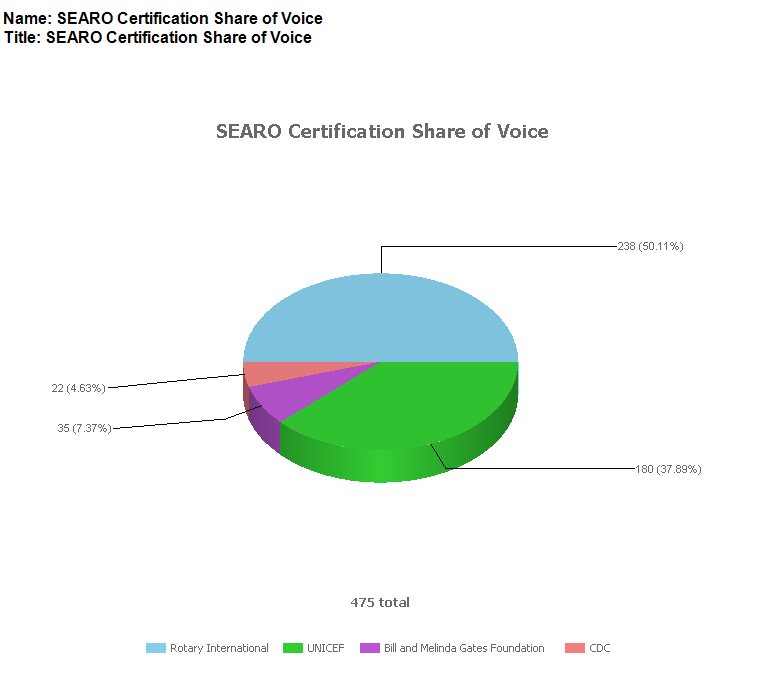
**MEDIA COVERAGE REPORT**  April 2014

**South-East Asia Region certified polio-free: 27-31 March 2014**

The World Health Organization’s South-East Asia Region, comprised of eleven countries including India was officially declared polio-free on March 27, 2014. To publicize Rotary’s leading role in this historic global health achievement, RI’s public relations group conducted a comprehensive media outreach effort in coordination with PR firm Golin Harris. The effort included:

* A joint statement by the [Global Polio Eradication Initiative](http://www.polioeradication.org/), distributed to core global health media that cover polio eradication, as well as to the Rotary Public Image Coordinators to share with their local media.
* Media interviews with Rotary spokespeople, appearing in top tier coverage by [CNN](http://www.cnn.com/2014/03/22/health/india-end-of-polio/), [The Guardian](http://www.theguardian.com/commentisfree/2014/mar/27/india-free-polio-isnt-eradicated-yet), [Forbes](http://www.forbes.com/sites/devinthorpe/2014/03/29/john-hewko-head-of-rotary-explains-polios-legacy/print/), [Al Jazeera](http://www.aljazeera.com/indepth/features/2014/01/how-india-won-over-polio-drop-drop-20141178138210376.html), [The Hindu](http://www.thehindu.com/news/national/india-should-help-other-countries-to-eradicate-polio-pranab/article5848497.ece), [Economic Times](http://articles.economictimes.indiatimes.com/2014-03-29/news/48684288_1_polio-vaccine-president-pranab-mukherjee-crippling-disease), [Wall Street Journal](http://blogs.wsj.com/indiarealtime/2014/03/27/qa-india-eliminates-polio/), The New York Times and [BBC News](http://www.bbc.com/news/health-26763385).
* Digital content featured on [EndPolio.org](http://www.endpolio.org/) and shared through Rotary’s social media channels, including a Rotary share graphic on the certification.
* A [new version](http://vimeo.com/89937871) of the Southeast Asia “This Close” Public Service Announcement (PSA).
* A [new PSA campaign](http://www.joinhandswithrotary.org/) launched by Rotary India and timed to the regional certification, generating national trade media coverage by [Indian Ad Reviewer](http://indian-ad-reviewer.blogspot.ae/2014/03/rotary-polio-ad-hits-right-chords.html#.UzpK56XvPwI), [Exchange 4 Media](http://www.exchange4media.com/55156_jwt-partners-rotary-on-its-first-ever-india-campaign.html), [Firstbiz.com](http://www.firstbiz.com/brands/rotary-club-jwt-make-miracles-happen-80614.html), [Campaign India,](http://www.campaignindia.in/Video/381347,rotary-celebrates-polio-eradication-with-an-animated-miracle.aspx) and [Best Media Info](http://www.bestmediainfo.com/2014/03/rotary-celebrates-polio-free-india-with-when-we-join-hands-miracles-happen-campaign/).

Rotary was mentioned in more than 50 percent of all media coverage of the South-East Asia Region’s polio-free certification. The following page includes a chart measuring Rotary’s inclusion compared with UNICEF, the U.S. Centers for Disease Control and Prevention and the Bill & Melinda Gates Foundation.

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**DIGITAL COMMUNICATIONS**

Rotary and the End Polio Now campaign utilized its robust digital communication and social media channels to publicize the regional certification and highlight the organization’s leading role in polio eradication.

In advance of the official certification, the public relations group used a social amplification tool called [Thunderclap](https://www.thunderclap.it/en) to increase the reach of our communications. Through this tool, users signed up to simultaneously share a single message on their social networks at an exact moment. At 10:00 CT on March 27th our Thunderclap went live with 391 supporters sharing our message and reaching 1.2 million social media users. This campaign resulted in 4,026 actions on Twitter.

As the certification grew closer, a stream of content was posted on EndPolio.org and shared across social media, resulting in a 54 percent increase in site traffic the week of March 24-30.

End Polio Now social media channels shared a photo of new Indian polio eradication celebrity ambassador Yami Gautam, news announcing the certification and a personal video from Bill Gates congratulating Rotary. One of our most popular pieces of content was a share graphic announcing that the 11 South-East Asia are now polio-free. This content reached 788,350 users on Facebook for the week of March 24-30. These users took 12,700 actions on the End Polio Now Facebook page in the form of 8,478 likes, 3,973 shares and 146 comments.

**Share graphic: Yami Gautam photo:**

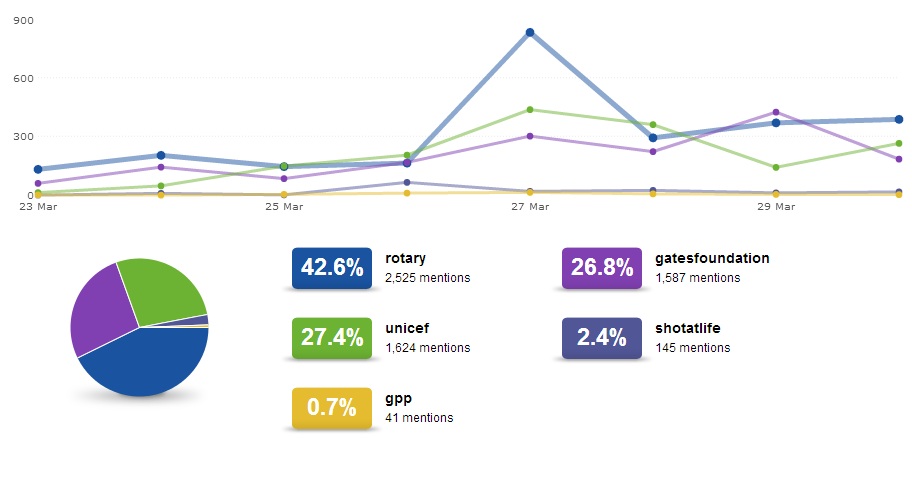
** **

The End Polio Now Twitter handle was an essential tool in sharing content, including quotes and photos, in real-time from the certification events and the Rotary Polio Free Conclave. Our content received 347 mentions and 784 retweets.

Indian celebrity polio eradication ambassadors including singer and producer A.R. Rahman, actor Anil Kapoor, singer Tanvi Shah, actress Yami Gautam and actor Amitabh Bachchan shared Rotary’s messages and content through their social channels, further amplifying Rotary’s reach. In addition, high level influencers including Larry Brilliant, the Bill & Melinda Gates Foundation, UNICEF and multiple U.S. embassies and consulates shared Rotary’s messages of a polio-free South-East Asia on Twitter.

We further amplified Rotary’s reach through a paid campaign on Twitter, which resulted in 21,172 actions by users and increased traffic to EndPolio.org.

**Digital conversation comparison: March 24- 30**

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**FULL TEXT OF MEDIA COVERAGE**

**Rotary International celebrates India Polio-free certification**

**30 March**

**The Avenue Mail**

<http://www.avenuemail.in/india/rotary-international-celebrates-india-polio-free-certification/36231/>

**India and Southeast Asia on March 27**, was declared polio-free by the Regional Certification Commission for polio eradication. To celebrate this historic milestone Rotary International hosted ‘Polio Free Conclave 2014’on 29 and 30 March at Vigyan Bhawan. The Hon’ble President of India inaugurated the two day celebration of Southeast Asia achieving the regional Polio-free certification.

Union Minister of Health and Family Welfare Hon’ble Shri Ghulam Nabi Azad was the guest of honour who was joined by Rotary International World President-elect Shri Gary C.K. Huang and Chairman of The Rotary Foundation Shri D.K. Lee. More than 1200 participants including Health Ministers and delegates from neighboring and SEAR (South East Asia Region) countries, representatives of global organizations and Rotary members from across the world joined the event to celebrate and renew Rotary’s commitment to ending Polio from the world.

Hon’ble Shir Pranab Mukherjee congratulated India on the incredible success.

The two-day Conclave on Polio is being organized with the objective of celebrating India’s trailblazing success and at the same time to build momentum for the global movement to end Polio by 2018. The conclave will deliberate upon the challenges existing, the lessons from India’s campaign and the way forward for the global campaign, particularly in the three Polio endemic countries – Pakistan, Afghanistan and Nigeria – to ending Polio.

India achieved a great milestone on Jan 13, 2014 by completing a three years without an incidence of Polio. Rotary International World President-elect Mr. Gary C.K. Huang congratulating India and Rotarians said, “What you have achieved India is monumental.

This is not just India and Southeast Asia’s victory but everyone in the global community. This is a step ahead in ending Polio everywhere and we will soon get there.”

The Rotary Foundation Chairman Mr. D.K. Lee said, “This success in India has come after much hardship and perseverance by the Polio partnership – Rotary, UNICEF, WHO – led by the Govt. of India. It is a cherished prize for India and the world and Rotary is committed to sustain it so that no child in the country is ever crippled by Polio.”

Chairman of the Polio Free Conclave 2014, Mr. Rajendra K Saboo, Past World President of Rotary International felt “It is a collective victory”. He said, “Everyone who has contributed and helped India in reaching this milestone needs to be commended. Rotary International will recognize individuals from Government, civil society and private organization for their significant contribution to the India Polio-free goal.”

The Conclave will have participation of think-tanks, leaders and public health experts from across the region. Rotary International endeavours to make this event an ideal platform for delegates from neighboring countries – Pakistan, Sri Lanka, Nepal, Nigeria, Bangladesh & Afghanistan – to share their experience and the lessons learnt by the campaign in India.

# # #

**Pranab wants vigil maintained to prevent recurrence of polio**

**30 March**

**The Hindu**

<http://www.thehindu.com/news/national/india-should-help-other-countries-to-eradicate-polio-pranab/article5848497.ece>

India being declared ‘polio-free’ by the World Health Organisation is a “landmark achievement” and it should now assist countries such as Pakistan, Nigeria and Afghanistan in their fight against this disease by improving their health systems and infrastructure, President Pranab Mukherjee has said.

The President was inaugurating Polio Free Conclave 2014, organised by the Rotary International here on Saturday.

“The unique challenge in India was the sheer number of people combined with the difficult terrain in many States. It was possible only because of the unparalleled dedication of all concerned and the relentless efforts put in by workers, doctors, activists and various stakeholders, including parents of children,” he said.

Mr. Mukherjee pointed out that India was under threat as long as polio virus survived anywhere in the world. “We must be vigilant. There is need for watchfulness and preparedness so that there is no recurrence of this disease.”

He said that agencies such as the Rotary International and the Bill and Melinda Gates Foundation helped with material resources and best practices to wipe out this crippling disease. Initiative was taken up at several levels to spread awareness, provide prompt medical attention and administer the polio vaccine.

The President presented mementos of appreciation and recognition to the former Health and Family Welfare Minister, A. Ramadoss, and present Minister Ghulam Nabi Azad.

Mr. Azad credited the achievement to the decision to introduce the new bivalent polio vaccine, which was indigenously developed for the first time, aggressive immunisation and micro block level planning covering the most endemic areas.

He said strong political will at the highest levels that ensured flow of required financial resources and deployment of huge manpower, constant monitoring and maintaining the supply chains were some of the other factors.

# # #

[**India should help Pakistan to improve health infrastructure: Pranab**](http://www.greaterkashmir.com/news/2014/Mar/30/india-should-help-pakistan-to-improve-health-infrastructure-pranab-9.asp)

**29 March**

**Greater Kashmir**

<http://www.greaterkashmir.com/news/2014/Mar/30/india-should-help-pakistan-to-improve-health-infrastructure-pranab-9.asp>

New Delhi, Mar 29: Asking the health ministry to be vigilant on recurrence of polio after its eradication, President Pranab Mukherjee on Saturday said India must assist Pakistan and other countrires in their fight against this disease and in improving their health systems and infrastructure.  
Addressing a Polio Free Conclave 2014 organised by the Rotary International, here, he said the unique challenge in India was the sheer number of people combined with the difficult terrain in many states.

He applauded the dedication of all concerned and the relentless efforts put in by the workers, doctors, activists and various stakeholders including parents of children in achieving this feat.  
He presented mementos of appreciation and recognition to the former Health Minister Dr A Ramadoss and Ghulam Nabi Azad, Union Health Minister for Health and Family Welfare.

"Health has been the priority of the Government of India for quite some time, he said.

Unprecedented programme to eradicate the polio virus from the country was taken up by the central and state governments supported by several national and international agencies such as Rotary International, UNICEF, WHO, CDC and Melinda and Gates Foundation," he added.

Azad while addressing the gathering said "this was a momentous and historic achievement".

He credited this achievement to decision to introduce the new bivalent polio vaccine which was indigenously developed for the first time, aggressive immunization and micro block level planning covering the most endemic areas which had an electrifying effect, strong political will at the highest levels that ensured pumping in of required financial resources and deployment of huge manpower in this gigantic task, constant monitoring and maintaining supply chains, involving over a million

Accredited Social Health Activists (ASHAs) and Auxiliary Nurse Midwives (ANMs) across the country. He said that a 2.3 million strong team of frontline polio workers, volunteers and 150,000 supervisors worked day and night for the success of the polio rounds.

# # #

**India should help other countries to eradicate polio: Pranab Mukherjee**

**29 March**

**Economic Times**

<http://articles.economictimes.indiatimes.com/2014-03-29/news/48684288_1_polio-vaccine-president-pranab-mukherjee-crippling-disease>

NEW DELHI: India being declared 'polio-free' by the [World Health Organisation](http://economictimes.indiatimes.com/topic/World%20Health%20Organisation) is a "landmark achievement" and it should now assist other countries such as Pakistan, Nigeria and Afghanistan in their fight against this disease, President [Pranab Mukherjee](http://economictimes.indiatimes.com/topic/Pranab%20Mukherjee) said today.

"India must assist other countries such as Pakistan, Nigeria and Afghanistan in their fight against this disease in improving their health systems and infrastructure," said Mukherjee while inaugurating the [Polio Free Conclave 2014](http://economictimes.indiatimes.com/topic/Polio%20Free%20Conclave%202014) organised by the [Rotary International](http://economictimes.indiatimes.com/topic/Rotary%20International) here.

"The unique challenge in India was the sheer number of people combined with the difficult terrain in many states. It was possible only because of the unparalleled dedication of all concerned and the relentless efforts put in by the workers, doctors, activists and various stakeholders including parents of children in achieving this day", he said.

He, however, stressed the need to be vigilant to ensure that there was no recurrence of this disease.

"We must be vigilant. There is need for watchfulness and preparedness to see that there is no recurrence of this disease," he said.

The unprecedented programme to eradicate the polio virus from the country was taken up by the central and state governments supported by several national and international agencies such as Rotary International, UNICEF, WHO, CDC and Melinda and Gates Foundation, he added.

The President said that the agencies helped with material resources and best practices to wipe out this crippling disease. Initiative was taken up at several levels to spread awareness, provide prompt medical attention and administer the polio vaccine.

Mukherjee also presented mementos of appreciation and recognition to the former Health Minister Dr A Ramadoss and Union Health Minister Ghulam Nabi Azad.

Azad credited this achievement to the decision to introduce the new bivalent polio vaccine which was indigenously developed for the first time, aggressive immunization and micro block level planning covering the most endemic areas.

He said strong political will at the highest levels that ensured pumping in of required financial resources and deployment of huge manpower in this gigantic task, constant monitoring and maintaining supply chains were some of the other factors.

Present at the occasion were Health Secretary, Lov Verma, Dr Harsh Vardhan, Gary Huang, Rotary International President Elect, D. K. Lee, Chairman, Rotary Foundation, Rajendra [Saboo](http://economictimes.indiatimes.com/topic/Saboo), Conclave Chairman, P T Prabhakar, Rotary International Director and Kalyan Banerjee, Conclave co-chairman.

# # #

**World is now 80 percent free, WHO says**

**March 29**

**Catholic Online**

[**http://www.catholic.org/news/health/story.php?id=54729**](http://www.catholic.org/news/health/story.php?id=54729)

Amidst all the bad news the world has to offer, here is a ray of sunshine: the World Health Organization has declared that the world is now 80 percent free of polio. Vaccination remains a problem in the mostly rural Pakistan, but that didn't prevent the neighboring nation of India from declaring no reported cases of polio in three years.

LOS ANGELES, CA (Catholic Online) - The certification is being hailed a "historic milestone" in the global fight to eradicate the crippling virus, which typically attacks and disables the very young. The WHO has declared its South East Asia region polio-free.  
  
The WHO admits there are still major challenges to overcome if the world is the reach the goal of eradicating polio everywhere by 2018. There remains that nagging 20 percent; polio is still endemic in Afghanistan, Nigeria and Pakistan.

Syria, stricken with a civil war dragging into its fourth year, has reported polio outbreaks, a setback to a nation which had previously managed to stamp out the virus.  
  
Other nations in the South East Asia region, such as Sri Lanka, Maldives and Bhutan, have been free of the virus for more than 15 years.  
  
Usually attacking children under five years old. The virus is transmitted through contaminated food and water, and multiplies in the intestine. It can then invade the nervous system, causing paralysis in one in every 200 infections.  
  
South East Asia is the fourth of six WHO regions to be declared polio-free after the Americas, Western Pacific and Europe regions. However -- Eastern Mediterranean and Africa have yet to gain a similar status.  
  
"This is very significant because before this region was certified polio-free, we had half the world's population polio free," Dr. Poonam Khetrapal Singh, WHO South East Asia regional director, says. "With the South East Asia region being added we now have 80 percent of the population polio free.  
  
"This was a problem the region was struggling with for a long time, but now finally, we are polio free."  
  
It's a remarkable success story for India, as many experts thought India would be the last country in the world to get rid of polio. Deepak Kapur, of Rotary International's India National Polio Plus Committee said India faced seemingly insurmountable challenges, such as its immense population.  
  
"India has close to 170 million children under five who needed to be immunized.  
  
"Then there's the existence of insanitary conditions which helped the polio virus to proliferate - and impure drinking water because polio is a water borne disease."

# # #

[**John Hewko, Head Of Rotary, Explains Polio's Legacy**](http://www.forbes.com/sites/devinthorpe/2014/03/29/john-hewko-head-of-rotary-explains-polios-legacy/)

**March 29**

**Forbes**

<http://www.forbes.com/sites/devinthorpe/2014/03/29/john-hewko-head-of-rotary-explains-polios-legacy/print/>

If you ask someone crippled by polio about the legacy of polio, you would likely hear about the life-altering implications of the horrid disease. When you ask the partners in the [Global Polio Eradication Initiative](http://www.polioeradication.org/)–Rotary [International](http://www.forbes.com/international/), the [Centers for Disease Control](http://www.cdc.gov/), the [World](http://www.who.int/en/) [Health](http://www.forbes.com/health/) Organization, and [UNICEF](http://www.unicef.org/) with support from the Bill and [Melinda](http://www.forbes.com/profile/melinda-gates/) [Gates Foundation](http://www.gatesfoundation.org/)–you will get another answer altogether.

[Polio’s real legacy, they say, is in the infrastructure established to eradicate the disease, which can be used to battle all infectious diseases.](https://twitter.com/intent/tweet?url=http%3A%2F%2Fonforb.es%2F1hmeljE&text=Polio%27s%20real%20legacy%20is%20in%20the%20infrastructure%20established%20to%20eradicate%20the%20disease.%20%40endpolionow%20%40devindthorpe%20%40rotary) Add to that, the clear implication that mankind can radically shape the environment in which we live for the better within time scales that individuals–not just humanity–can appreciate and you begin to see a different picture.

On March 31, 2014 at noon Eastern, John Hewko, the General Secretary of Rotary International–the senior-most paid executive in the organization–will join me to discuss the end game strategy for completing the eradication of polio and the legacy the effort leaves behind.

Hewko’s bio: John Hewko is the general secretary of Rotary International and The Rotary Foundation.

From 2004 to 2009, Hewko was vice president for operations and compact development for the Millennium Challenge Corporation (MCC), a U.S. government agency established in 2004 to deliver foreign assistance to the world’s poorest countries. At MCC, he was the principal United States negotiator for foreign assistance agreements to 26 countries in Africa, Asia, South America, the Middle East, and the former Soviet Union. During his tenure, he completed the negotiation of assistance agreements totaling $6.3 billion to 18 countries for infrastructure, agriculture, water and sanitation, health, and education projects.

Prior to joining MCC, Hewko was an international partner with the law firm Baker & McKenzie, specializing in international corporate transactions in emerging markets. He helped establish the firm’s Moscow office and was the managing partner of its offices in Kyiv and Prague.

While working in Ukraine in the early 1990s, Hewko assisted the working group that prepared the initial draft of the new Ukrainian post-Soviet constitution and was a charter member of the first Rotary club in Kyiv.

Hewko has been a public policy scholar at the Woodrow Wilson International Center for Scholars, an adjunct professor of law at [Georgetown University](http://www.forbes.com/colleges/georgetown-university/), and a visiting scholar at the Carnegie Endowment for International Peace. He has published papers and articles in leading U.S. and international publications, and he has spoken extensively on political and business issues dealing with the former Soviet Union, Central [Europe](http://www.forbes.com/europe-news/), Africa, and Latin America. He is also a member of the Council of Foreign Relations.

Hewko holds a law degree from Harvard University, a master’s in modern history from Oxford University (where he studied as a Marshall Scholar), and a bachelor’s in government and Soviet studies from Hamilton College in New York.

As general secretary, Hewko leads a diverse staff of 800 at Rotary International’s World Headquarters in Evanston, Illinois, USA, and seven international offices. Hewko is a Paul Harris Fellow. He and his wife, Margarita, live in Evanston.

# # #

**How India won over polio drop by drop**

**Al Jazeera**

**28 March**

<http://www.aljazeera.com/indepth/features/2014/01/how-india-won-over-polio-drop-drop-20141178138210376.html>

|  |
| --- |
| The World Health Organisation officially declared India to be polio free on March 27 [AP] |
| The World Health Organisation (WHO) has officially declared India polio-free, with no case of the disease being reported in the country for three years.  For a country long accused of having a broken public health-care system, this hard-won war against polio is validation that decisive political will and effective partnerships between government and agencies like WHO, Rotary clubs and UNICEF can bring about tangible changes with far-reaching consequences.  "While the country did face many challenges like our high population density, inaccessible terrains and widespread illiteracy and ignorance, the very nature of polio also ensured that the sustained campaigns against it succeeded," says Dr R Balasubramaniam, the founder of the Swami Vivekananda Youth Movement and Frank Rhodes Professor, Cornell University.  "While strong government and private partnerships played a huge role, ultimately this victory belongs to the strong network of field workers, community health specialists and volunteers who worked tirelessly to ensure that no part of the country was too inaccessible, no child too far away to vaccinate," Balasubramaniam explains.  In each National Pulse Polio Immunisation round, 2.4 million vaccinators under 150,000 supervisors visited over 200 million households to ensure that the nearly 172 million children, less than five years of age, were immunised with the Oral Polio Vaccine.  Mobile and transit vaccination teams immunised children at railway stations, at bus stands, market areas and construction sites areas.  Israeli-born photographer Sephi Bergerson has photographed the country’s polio eradication campaign since 2004, as part of assignments from WHO and UNICEF.  "Once I was assigned to photograph volunteers in an area beyond Kusheshwar Asthan Purbi, a little town in eastern Bihar state, along the banks of the Kosi River," he recounts.  "At 3 am sharp they would collect the vaccines from the refrigerators and leave for the boats that would collect them at 5 am with very precise plans to reach every village along the Kosi river. Sometimes there was no electricity and people worked in candle light. Situations could get very rough with many pockets violently rejecting the idea of vaccination but never did I see the volunteers in despair."  **Overcoming rejection**  Overcoming the rejection of the vaccine by certain communities was perhaps the most important achievements of the campaign.  Ashok Mahajan, a member of the Rotary Club of Mulund, Maharashtra, and partner in the Global Polio Eradication Initiative, knows this first hand.  Appointed to India’s National PolioPlus Committee of Rotary International in 1997, Mahajan realised that unless minority communities were brought into the fold of the campaign, the fight against polio would never end.  "I was working in the Bhiwand area (in Mumbai city) where resistance among the Muslim community was very high," he says. "I knew if we were able to convince the imams of the mosques we would have little trouble vaccinating the children of the area."  He persisted in trying to convince the imams of the Baba Makhdoom Shah Baba Dargah temple, and finally they agreed to talk to the people about the importance of immunisations after Friday prayers.  "They let us put up pro-vaccination posters around the mosque and this made a huge difference," he said. "Once we succeeded in Mumbai, we started work in Uttar Pradesh and Bihar."  The creation of the Ulema committees played a critical role in making immunisation drives successful in the vulnerable states of Uttar Pradesh and Bihar. Convincing these committees was anything but easy.  "Once I was invited to a meeting in a crematorium," he said. "In one village a lady hid her children under the bed, refusing to let us vaccinate them. Her husband had threatened her with a divorce if she let us near them. I had to come back in the evening and talk to him for hours before he agreed."  **Lessons learnt**  Working in high-risk communities often meant dealing with people at very individual levels. For Augustine Veliath, a former communication specialist with UNICEF for 23 years, they taught field workers important lessons in managing community health.  "We cannot blame the minority community," he said. "Being under-served to start with, they were victims of many false beliefs like thinking polio was an American conspiracy against their children. One lady, in a slum who had turned away every health worker, told me secretly that she was too ill to take her children to be vaccinated. We realised that simply asking for children to be vaccinated wouldn not work. We had to become friends of these poor people who were often very lonely, away from support systems and quite frightened themselves."   |  | | --- | | The lesson to be learned here is that no child is completely safe until the virus is wiped out from the rest of the planet  Deepak Kapur, Chairman of the Rotary International’s India National PolioPlus Committee |   Veliath says Bollywood and India’s love for cricket made things much easier.  "The many public service advertisements by celebrities like Shah Rukh Khan, Amitabh Bachchan and our cricketers ensured that people would at least listen," he said. "Actors like the late Farooque Sheikh would tell the field workers, ‘You can make history’ and they did."  While celebrating the achievement, Deepak Kapur, chairman of the Rotary International’s India National PolioPlus Committee, said, "The term that India is polio-free is slightly misplaced. India has not had a reported case of polio over the last three years, but look at the case of China which had been polio-free for eight years before the virus crept in from Pakistan’s infected children. Pakistan and Afghanistan remain endemic and have re-infected countries like Syria, Angola and Somalia."  "The lesson to be learned here is that no child is completely safe until the virus is wiped out from the rest of the planet," he said.  At the helm of the campaign since 2002, Kapur believes that the drive against polio must now ensure to "keep immunisation levels high so that even if the virus re-enters the country, our children aren’t harmed."  "There must be complete readiness to treat every polio case that might emerge as an emergency. States must be equipped to do a large-scale mop up so that the virus does not spread locally," he said.  But some activists say the focus on eradicating polio has come at a huge cost and other critical health issues have been ignored.  "We have ignored cases of acute flaccid paralysis. In the last 13 months, India has reported 53,563 cases of NPAFP (non-polio acute flaccid paralysis) at a national rate of 12 per 100,000 children. This is much above the WHO benchmarks of two per 100,000 cases of immunisation," points out Dr Gopal Dabade, a member of the All India Drug Action Network.  “The polio infrastructure in the country has hijacked every other health concern that is plaguing the country. During the months of the polio drives every other health issue remains ignored. For example, if a child were to be bitten by a snake during that time, it would be hard to find emergency care for it."  While the country seems to have won against polio, sobering statistics in other health-related areas prove that the health situation in the country is far from ideal.  The United Nations Population Fund says that India still tops the global Maternal Mortality Rate and accounts for nearly a third of maternal deaths globally, along with Nigeria.  # # #  **World now 80% polio free, World Health Organization says**  **BBC.com (BBC Online)**  **27 March**  <http://www.bbc.com/news/health-26763385>  The World Health Organization has declared its South East Asia region polio-free.  The certification is being hailed a "historic milestone" in the global fight to eradicate the deadly virus.  It comes after India officially recorded three years without a new case of polio.  The announcement means 80% of the world is now officially free of polio, although the disease is still endemic in Afghanistan, Nigeria and Pakistan.  Other countries in the WHO South East Asia region, such as Sri Lanka, Maldives and Bhutan, have been free of the virus for more than 15 years.  However, despite the "huge global significance" of the announcement, the WHO admits there are still major challenges to overcome if the world is the reach the goal of eradicating polio everywhere by 2018.  There have also been outbreaks in conflict-hit countries such as Syria, which had previously managed to stamp out the virus.  Polio mainly affects children under five years old. The virus is transmitted through contaminated food and water, and multiplies in the intestine. It can then invade the nervous system, causing paralysis in one in every 200 infections.  South East Asia is the fourth of six WHO regions to be declared polio-free after the Americas, Western Pacific and Europe regions. Eastern Mediterranean and Africa have yet to gain a similar status.  Dr Poonam Khetrapal Singh, WHO South East Asia regional director, said: "This is very significant because before this region was certified polio-free, we had half the world's population polio free.  "With the South East Asia region being added we now have 80% of the population polio free.  "This was a problem the region was struggling with for a long time, but now finally, we are polio free."  Rise in polio cases  Many experts thought India would be the last country in the world to get rid of polio says Deepak Kapur, of Rotary International's India National Polio Plus Committee.  He said India faced several enormous challenges including its large population.  He said: "India has close to 170 million children under five who needed to be immunised.  The polio virus can be deadly  "Then there's the existence of insanitary conditions which helped the polio virus to proliferate - and impure drinking water because polio is a water borne disease."  But he said the fact that India had managed it and now the whole of South East Asia could be declared polio free sent a powerful and optimistic message to the three remaining polio-endemic countries.  The world signed up to eradicating polio in 1988. The Global Polio Eradication Initiative was launched, which is a partnership between governments and organisations such as Unicef, the WHO and Rotary International. The aim was to banish polio once and for all.  In 1988 there were 350,000 recorded cases. By 2012 cases had fallen to 223. But last year there was a rise in cases to 406 new infections.  "Every child is still at risk"  The increase is largely down to vaccination campaigns being interrupted by conflict. In October 2013, Syria reported its first case of polio since 1999. By March 2014 there were 25 cases.  An outbreak in the Horn of Africa, which started in May 2013, has seen 217 new cases in Somalia, Kenya and Ethiopia.  While Thursday's announcement clearly marked an important milestone, there was still a long way to go, said Mr Kapur.  "Every child in the world is at risk of contracting polio until such a time as the wild polio virus is completely eradicated from every part of the world," he said.  "Until then no child - be it in North America or Europe - will be free of polio potentially hunting them down all over again.  "The only way to ensure the wild polio virus no longer exists in any part of the world is to wipe it out of every community in the world.  "It is not good enough to wipe it out on one continent and not the rest of the world because today the world is just one global village.  "The only way to keep polio away is through immunisation."  He said if every child on the planet were immunised, there would be nowhere for the virus to flourish and spread.  "Today's a big occasion for the entire global polio eradication initiative because if India - which had the most difficult of situations - can do it, others around the world can do it too," Mr Kapur said.  "So Pakistan, Afghanistan and Nigeria need to replicate the example of India and go after this virus.  "Global eradication could and should be achieved in the very near future."  # # #  **Southeast Asia is polio-free, WHO rules**  **Los Angeles Times**  **27 March**  <http://www.latimes.com/nation/politics/politicsnow/la-fg-wn-southeast-asia-india-polio-free-world-health-organization-20140327,0,3567601.story#axzz2xCvG5pJ7>  WASHINGTON – The World Health Organization declared Southeast Asia polio-free Thursday, marking a global health milestone for India, where the disease accounted for nearly half of all worldwide cases just five years ago.  The announcement comes after an independent commission of public health experts determined that the 11-nation region, as defined by the WHO, has not had a confirmed polio case for the last three years.  India’s official polio-free status came after a massive billion-dollar campaign, largely government-funded, that alerted the public to the importance of vaccinations and enlisted nearly 2.4 million volunteers to immunize 170 million children. It has had no confirmed polio case since January 2011.  Experts once were pessimistic about India’s chances of wiping out the disease, because of its large areas with poor sanitation, high population and low immunization rate. But John E. Lange, a retired U.S. ambassador, attributed India’s success to effective monitoring and the use of comprehensive plans to target remote populations.  “This is, in a sense, a proof of concept that polio can be eradicated in some of the most difficult places to work in,” said Lange, a senior fellow for global health diplomacy at the United Nations Foundation, which was created in 1998 to support U.N. programs.  Southeast Asia, home to one-quarter of the world’s population, is the fourth of six worldwide regions to earn a polio-free status. In 1995, the Americas became the first region WHO declared polio-free, followed by the Western Pacific region in 2000 and the European region in 2002.  The Southeast Asia region as listed by the WHO comprises Bangladesh, Bhutan, South Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste.  Although the WHO said 80% of the world’s population now live in polio-free regions, officials note more work is needed, especially in Afghanistan, Nigeria and Pakistan, where the disease remains prevalent.  In a statement, Poonam Khetrapal Singh, director of the WHO’s Southeast Asia region, celebrated the “momentous victory” but warned “all countries are at risk and the region’s polio-free status remains fragile” until global eradication of the disease.  In many countries, health workers face tough political obstacles, Lange said, with threats from extremist groups such as the Taliban in Afghanistan and the Boko Haram in Nigeria. This week, news reports documented the brutal kidnapping and killing of a polio worker in Pakistan.  But to overcome the challenges posed by extremists, the eradication effort is pursuing a strategy that succeeded before: collaborating with regional governments.  “We’ve been able to work through the government and the local actors to ensure we have access into some of the districts and areas that may be occupied by some of the antigovernment elements,” said Tim Petersen, deputy director of the Bill & Melinda Gates Foundation’s polio team.  Polio, a viral disease that affects the nervous system, often spreads through regions with poor sanitation, where it largely affects children under age 5.  In 1998, the World Health Assembly passed a resolution calling for an end to polio by 2000. At the time, an average of 1,000 children a day were paralyzed by the disease worldwide, according to the Global Polio Eradication Initiative. The effort has made significant strides and last year the organization reported about 400 cases.  GPEI, which hopes to eradicate the disease by 2018, is a partnership between national governments, the WHO, UNICEF, Rotary International and the U.S. Centers for Disease Control and Prevention. It receives additional support from the Gates Foundation and the U.N. Foundation.  Ariel Pablos-Mendez, a top official at the U.S. Agency for International Development, said eliminating the disease in Southeast Asia should serve to generate momentum for global eradication.  “We must build on this historic moment. It pains me to think of little girls and boys who unnecessarily suffer from a disease that can be prevented for 14 cents,” Pablos-Mendez said in a statement, referring to the estimated cost of one oral polio vaccine dose.  # # #  **India may be free of polio – but the disease hasn’t been eradicated yet**  **The Guardian- by Archie Panjabi**  **27 March**  <http://www.theguardian.com/commentisfree/2014/mar/27/india-free-polio-isnt-eradicated-yet>  This week a regional certification commission is expected to declare the World Health Organisation south-east Asia region [polio-free](http://www.searo.who.int/entity/immunization/topics/polio/eradication/sea-polio-free/en/). I could not be prouder about this historic achievement.  People of a certain age will still remember the fear caused by the polio epidemics of the early 1950s, when this infectious viral disease sickened and paralysed as many as 8,000 children in the UK each year. But many Britons my age and younger won't know much, if anything, about polio. By the mid to late 1950s, effective vaccines were in wide use, and within two decades or so polio was gone from most of the developed world.  My situation, however, was somewhat different in that my parents came from India, where I lived for two years as a young girl. One of the things I remember, during my daily walk to school in Mumbai, was seeing other children crawling in the streets, their legs withered and deformed. Those troubling images stayed with me for years. Eventually, I learned that the children were victims of polio, which until very recently was regarded as a grim fact of life in India, where a combination of conditions – polluted water, poor sanitation, extreme poverty and a very dense population – allowed the disease to flourish.  Then in January, something akin to a public health miracle occurred: [India completed three full years without a new case of polio](http://www.theguardian.com/world/2014/jan/13/india-marks-three-years-since-last-polio-case), proving that the virus had finally been stopped within its borders. India was the last of the 11 countries in south-east Asia to beat the disease, setting the stage for the region's polio-free certification this month.  Since 2011, I have been a polio eradication ambassador for the humanitarian organisation Rotary International, one of the founding partners in the [Global Polio Eradication Initiative](http://www.polioeradication.org/), which since 1988 has been working to reach the world's children with the oral polio vaccine. My task is to raise awareness and to emphasise the importance of wiping out polio for good.  I am happy to report that today polio is 99% gone, down from about 350,000 cases a year in the 1980s to barely 400 in 2013. With India now free of the disease, only three countries remain polio-endemic: Nigeria, Afghanistan and Pakistan. We must ramp up our efforts in the endemic countries, because from them polio can re-emerge to infect children in places where it had been stopped, such as we saw [last year in Syria](http://www.theguardian.com/commentisfree/2013/dec/26/syrian-refugees-polio-immunizations-government-blockades) and the Horn of Africa. If we were to relax our guard – decide, say, that the world could live with a few hundred polio cases a year and cease our mass vaccinations in at-risk countries – experts tell us polio could rebound with a vengeance, infecting thousands of children a year.  That means we must keep the pressure on our political, business and philanthropic leaders to generate the resources to finish the job. As a British citizen, I am proud that the UK's commitment to polio eradication to date now totals more than $1.2bn, and I strongly urge our government to continue to lead by example. The Indian government likewise has spent $1.3bn to protect the nation's children from polio.  Since my personal involvement began, I have learned a great deal about polio eradication, and – due to my strong ties to my parents' homeland – I have followed the campaign in India very closely. Last year, I went to New Delhi, where I visited polio survivors who have benefited from corrective surgeries paid for by Indian Rotary clubs. I visited a health clinic, where parents brought their babies – and older children brought little brothers and sisters – to be vaccinated against polio. The most emotional moment came when I immunised a child, placing two drops of polio vaccine into her tiny mouth. I realised that the little one in my arms would never, ever suffer from this terrible disease. It was a transformative experience that brought the entire issue into crisp focus. It truly is about reaching one child at a time.  # # #  **Q+A:India at risk until polio is eradicated globally-Rotary**  **27 March**  [**http://www.trust.org/item/20140327175907-oj3l2**](http://www.trust.org/item/20140327175907-oj3l2)  NEW DELHI (Thomson Reuters Foundation) - The World Health Organisation declared India free of the crippling polio virus on Thursday, lauding its almost two-decade-long, multi-billion dollar effort as one of the biggest public health achievements in recent times.  Thomson Reuters Foundation spoke to Deepak Kapur, chairman of Rotary International’s India National PolioPlus Committee, about the end of polio in India, what it means for the world and what lessons other countries can learn from India.  Q: How long did it take India to wipe out the wild polio virus? How much did it cost? What was Rotary’s role?  A: The National Polio Eradication campaign, part of the Global Polio Eradication Initiative spearheaded by Rotary, was launched in 1995 in India by the Government of India with global partners Rotary International, the World Health Organisation and UNICEF. Rotary has invested nearly $178 million in India out of its global contribution of $1.2 billion. India’s annual budget for eradicating polio is close to 100 crores ($16.6 million), the largest amount spent by any government. Rotary … is not only one of the biggest private funders of the global anti-polio campaign but the spearheading partner. Rotarians are involved in the Advocacy and Social Mobilisation aspects of the campaign to ensure the necessary political will, mass participation and implementation. Because Rotarians belong to local communities, they also manage operational glitches, and in some hard to reach areas, Rotary has organised polio booths for immunizing children.  Q: What do you think is the secret behind India’s success?  A: India persevered, despite the mounting challenges over the years … India raised the quality of the campaign … by identifying and addressing shortcomings. Some points to consider: 1. Government leadership. The government put an unparalleled amount of manpower, resources and political engagement into the campaign. 2. Working closely with partners. Close cooperation while carrying out the project was an important aspect of the Indian campaign. Wherever there was a gap, a partner had to come in to fill it and ensure smooth implementation. 3. Robust surveillance and monitoring system. India’s ‘micro-plans’ pinpointed all the children and every vaccinator in every household to ensure no children were missed. 4. Extensive social mobilization. Work was done to encourage everyone to participate in the campaign. 5. Excellent government ownership, with the commitment of massive resources. 6. Identifying high-risk blocks. There was a special focus on these areas. 7. Rotary’s Muslim Ulema Committee. This group helped to educate the Muslim minority, end any ignorance about the campaign and ensure its acceptance.  8. Introduction of bivalent Vaccine (bOPV) to target two strains simultaneously. 9. Free health camps in high-risk areas. This was done to help address families’ other medical needs in those areas.  Q: Why is this a huge milestone? A: India’s triumph means the world is much closer to ending polio than it was three years ago. India is a case study for what innovation, perseverance and strong partnership can achieve. To feel that no child’s life in India now will be wasted because of polio is a huge enough milestone for us. India is a huge country, with numerous challenges. I personally believe that the legacy of polio eradication will be much more than just the end of a disease.  Q: Why is this being called one of the biggest public health achievements in recent times?  A: Although most of the world is free of polio, India still reported half the world's new cases. Its burgeoning population putting pressure on a weak health infrastructure, diverse groups and faiths, migratory communities, contaminated water and sanitation problems, along with hard to reach areas, made it one of the most difficult regions in which to end polio. Health experts believed that if India could do it, then any country could end polio.  I think the global community of public health experts needed this big boost to feel confident that mankind can collectively triumph over such dreadful illnesses as polio thanks to science and human ingenuity – and that we could soon see the end of diseases like AIDS, cancer, TB and many others.  The polio eradication campaign is the largest non-military, global enterprise ever. It involves dozens of organisations, scores of governments, thousands of health workers and millions of volunteers. The Indian achievement shows that what they set out to do can be done, and gives confidence and momentum to the global movement to end polio by 2018.  Polio campaigners and donors know the historic nature of what they are determined to achieve, and despite setbacks they have always shown confidence and the spirit to march to the end.  Q: What lessons can Afghanistan, Pakistan and Nigeria learn from this?  A: Each country is unique and has its own set of challenges. What worked in India’s favour was strong political leadership and commitment at both the central and the state level. Other factors were:  A seamless partnership between Rotary, WHO, UNICEF and the government. Strong social mobilisation and communication tools. Identifying and addressing what was missing.  Special focus activities for many areas identified as high-risk blocks. I think these help in other countries too.  Q: Why has it been harder to eradicate polio in other countries? A: Every country comes with unique challenges and positives. The incidence of polio is at its lowest in many years. The tail end is always the hardest to overcome. Polio is rampant in parts of Afghanistan and Pakistan where access is hindered by conflict and terrain. The virus is flourishing in parts of northern Nigeria, where historically it has been a challenge for health workers and other factors play a part. I believe if India can wipe out polio, any country can.  Q: How secure is India, given that a young Afghan boy was detected with the virus in Delhi recently?  A: No country in the world is secure as long as the polio virus exists anywhere in the world. India’s immediate neighbours have the polio virus and therefore the risk and the threat remain. India has an emergency preparedness and response plan ready to tackle any virus detected. India continues to vaccinate children regularly and maintain a robust surveillance system. India has also issued travel advisories for visitors to and from counties with the polio virus.We are also focusing on strengthening routine immunisation, including for other childhood diseases along with polio.  Q: Can India sit back and relax?  A: No! As long as the world is not certified polio free, we cannot afford to relax. What we have achieved is historic and we will protect it, whatever it takes.  # # #  **Q&A: India Eliminates Polio**  **WSJ.com “India Real Time” (The Wall Street Journal Online)**  **27 March**  <http://blogs.wsj.com/indiarealtime/2014/03/27/qa-india-eliminates-polio/>  At 2:31 p.m. Thursday, India was officially declared free of polio, a victory over a disease that [once infected hundreds of Indian children a day](http://online.wsj.com/news/articles/SB10001424052702303848104579312453860810752). This is [one ofthe biggest recent public-health achievements worldwide](http://blogs.wsj.com/indiarealtime/2014/03/27/how-india-put-an-end-to-polio/).  As the announcement was made, Deepak Kapur, 58, head of the polio campaign in India for Rotary International, noted the time on his watch. He wanted to know “exactly when history was made,” he said.  Rotary International has been a key player in India’s elimination of polio, contributing some 300,000 volunteers in the past three years to deliver vaccines, monitor areas of outbreaks and publicize countrywide immunization dates. Rotary also [spearheaded an initiative](http://online.wsj.com/news/articles/SB10001424052702303949704579462451241835732?mod=WSJINDIA_hpp_LEFTTopStories&mg=reno64-wsj) to persuade religious leaders to join the effort, a strategy that proved particularly fruitful in combating rumors and fears about the vaccine.  Fresh from the announcement, Mr. Kapur spoke to The Wall Street Journal about making history, keeping India polio free and what disease Rotary in India may take on next.  **The Wall Street Journal: You’ve just come from the official certification. How do you feel?**  **Deepak Kapur:** It feels good. Even a few years ago, we might not have imagined this. Whatever presumptions we had about how to eliminate polio in India had to be rewritten from scratch, before we could innovate and come up with new ways to solve problems.  **WSJ: This may be premature, but what’s next?**  **Mr. Kapur:** Our first priority is to ensure that no child in India ever again falls prey to the polio virus. If, as has happened in Indonesia, Tajikistan and China, the polio virus does reappear, we must have emergency preparedness plans that can quickly contain the spread.  **WSJ: What does all that mean in practice?**  **Mr. Kapur:** It means developing a better, routine immunization structure. We need to immunize all the children in the country without having to resort to National Immunization Days and sub-National Immunization Days. Those tend to rely on polio droplets — live virus-based vaccines — because that’s the most efficient method to immunize millions of children in a day. But as more and more of the world becomes polio free, it doesn’t make sense to use the live virus-based vaccine, since there’s a risk of developing the disease from the vaccine. We need to move to inactivated polio vaccines, which means we need to continue visiting homes across the country and making sure children are vaccinated or are going to the local clinic for their shots.  **WSJ: Aside from polio, will there be new diseases on Rotary’s agenda?**  **Mr. Kapur:** Rotary International will not take on any other global project until polio has been certified as being eradicated by the whole world. However, the 20,000 rotary clubs that make up Rotary International are all autonomous, and here in India, we are looking at other projects, like helping combat measles and tuberculosis. We are also thinking about focusing on noncommunicable illnesses, like heart disease, high blood pressure and diabetes. These are a big menace in India, and there is such a lack of awareness and apathy about them.  **WSJ: And tackling these diseases will be easier after the lessons learned from the polio campaign?**  **Mr. Kapur:** Absolutely. The biggest lesson we learned from polio is that it is so important to develop a massive infrastructure. The polio infrastructure was put into place by civil society, by Rotary, by the World Health Organization, by many, many public-private partnerships. The polio campaign is conclusive proof that these partnerships are the way to go, not only to tackle health problems but other social issues as well.  **WSJ: How close is Rotary in India to announcing a new campaign against heart disease or diabetes?**  **Mr. Kapur:** We’re already in talks with the government of India and with other partners like UNICEF and the WHO. Something will come of it eventually, I’m sure.  # # #  **India declared polio-free, but global risks perfect**  **Reuters**  **27 March**  [**India declared polio-free, but global risks persist**](file:///C:\Users\Rachanee.Srisavasdi\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\AVVKZ093\India%20declared%20polio-free,%20but%20global%20risks%20persist) **(CAN’T OPEN LINK)**  **# # #**  **Why I’m celebrating India today**  **CNN.com**  **27 March**  <http://www.cnn.com/2014/03/27/opinion/pinto-polio-free-india/>  **(CNN)** -- I was born in Mumbai, India -- a beautiful country rich in culture and landscape. But for all its wonder and charm, India is also a country where from 150,000 to 200,000 people were afflicted by polio in the mid-1980s and, even as recently as 2009, was home to nearly half the world's new polio cases.  Polio is a debilitating disease. It attacks the nervous system and can lead to partial or full paralysis for life, and in some cases, even death.  But, the great news is that today, India and Southeast Asia were [officially certified by the World Health Organization as being polio-free](http://www.cnn.com/2014/03/27/health/india-polio-3-years/index.html) -- a momentous achievement for global public health and the worldwide effort to eradicate polio.  But this extraordinary feat wasn't easy.  Most experts believed that India, with its high population density, poor health care services and regional accessibility problems, would remain the most polio-endemic region in the world. But India hasn't reported a new case since early 2011, which led WHO Director-General Margaret Chan to say: "India has shown the world that there is no such thing as impossible. This is likely the greatest lesson and the greatest inspiration for the rest of the world."  I, too, believe this is the greatest inspiration for the world.  This victory -- like the eradication of smallpox -- is one of the most amazing achievements in global health. And I'm humbled to support and commend my country -- and the communities, families and workers on the ground -- for without them, this would not be possible. Their bravery, grace and conviction to end polio once and for all is something of great strength and admiration.  Great achievements don't just happen; they require the great efforts of many.  The polio eradication movement, started in 1988, was a joint effort between the Indian government; WHO; Rotary International; the Bill and Melinda Gates Foundation; UNICEF and various other NGOs; the United States, Canada, the United Kingdom and about 2 million workers who vaccinated nearly 170 million throughout the country to finally wipe out the disease. Truly, this worldwide effort should serve as a reminder that when the global community bands together to solve an issue, great things can be achieved. And today should serve as a call to not simply continue the efforts but to exponentially increase them.  The tireless work and the steadfast determination of so many around the world has brought us to this monumental milestone today, because with committed people, volunteers, communities and cooperation comes real change.  Just last year, I joined the [Global Poverty Project](http://www.globalcitizen.org/) at the annual Global Citizen Festival on the Great Lawn at Central Park in New York to advocate for an end to extreme poverty by 2030. Chief among the priorities was a focus on health, vaccines and immunizations. And on that day, looking out at the sea of 60,000 Global Citizens advocating for change and an end to polio by 2018, I knew the end was possible.  So, smile as we celebrate a polio-free India -- a significant public health achievement that will leave a lasting impact on children's health in India and around the world. This can inspire the global community to take on other diseases as well.  A polio-free India is not a polio-free world, and we must remain vigilant to ensure every child around the globe receives the vaccine until we achieve a world free of polio. The global health community is still more than $1 billion short on funding for vaccinations -- and while the United States, Canada and others have led the way -- other countries such as Australia need to reaffirm their support.  Only three nations have yet to eradicate the crippling disease: Nigeria, Pakistan and Afghanistan. As we declare India polio-free, we can call on countries and governments around the globe to follow this tremendous example and make the world free of polio by 2018.  # # #  [**India Worked With Muslims to Build Trust and Beat Polio**](http://online.wsj.com/news/articles/SB10001424052702303949704579462451241835732?mg=reno64-wsj&url=http%3A%2F%2Fonline.wsj.com%2Farticle%2FSB10001424052702303949704579462451241835732.html)  **WSJ.com (The Wall Street Journal Online)**  **26 March**  LUCKNOW, India—Global health experts long believed that India, with its massive population, poor sanitation and widespread poverty, would be the last country in the world to eradicate polio.  On Thursday, however, public-health officials are expected to certify that the South Asian nation is free of the infectious scourge, which has afflicted more than 8,500 Indians since 1998.  A critical ingredient in reaching this major public-health milestone: Building trust in Muslim communities. It is a lesson that has been applied to vaccination campaigns in Pakistan, Afghanistan and Nigeria, where polio remains endemic.  "It's always important to find out who people trust," said Heidi Larson, an anthropologist at the London School of Hygiene and Tropical Medicine, who tracks immunization programs. "The more health workers listen to and engage with locals, the more successful they are."  As India pushed ahead with a mammoth $1.6 billion government-led campaign that relied on about two million volunteer vaccinators, it realized Muslims were being disproportionately left behind.  In 2002, about 57% of polio cases countrywide were Muslim children; by 2004, that had risen to 62%. Muslims account for about 13% of India's 1.2 billion people.  Many of India's polio cases were being recorded in its most populous state, Uttar Pradesh, which experienced an alarming outbreak in 2006. Of the 676 polio cases that year, 548 were in Uttar Pradesh. Nearly 60% of the sick were Muslims.  To defuse this epidemiological bomb, health workers tried something new. In Uttar Pradesh, they created a 10-person group, known as an Ulama Committee, to bring health workers and local Muslim religious leaders together to promote vaccination.  Among India's Muslims, rumors were rampant.  Some believed the polio vaccine—which is delivered orally—contained pork, which Muslim religious rules say can't be consumed. Others suspected a plot to sterilize or infect Muslim children.  The war in Iraq also made many poor Muslims deeply suspicious of the U.S. and health workers were sometimes seen as agents of Western drug companies or intelligence agencies.  Vaccination efforts in Pakistan and elsewhere remain hindered by this kind of distrust. But, unlike in India, health workers elsewhere also face violent opposition from militant groups and others.  On Monday, the bullet-riddled body of a female polio worker was found by a river in Peshawar in northwestern Pakistan.  India's outreach to Muslims began in earnest with a 2006 meeting in New Delhi called by Rotary International, a major sponsor of India's antipolio campaign. Ashok Mahajan, a Hindu Rotary member from Maharashtra, addressed a crowd of imams, scholars and doctors.  "I began with a speech citing the Quran," Mr. Mahajan said. "The Quran says that the health and happiness of a child is the most important thing. I said, 'These are not my views; they are the views of the Holy Book.'"  Mr. Mahajan and Ajay Saxena, an experienced Rotary volunteer in Uttar Pradesh, set out to recruit members from each Muslim sect as well as at least one Muslim doctor for the Ulama Committee. Ulama means scholar.  A physician was necessary, Mr. Saxena said, because religious leaders refused to promote the vaccine until a doctor certified its safety. The men turned to Tabassum Shahab, chairman of the pediatrics department at the Jawaharlal Nehru Medical College at Aligarh Muslim University.  "It was not easy to involve him at first," said Mr. Saxena, a bespectacled man with a shock of gray hair. "But once he was convinced the vaccine was safe, he asked why we hadn't involved him sooner."  Dr. Shahab agreed to sign a certificate verifying the vaccine's safety. Copies of the certificate, which included his cellphone number, were distributed to health workers and Muslim families across Uttar Pradesh. Soon Dr. Shahab was fielding as many as 40 calls a day from Muslim parents.  "They would call and ask me if the vaccine was safe, and I'd say yes," Dr. Shahab said. "They'd ask if it was absolutely safe, if it was okay for their children, and I'd say, 'yes' again. They'd ask if it would make their children impotent, and I'd say 'no, that's just a rumor.'"  Khalid Rasheed Farangi Mahli, chairman of the Islamic Centre of India, an influential religious leader, also joined the group. Mr. Farangi Mahli said he had been suspicious of health workers who came to Muslim villages. "We wondered if they had an ulterior motive," he said.  He said his concerns were allayed when Mr. Saxena informed him that the same vaccine was administered to children of various religions world-wide. Mr. Farangi Mahli would later be photographed giving administering the vaccine to his own son.  Similar committees were set up across Uttar Pradesh. Mosques began to broadcast vaccination reminders alongside prayers. By 2008, Muslim children accounted for just 37% of polio cases statewide, down from 70% a year earlier. In 2010, Muslim children accounted for just 31 polio cases across the country.  The Ulama Committee was one part of the broader campaign to build trust for health workers among locals, and not just Muslims, said Ms. Larson, of the London School of Hygiene and Tropical Medicine.  "The reality is that a lot of families had concerns about vaccination for reasons beyond the religious," said Ms. Larson. "Many people wanted women, instead of men, vaccinating their children. Others distrusted health workers who came from Delhi; they wanted to be vaccinated by people they knew."  But the strategy that worked in Uttar Pradesh is only an aspect of eliminating polio in places like Pakistan and Nigeria, where increased militancy threatens vaccination efforts, Ms. Larson said.  "The kinds of issues we face today were not part of the challenge in India," Ms. Larson said. "It's no longer enough to convince parents to accept the vaccine. Now we must convince multiple levels of actors, like the Taliban or a governor in northern Nigeria."  # # #  **Building on Success**  **My Republica**  **26 March**  <http://www.myrepublica.com/portal/index.php?action=news_details&news_id=71603>  On March 27, 2014, the World expects to witness the successful completion of a long journey of the WHO South-East Asia Region in its battle against polio. The Region anticipates that it will be officially certified as polio-free by the Regional Certification Commission, the independent commission under the WHO certification process.   The last wild poliovirus case in the South-East Asia Region was reported in India on January 13, 2011. Based on the independent review and assessment of the national documentations from all the 11 National Certification Committees of Member States for several years, the Regional Certification Commission of the South-East Asia Region is expected to announce its decision on March 27, 2014 in New Delhi.   No single country can be certified as polio-free alone. WHO certification of a Region as polio-free can only happen after all its countries report three years without a single new case of polio due to wild poliovirus. This must be achieved in the presence of high-quality polio surveillance including testing of stool specimens from acute flaccid paralysis cases. Independent global and regional experts scrutinize each country’s data against strict quality indicators before WHO certification can take place. South-East Asia will be the fourth WHO Region to join the Region of the Americas (1994), and the Western Pacific (2000) and European (2002) regions.   This will be a momentous occasion for the millions of health workers who have worked with governments, nongovernmental organizations, civil society and partners to eradicate polio from the Region.   The direct benefit of polio eradication is clear in terms of lives saved and life-long disability prevented. It proves that such an achievement can also be reached for diseases such as measles and rubella. By preventing a debilitating disease, polio eradication helps to reduce poverty and gives children and their families a greater chance of leading healthy and productive lives.  But our vision must be larger than that. A myriad of diseases such as malaria, HIV/AIDS and tuberculosis, are now more common than vaccine preventable diseases. While we focus on continuing vaccinations for diseases that are on the decline, we should do more for prevention of all diseases.  We must learn from polio eradication and make use of the infrastructure, capacities and innovative strategies to combat other diseases.  Polio eradication programs have strengthened health systems. Health personnel and community workers have been trained and provided with critical equipment to improve vaccination and health services for other childhood diseases.   Comprehensive global laboratory and communication networks have been built and are being used for other diseases too. Most recently, they played a critical role in responding to avian influenza. Extensive networks of trained field staff and community health workers are in place to carry out surveillance and health education activities.   Development of health information systems and expansion of computer capacity have been substantial in developing countries. Polio immunization campaigns continue to combine vaccination with other critical health interventions such as mosquito-net distribution for malaria prevention, vitamin A supplementation, and de-worming treatments.  Most importantly, in the polio immunization drives, millions of vaccinators have been deployed to reach children who had never before been reached for any other health services; children who live in remote places, or hidden in urban slums, are on the move with their parents or being displaced by conflict and natural disasters.  Thanks to polio eradication, we now know where these children are who were difficult to reach and were missed in several polio campaigns in the early days. Now the polio program has already successfully reached them with polio drops and in every round. There is no excuse not to go back with other critical health services. We also gain access to their families and the entire community to provide information on a wide range of health measures, from how to have a safe birth, where to get access to tuberculosis treatment and how to prevent HIV infection.  Success in eradicating polio has required intensive community involvement. Working with local, traditional and religious leaders in advocating the benefits of the vaccination fights false perceptions and builds confidence in immunization. In 1978, Alma-Ata showed the importance of primary health care rooted in the community and attuned its economic, social and cultural aspirations. Through polio eradication, we want to establish the basis for such a primary health care system that can be used for prevention and treatment of other diseases.  Strong health systems must deliver quality preventive, curative and rehabilitative health services. Public private partnerships could be a pragmatic way to complement the efforts of the public sector. The Global Polio Eradication Initiative, with its founding members, WHO, Rotary International, UNICEF and the United States Centers for Disease Control and Prevention, now includes many other partners, such as the Bill and Melinda Gates Foundation, and has become one of the largest public-private partnerships the world has ever known. It serves as a model of how international, regional, national, local, public and private entities can work closely together to achieve common goals.  With its comprehensive and multidimensional approaches, the polio eradication program in the South-East Asia Region provides important lessons on how to overcome geographical, technological, social and financial barriers in health service delivery. This experience helps to promote universal health coverage and robust health systems. With its three dimensions of access, affordability and quality, universal health coverage may become the most important game changer in public health. Delivery of quality health services is possible through adequate production, management and training of health workforces all backed by appropriate infrastructure and functioning referral systems. Polio eradication stands as a very practical example.  On a larger scale beyond national health systems, through the synchronization of polio eradication activities, many countries have established new mechanisms for coordinating major cross-border health initiatives aimed at reaching the unreached, and which can be models for regional and international cooperation for health.  Completing the journey of polio eradication in the Region is just the beginning. Now we must use this polio victory to accelerate vaccine preventable disease control and strengthen health systems. Our collective vision must protect every child, everywhere, every time.  *The author is Regional Director, WHO South-East Asia*  *# # #*  [**India beats the odds, beats polio**](http://www.cnn.com/2014/03/22/health/india-end-of-polio/)  **CNN International / CNN.com**  **22 March**  <http://www.cnn.com/2014/03/22/health/india-end-of-polio/>  **Howrah District, India (CNN)** -- Rukhsar Khatoon is too young to fully grasp the significance of her life: that she is a last in a country of 1.2 billion people.  She has become the greatest symbol of India's valiant -- and successful -- effort to rid itself of a crippling and potentially deadly disease. Rukhsar, 4, is the final documented case of polio in India.  Her face has appeared in newspapers and on television. She's been invited to national events by Rotary International, the organization that led the effort to rid India of polio. She is a literal poster child, an inspiration, a symbol of a feat that no doctor or health official thought possible even a few years ago. But on Thursday, the [World Health Organization (WHO) officially certified India as being polio-free](http://www.cnn.com/2014/03/27/health/india-polio-3-years/).  Apart from the publicity, though, Rukhsar's life has hardly changed, her future still a question mark.  She is used to seeing health officials and reporters arrive on foot at her home in Shahpara, a village in the Indian state of West Bengal. On the day we visited, she dressed herself in a long green printed dress, marred only by a tear at the shoulder. She oiled her hair and pulled it back with plastic barrettes. She did it all herself when she learned we were on our way.  Her parents, Abdul Shah, 32, and Shobejan Begum, 30, blame themselves for their child's suffering. They had their other children vaccinated, but not Rukhsar. She was a sickly child, in and out of hospital with liver infections and diarrhea. They thought it safer not to subject her to more medication.  It wasn't until little Rukhsar's right foot swelled and twisted in early 2011 that her parents took her to a hospital in nearby Beleghata for tests. She was just 18 months old when doctors confirmed the worst: Rukhsar had polio.  Polio is caused by a virus that attacks the brain and spinal cord cells that move joints and muscles. About one-third of those who contract polio in India are left paralyzed -- as was Rukhsar.  "Everything was our fault," explains her father. "I thought she would never walk again."  **'Hell of a big deal'**  [When a global effort to end polio was launched in 1988](http://www.polioeradication.org/), the disease crippled more than 200,000 children every year in India. Almost two decades later, in 2009, India still reported half of the world's new cases -- 741 out of 1,604.  India has millions of poor and uneducated people. The population is booming. Large areas lack hygiene and good sanitation, and polio spreads through contaminated water. Many health experts predicted India would be the last country in the world to get rid of polio.  They were wrong.  Since Rukhsar's diagnosis three years ago, India has not seen another new case of polio. With the eradication of polio in India, WHO formally [proclaimed another one of its global regions -- Southeast Asia -- free of the disease.](http://www.searo.who.int/entity/immunization/topics/polio/eradication/sea-polio-free/en/) Afghanistan, Pakistan and Nigeria are the only three countries that have not eradicated polio, leaving the Eastern Mediterranean and Africa the last two WHO regions with the disease.  The last time WHO made a similar announcement was in 2002, when the European region was declared polio-free.  [Rotary International says the declaration is a milestone](https://www.rotary.org/myrotary/en/india-celebrates-three-years-without-polio) for a nation that was once the epicenter of the disease.  India's journey from 200,000 to zero has not been easy, says Deepak Kapur, a businessman who heads Rotary's polio campaign in India.  "It's a tremendous achievement," he says. "India is a hell of a big deal."  Kapur has been at the helm of India's campaign since 2001. When he started, he was told India was holding the world hostage, that the planet could not be polio-free until its second most populous nation had eliminated the disease.  The western part of Uttar Pradesh state was the worst, Kapur says. At one time, scientists documented that the single worst pocket of polio, the city of Moradabad, had exported the virus to every continent.  Now, Kapur says, the three remaining nations where polio still exists can learn from India.  **Three keys to success**  Western nations conquered polio so long ago that its name is unknown to younger generations.  [America experienced the height of polio in the 1940s and '50s](http://www.cdc.gov/polio/about/index.htm), when about 35,000 people became disabled every year. Fear and panic spread and parents were known to warn their children to not drink from public water fountains, avoid swimming pools and stay away from crowded public places like movie theaters. Perhaps the most famous case of polio in America was Franklin Delano Roosevelt, the first president with a significant physical disability.  The development of the Salk and Sabine vaccines helped lead to eradication of polio in the United States in 1979. In India, too, vaccination was critical.  "There were three keys to our success," Kapur says. "Immunize, immunize and immunize."  But the challenges in India went way beyond getting 170 million children vaccinated each year and needing 2 million health workers on the case. They went beyond securing $2.3 billion in government funding.  The oral vaccine must be kept cold, and many places in India do not have electricity -- and even those that do experience frequent power cuts. Each vaccine costs only 12 cents, but refrigerating them was a major problem, says Dr. Mathew Varghese, an orthopedic surgeon who runs India's last dedicated polio ward at St. Stephen's Hospital in New Delhi.  India was able to come up with innovative ideas -- like refrigerators powered by kerosene -- to get vaccinations to remote villages not unlike the one where Rukhsar lives.  And then there was the campaign to educate. Rumors had spread in Muslim communities about the polio vaccine. Some Muslims believed it made women infertile and that the Indian government was using it to curb a minority population.  To combat such false beliefs, health workers began a dialog with clerics. They were able to build trust and persuade the clerics to put drops of the vaccine in their own grandchildren's mouths so their followers could see nothing bad would happen.  For Varghese, all this means that the makeup of his polio ward has changed. The patients tend to be older now since there have been no new cases reported since 2011.  Varghese has operated on thousands of twisted and mangled bodies, on patients who are forced to crawl on all fours. Polio, he says, robs a person of dignity.  "It's terrible to have a childhood ruined," he says, inspecting the progress of Haseen Jahan. She's lived with polio 23 of her 25 years. She used to press her hand to her thigh when she walked, to keep her left leg down. Her left foot used to point outwards.  In her dreams she walked upright. In her dreams, she danced, even wore pants, something she was not able to do before because of the way her limbs were bent.  Varghese straightened her leg with his orthopedic surgical skills.  "I'll be able to walk straight," she says, laughing, "just like you."  Varghese moves on to the other polio patients occupying the 16 beds reserved for them at the missionary-run hospital. Some had knees that had twisted upward to their hips. Others could not even stand. When they leave here, they will embark on lives that were previously unimaginable.  "I would be happy to go out of business -- this kind of business," he says, though he knows he will be seeing polio patients until the day he retires. Half of India's 21 million physically disabled people are that way because of polio.  Varghese has never met Rukhsar. But he is relieved to know she is the last.  **Poster child**  In Shahpara, Rukhsar plays with her brothers and sisters and other children on the bone-dry earth, the dirt forming clouds beneath their feet. The effects of polio were not severe as they could have been, and after exhaustive therapy, Rukhsar is able to use her legs.  She is not unlike the other barefoot children in this village of palms and ponds except that she has a limp. Her right leg is shorter than her left, a condition that is common with polio patients. She complains that her right foot hurts when she runs and jumps.  Learning from their own mistake, Rukhsar's parents have become advocates for polio vaccinations in their part of the world. Shah is thankful his daughter was not left immobile, but still, he worries for her future.  He is a poor man, and like most men and women in this village, he makes about $40 a month embroidering saris -- far less than the brocaded and beaded garments sell for. He knows he must save money for future health care needs and do all he can to make sure Rukhsar is educated. He is certain he will face obstacles in finding a groom for a daughter with a disability.  America, too, had poster children for polio at a time when the country was racing to stamp out the disease. In the 1950s, two girls in matching gingham jumpers appeared in an anti-polio campaign. Pam was shown loosening her sister Patricia's leg brace.  They were faces, just like Rukhsar, of a disease that now is on the brink of global eradication. There is no cure for polio, but the two American sisters were able to overcome the crippling nature of the disease.  Now it's Rukhsar's turn to lead a full life. Without the interference of polio.  # # #  **The Secret To Polio Eradication In India**  **Forbes**  **15 March**  [http://www.forbes.com/sites/devinthorpe/2014/03/15/the-secret-to-polio-eradication-in-**india/**](http://www.forbes.com/sites/devinthorpe/2014/03/15/the-secret-to-polio-eradication-in-india/)  On March 27, 2014, the [World Health Organization](http://www.who.int/en/) (WHO) is expected to certify India as a polio free country, marking more than three years since the last case of polio there. While visiting India for this story as a guest of [Rotary International](https://www.rotary.org/), I stumbled upon a surprising secret—more about that later.  It is virtually impossible to convey the magnitude of the eradication of polio from India. Deepak Kapur, a business leader in New Delhi who has chaired Rotary’s National PolioPlus Committee in India since 2001, explained the challenges to me during my recent visit. He identified six major challenges that the country faced:  1. Population: The biggest challenge is the sheer scale of the project, needing to vaccinate 172 million children twice each year. Note that there are only seven countries with a total population greater than 172 million on the planet. 2. Population Density: On one immunization visit, Kapur noted 107 people living within a 30 square yard plot of land in shanties, literally taking sleeping shifts around the clock.  3. Insanitary Conditions: You can see refuse flowing in open sewers and otherwise abysmal sanitation conditions in many Indian communities, especially in Utter Pradesh and Bihar.  4. Impure Drinking Water: Many people in India still lack access to clean drinking water; they may be drawing water from shallow wells in places with no sewer system such that there is a constant intermingling of sewage and drinking water.  5. Malnourishment: Malnourished children don’t seem to get the same immunity from the vaccine that healthy children get. In the developed world, children receive three doses of the vaccine and gain immunity. Some Indian children have been infected with the virus after 18 documented doses.  6. Enteric diseases: Several communities in India have the highest incidence of enteric diseases in the world, meaning that the kids who received an oral dose of vaccine wouldn’t gain immunity due to diarrhea—the vaccine simply didn’t stay in the body long enough to do any good.  Without seeing, smelling and hearing these problems in person it is difficult to get a complete sense of the challenges. [Having been there, I can tell you that only having it done makes it seem possible.](https://twitter.com/intent/tweet?url=http%3A%2F%2Fonforb.es%2FOrdCm1&text=Having%20been%20there%2C%20I%20can%20tell%20you%20that%20only%20having%20it%20done%20makes%20it%20seem%20possible.%20%40endpolionow%20%40devindthorpe)  **The Secret:**  Sajjan Goenka, an entrepreneur and philanthropist in Mumbai who has been a member of Rotary since 1968 was the first person I interviewed in India for this story; he shared the surprising secret with me. He shocked me when he said, “We didn’t believe we could do it. I didn’t believe we could do it.” Kapur agreed, offering up the same observation after he enumerated all of the challenges to eradicating polio.  I expected bravado and chest thumping. I expected to hear that “we always knew we could do it.” In fact, a group of naïve, well-intentioned people got together and thought even though it would probably be impossible, it was important enough to try.  And so it—the eradication of polio from India—is done. In the 1980s, there were approximately 350,000 cases of polio every year worldwide, 150,000 in India. In 2013 there were just 403 cases of polio worldwide, none in India, according to a WHO report.  Goenka was the first to help me understand the early history of the fight against polio. In those early days in the 1980s, he explained, Rotary was virtually alone in the effort. He explained that the government was not investing in polio vaccines so Rotary funded and administered the first vaccination campaigns alone.  Over the years, the Centers for Disease Control (CDC), the WHO, UNICEF and the Indian Government all got involved. More recently, the Bill and Melinda Gates Foundation (BMGF) has added more than $1.5 billion to the fight in an effort to ensure that having come so far, the virus is finally defeated.  **The Vaccine:**  Dr. Sunil Bahl, Deputy Project Manager, National Polio Surveillance Project (NPSP), a joint project between the Indian Government and WHO, explained some of the technical challenges of the polio vaccine. There are—or were—three strains of Polio, commonly called P1, P2 and P3. For more than a generation, a “trivalent” vaccine that inoculated against all three strains was used.  In India, however, it was learned through the NPSP surveillance that the trivalent vaccine was not especially effective. Children weren’t gaining immunity. The last case in the world of P2 was reported in 1999, so thereafter it was no longer necessary to immunize against it. So, in 2005, the country began using “monovalent” vaccines that inoculated against just one strain. The results were immediately apparent. When the P1 vaccine was used, cases of P1 dropped significantly, but cases of P3 would rise.  A “bivalent” vaccine had not been developed or used prior to that point. The bivalent vaccine was developed in 2009 and it is now used around the world. Its efficacy is comparable to the monovalent vaccines—much better than the trivalent vaccine—and it covers the last two strains.  Dr. Jay Wenger, a Director of Global Development at the BMFG who previously worked with Dr. Bahl, explained that the last reported case of P3 occurred just over one year ago. Only P1 appears to be surviving today.  **Government of India:**  Everyone I spoke with was quick to give the ultimate credit for success in India to the Indian Government. When I met with Anaradha Gupta, An Additional Secretary in the Ministry of Health and Family Welfare who serves as the Mission Director of the National Rural Health Mission (NRHM), leading the polio fight for the Indian Government, I was impressed that I had found the person responsible for finally snuffing the life out of polio in India.  Gupta earned an MBA in Australia and has done executive education at both Stanford and Harvard. It showed. She spoke the language of an MBA, focused on process and outcomes. When she took office in 2009, India had 741 cases of polio. In 2010, there were just 42 cases, with the last case of polio in India reported in January 2011.  She explained that early in her tenure, she faced a difficult decision. The World Bank was prepared to provide funding for vaccines in 2010. The loan would come with strings attached. One of the strings was that vaccines were to be purchased from WHO prequalified manufacturers, who were not yet prepared to produce the vaccine at the scale required for India. Gupta decided to source the vaccine locally in India from high-quality, but non-WHO-prequalified who met India’s “Good Manufacturing Practices.” The impact of that decision is evident in the dramatic decline in cases from 2009 to 2010 and 2011. “We saw amazing results,” she exclaimed.  The other key, she says, was the programmatic effort to ensure that every single child was immunized. The goal was to reach every single child. Her data indicates that they in fact reached 99.7 percent of the children under five in the country. “We started to get data of every household that was missed,” she explained.  **National Immunization Days:**  The government organizes, with help from Rotary, WHO, and UNICEF, two National Immunization Days (NIDs) each year. On these days, all 172 million children are immunized. Volunteers from Rotary work side-by-side with health care workers to stand up immunization booths in every community in the country. In the days leading up to the event, all sorts of promotion is done.  Scott Leckman, a cancer surgeon from the Salt Lake Rotary Club (my club) has been visiting India every year for the past five years to help with the NIDs. He noted that on the day before the NID, he works with local Rotary clubs to distribute flyers around the community to alert people to the place and time for the NID booth in the community the following day.  When I visited India, I was able to observe a rally with about 100 Rotarians, many local, plus groups from Tokyo Japan and Devon, England, along with 300 primary and secondary school students. The group, with visiting Rotarians riding horses, a marching band playing, marched through the neighborhood for two hours waving signs and banners announcing the NID place and time.  On the actual day of the event, I visited three booths operating in strategically different ways. The first stationary booth was, as it was explained, the most common sort. Set up under a simple awning, Rotary volunteers working with health workers began immunizing children with two drops of the oral vaccine early in the morning. Each child immunized would receive a toy ball. Given the incentive, it was not surprising to see that most of the young people were accompanied by modestly older siblings; six-year-olds dragged their four-year-old brothers and sisters to get inoculated in order to get the toy ball. When children were immunized, their pinkies were marked with a pen using the same ink used to mark adult fingers after voting in an election here in India. This not only prevents children from being immunized multiple times for the sake of toys, but also allows for the “mop-up” teams who go house-to-house following the NID to find the children who weren’t immunized.  On the NID, there are also mobile units that drive around setting up shop quickly and then moving on after immunizing the children in the immediate area.  The third focus of the NID is transit stations; booths are set up in train stations. The workers and volunteers there not only invite children passing through the stations be immunized, but also board the trains when they stop in the station to look for children who need to be immunized and give them their drops right on the train.  Leckman shared with me an anecdote from his 2009 trip with 16 Salt Lake Rotarians to India to help with the NID.  After doing the immunizations and walking back to the bus. I’m kind of walking by myself and this Indian guy about my age on a bike was passing by and jumps off and starts walking with me.  He says, “Where are you from?”  I say, “The United States.”  “What are you doing here?”  “I’m with Rotary and we’re immunizing kids against polio.”  “Well, what do you get out of it?”  I said, “A world without polio.”  He thought about it for a moment and simply replied, “Namaste,” which is to say, I recognize the divinity within you. Then he got back on his bike and rode away.  **Polio’s Impact:**  Since Rotary launched its effort to eradicate polio in 1985, approximately 10 million cases of polio have been prevented. For many in the developed world, however, that is a statistic without much meaning. Few people younger than 50 even know of anyone personally who was afflicted with polio-related paralysis.  During my visit to Delhi, I visited St. Stephen’s Hospital, which operates the only dedicated polio ward in India. The program is led by Dr. Mathew Varghese, who gave us a tour of the ward.  Polio frequently paralyzes the lower limbs and most often impacts those with little economic means, leaving them in the humiliating position of being forced to crawl. The kids who grow up crawling end up with permanent deformities. The following video shows one of Dr. Varghese’s patients crawling before treatment.  Dr. Varghese accepts every patient who comes to him, regardless of ability to pay. Over the last decade, he boasts enthusiastically, that his patients are getting older and older. Virtually all of his patients are now over 15. He performs surgeries that allow children who crawl, to stand and walk in braces or calipers. Some children have had paralysis on only one leg. One outcome is that the affected leg is shorter than the other leg. Dr. Varghese provides surgery to lengthen the leg one millimeter per day. This allows patients to get out of orthopedic shoes and sometimes to eliminate the need for crutches or even a cane.  In recent years, the ward has received some financial support from Rotary.  **The History of Rotary’s Fight to End Polio:**  One of the highlights of my visit to India, was a meeting with Raja Saboo, who at the age of 80 interrupted his planning for a humanitarian mission to Rwanda, to visit with me.  Saboo served as the President of Rotary International in 1991-92; he joined Rotary in 1961. As a young man, he met Mahatma Gandhi and as an adult met Mother Teresa several times. In 1992, he visited South Africa in his official capacity as the President of Rotary International. He was surprised to be invited to meet with President F. W. de Klerk. After a brief introduction, the South African President invited Saboo to stand with him at a press conference where he announced the end to apartheid.  Saboo, who served on the Rotary International Board beginning before the decision to make polio Rotary’s global effort, was able to provide a historical perspective.  Individual Rotary clubs were engaging in the fight against polio by the late 1970s, but this work was all being done at the club level and not at the international level.  Sir Clem Renouf of Australia served as the president of Rotary in 1978 and 1979 was the first to identify polio as a potential large scale project for Rotary. In 1981, Rotary decided approve a proposal to “immunize the children of the world against polio by 2005, when Rotary would be celebrating its 100 years. In 1988, the goal was rephrased as the eradication of polio, a difference that may be viewed as symbolic, but was actually a significant leap. No longer would success be judged by Rotary’s effort, but by the outcome.  When Rotary first estimated the cost of the program, Saboo said, the organization estimated the cost would be $25 million. They quickly realized that the cost would be much higher, estimating that it would be at least $120 million. In 1988, Rotary International raised $240 million to kick off the effort in earnest.  More than $10 billion has been spent to date to end polio with a budget of approximately $5 billion pending for the “Endgame Strategic Plan.”  Saboo played a key role in managing one of the biggest challenges of the immunization campaign. Some people in the Muslim community were especially resistant to efforts to immunize their children. Saboo visited a community where five families were specifically identified who were refusing to have their children vaccinated. During the visit, Saboo noticed a small child crawling on the ground in a classic polio afflicted way. He recognized that the child needed polio corrective surgery. He organized an effort to have this child and other children in the area receive the needed surgeries. This helped to soften the resistance to immunizations.  **Public Relations:**  In India, managing the challenge of public relations is the primary responsibility of UNICEF. During my visit, I sat down with Nicole Deutsch, Chief of Polio with the UNICEF India Country Office.  “UNICEF’s role is primarily on the social mobilization and communications side; this is about creating demand for the vaccination and raising awareness about its benefits,” Deutsch explained. Deutsch noted that she previously worked in Nigeria on polio and that while there, they used the “India Model” of communication for building community support.  Much of the focus is on bringing in influential leaders, like religious and local political leaders and doctors to participate in local functions to establish credibility for the immunizations.  “Branding was a big thing in India; so anytime people saw the pink and yellow they knew a campaign was being announced,” she explained. She highlighted the use of celebrities as spokespeople for the campaign across all sorts of media, including text messages.  “At one point it became obvious that there were certain communities that were being repeatedly missed or had distrust. Working with Islamic leaders and imams really helped turn things around. They were a major force in getting community buy in and support for this. Rotary had actually done a council of Ulemas to meet one time,” she noted.  Deutsch made it clear that the success in India came down to creating a universal understanding and agreement important among local and national government and among religious leaders that immunizations were. Everyone took ownership of the program within their particular responsibility.  **The Legacy of the Polio Campaign:**  With the eradication of polio in India and the imminent end of polio globally, it may be too early to look at what’s next, but it is clear that the 30 year effort to end polio has proven a few things. Most importantly, we can see that there is a way for humankind to do extraordinary things. In many ways, ending polio has proven to be a much greater challenge than going to the moon and yet we can predict reasonably that the final case of polio in human history will be reported in the next twelve to 18 months.  Dr. Wenger from the BMGF explained the Foundation’s hope that the “personnel and machinery used for the eradication of polio will be used for other things,” like routine immunizations for DTP and measles.  “In India especially—when I was there in early 2002, the routine immunization coverage in Bihar was about 10 percent, so only 10 or 11 percent of kids were getting the vaccines they were supposed to get. After years of working on that not just with the polio folks—with other groups too—now 70 or 80 percent of children are getting vaccinated,” Dr. Wenger explained.  “We think that is a huge piece of the polio legacy to see that the infrastructure is used to help other health goals. That is a huge benefit of eradication,” Dr. Wenger said.  “The challenges in India were so stunning. You could really go to places in India and find thousands of kids living on top of each other without any sanitation and who were getting no health care. We would run into some areas where the only thing people were getting from outside was the polio vaccine. In a way, this is sort of sad. In some ways, it was evidence of the reach of the polio program.”  He noted that the NIDs required two million volunteers. “That’s a huge commitment and buy in by the population. Once you’ve done that for something, you should be able to extend that to other things. That would be the real benefit of polio eradication, even bigger than the bottom line thing of getting rid of polio,” Dr. Wenger concluded.  # # #  **Polio eradication effort sees progress, but problems remain**  **The Lancet**  **15 March (published online on 13 March)**  WHO looks set to declare its southeast Asia region polio-free at the end of this month. But progress is faltering in other regions with the remaining polio-endemic countries. John Maurice reports.  If a country's population could give a sigh of relief, the sound from India on Jan 13, 2014, would have been deafening. On that day, India celebrated 3 years without a single case of polio caused by the wild polio virus, thereby meeting WHO's criterion for polio-free certification and becoming the last of the 11 countries of WHO's South-East Asia Region to do so. On March 27, 2014, a meeting in New Delhi of the regional Certification Commission is expected to declare polio officially eradicated from the entire region, which will then join the three other polio-free WHO regions—of the Americas, Western Pacific, and Europe—leaving Africa and the Eastern Mediterranean to finish the job and cast the poliovirus into the same chapter of history as the smallpox virus.  **Inspirational India**  Many polio watchers were amazed at India's achievement. “Nearly everybody regarded India as a country impossible to rid itself of polio”, says Carol Pandak, who heads the PolioPlus project of Rotary International, a major partner in the Global Polio Eradication Initiative (GPEI) and a powerful grassroots participant in India's anti-polio drive. “Just think, when the eradication initiative began in 1988, there were 350 000 new cases of polio every year in 125 countries and just one of those countries, India, accounted for about half of those cases. Just think, too, of the huge population of India, of its large migrant groups on the move from one place to another, of the poor sanitary conditions in so many places, and of the geographical and social barriers to finding and reaching children to be vaccinated. At one point, we really wondered if it would be possible to complete the job.”  Margaret Chan, WHO Director-General, was also impressed: “India has shown the world that there is no such thing as impossible. This is likely the greatest lesson and the greatest inspiration for the rest of the world.” Bruce Aylward, WHO Assistant Director-General and longstanding GPEI helmsman, attributes India's achievement to three factors: “Perseverance, for a start. Perseverance in getting community leaders to engage, in continually adapting strategies to the shifting realities, in going back again and again to be sure every child was getting the vaccine, and, most important, believing, unwaveringly, that the job could be completed.” A second factor was accountability. “The Indian officials put in place mechanisms to hold people accountable for their actions—district magistrates, vaccinator teams, parents, you name it.” Innovation was the third factor. “Huge innovation in every way imaginable. Innovative trials on different polio vaccines, marking children's fingers and their houses after vaccination, training 2·3 million vaccinators, convincing religious leaders to support vaccination.”  **So near, yet so far**  The demographic implications of India's victory over polio are immense. If southeast Asia is declared free of polio on March 27, the current 52% of the world's population free of polio will increase to 78%. Jumping to 100% means freeing the remaining two regions of polio, Africa and the eastern Mediterranean, which encompass the three countries in the world where polio is still endemic—Nigeria, Afghanistan, and Pakistan. The combined population of these three countries—400 million people—amounts to 6% of the world's population. That doesn't sound a lot but polio eradicators have over the past become inured to living in a frustratingly “so near and yet so far” situation. Today, of the three countries, Nigeria and Afghanistan are on the “near” side and Pakistan, the “far” side.  Over the past 12 months, Nigeria has recorded 42 cases versus 104 over the previous 12 months (and only six cases since Sept 5, 2013). “That decline”, Aylward says, “reflects a significant increase in the numbers of people being vaccinated. For the first time, 80% of children received at least three doses of oral polio vaccine in each of the eight high-risk states across northern Nigeria.” Case numbers are going down steadily, despite the murders, attributed to Boko Haram insurgents, of nine female polio vaccinators in northern Nigeria early last year. Case numbers are also declining in Afghanistan, with 16 cases recorded over the past 12 months versus 33 in the previous 12 months. “This drop”, says Aylward, “is linked to successful immunisation efforts in the Helmand and Kandahar provinces, in the southern part of the country, where the Taliban have been traditionally entrenched. Both countries are on track for eradication.”  **Problems in Pakistan**  By contrast, polio in Pakistan has become a nightmare for Pakistani health officials and for the global eradication programme. Over the past 12 months, 112 cases were reported there versus 49 in the previous 12 months. The increase is not surprising, given the context: more than 40 vaccination staff have been killed since July, 2012, allegedly by Taliban fighters. In the North Waziristan Agency of the Federally Administered Tribal Areas local leaders have banned immunisation campaigns since June, 2012. “No immunisation means no eradication”, Aylward says. “And already there is evidence of cross-border spread of the virus from Pakistan into Afghanistan. Last year, a Pakistan strain of poliovirus was detected in sewage samples from Egypt, Israel, the West Bank and the Gaza Strip, and exploded into an outbreak in Syria in late 2013.” The Independent Monitoring Board that keeps WHO Director-General Margaret Chan abreast of progress, or lack of it, in eradicating polio, pulled no punches in its Feb 26 report: “The current situation in Pakistan is a powder keg that could ignite widespread polio transmission…The new government has been slow to grasp the fundamental seriousness of the situation. If the current trend continues, Pakistan will be the last place on earth in which polio exists.”  How to surmount the Pakistan hurdle? Aylward explains: “First, the murder of health workers has to stop and those responsible must be held accountable. Who pulled the trigger or said that the trigger should be pulled? Then, vaccination has to resume in Waziristan. And that means working out with the Waziri leaders how to get their children vaccinated. Then the full assistance of the Pakistan military is needed to make sure that vaccination can be done safely, especially in the many, large conflict areas.”  **Other outbreaks**  The programme's worries, however, go beyond the three endemic countries. Last year was marked by a rash of outbreaks in five countries that had been free of polio—Cameroon, Kenya, Ethiopia, Somalia, and Syria. Of the 240 cases in these reinfected countries, 199 occurred in the Horn of Africa (Somalia, Kenya, and Ethiopia) and were caused by a virus imported from Nigeria. As *The Lancet* went to press, the outbreaks are continuing, but slowing down, thanks to the firewalling of infected areas with massive vaccination campaigns over a period of 18 weeks (seven rounds in Somalia and more than 3 million children vaccinated in Syria, despite the difficulty of reaching children in the conflict-ravaged areas of the country).  **The race is on**  Not all, though, is gloom-and-doom. Of the three poliovirus strains, the type 2 strain, last seen in 1999, has been eradicated. The third (type 3) strain, last seen in Nigeria in November, 2012, may also have been eradicated. If only type 1 remains, global eradication could be more easily achieved. A further boost to GPEI morale comes from the announcement, on Feb 28, of an agreement by vaccine manufacturers to supply the injectable polio vaccine (IPV) for less than US$1 per dose for the 73 low-income countries eligible for support by the GAVI Alliance, a public-private partnership. The oral polio vaccine (OPV), which has been the vaccine of choice since the start of the programme and has proved highly effective, carries attenuated live poliovirus that occasionally becomes active and spreads the infection. The IPV uses totally inactivated virus that cannot spread and will therefore be a safer tool for the post-eradication strategy. “The race is now on to get all countries using the IPV in order to accelerate the eradication process and—eventually, after eradication—to stop using OPV”, says Aylward.  The race is also against time, against donor fatigue, against the fatigue of parents opening their doors to vaccinators time and time again, against the violence perpetrated on vaccinators, and—perhaps most importantly—against a virus that may still be lurking, even in countries freed of polio, in places where children have not been adequately vaccinated. Successes, such as the India triumph, certainly fire hopes of reaching the ultimate goal. But the GPEI certainly won't be resting on the laurels of these successes.  # # #  **An End to Polio in India**  **The New York Times**  [**http://opinionator.blogs.nytimes.com/2014/03/05/an-end-to-polio-in-india/?\_php=true&\_type=blogs&\_r=0**](http://opinionator.blogs.nytimes.com/2014/03/05/an-end-to-polio-in-india/?_php=true&_type=blogs&_r=0)  **5 March**  ALIGARH, INDIA — On Jan. 13, 2011, a case of polio was discovered in the Indian state of West Bengal. India has been a hotbed of polio, often exporting strains to polio-free countries such as China. What’s remarkable is that this case, three years ago, may be the last ever discovered in India. This year, the World Health Organization (W.H.O.) will officially remove India from its list of polio-endemic countries, leaving just Afghanistan, Pakistan and Nigeria.  India’s routine immunization rates — for measles, rubella hepatitis B, TB and the like — were last recorded in 2009 at 61 percent nationally. India accounts for a third of the world’s measles deaths. Public health is dismal, and India’s per-capita spending on health care is among the lowest in the world. Yet with polio, India achieved 95 percent coverage.  The success of India’s polio effort has turned it into a blueprint for large-scale health campaigns. Now India is using what it did with polio to boost rates of routine vaccinations.  The Global Polio Eradication Initiative began in 1988 as a huge partnership among Unicef, the World Health Organization, the Centers for Disease Control and Prevention and Rotary International. Each organization took on a different job and this continues today as the focus broadens from just polio to all routine immunizations. Unicef handles communications, makes posters and banners, and ensures that the “word” spreads about the campaign, even if it’s through old-school techniques like hauling loudspeakers on a rickshaw through the city center.  The W.H.O. is the data machine, responsible for tracking the virus, collecting stool samples of possible cases and studying the data for any gaps. Rotary International has a Delhi-based team, the National PolioPlus Office, with regional and city-level tentacles to execute polio vaccinations four times a year during National Immunization Days (more days for high-risk areas). Globally, Rotary has been the cheerleader of the campaign, raising funds and keeping the issue in the spotlight.  One reason the campaign succeeded is that it was built to learn from its mistakes. “We’ve refined this machine repeatedly. That’s what the polio campaign was about, learning, making changes, and retuning it,” said Dr. Sunil Bahl, a technical adviser to the National Polio Surveillance Project, a collaboration between the W.H.O. and the Indian government.  The Indian government has pitched in over $2 billion to the campaign; other polio-endemic countries have not gotten this kind of financial support. But the government went beyond money. It collaborated in building an infrastructure that collected data at the smallest possible level, powered by the input of over 2.3 million health workers nationally.  In one immunization round for polio, over 170 million children under the age of 5 are vaccinated in the country. On the first day, booths are set up throughout the communities, and families are expected to bring their children. Stationed next to a hole-in-the-wall shop, selling grains, chewing gum and biscuits is a “booth”: a rickety table, with a banner strung above it in the iconic yellow — a color that’s become synonymous with polio vaccination.  Health workers, usually women, stand at the booths for eight hours to ensure that every child in the neighborhood is vaccinated. The vaccinated children are marked on the nail of their pinky with black ink. The following day, the health workers search for missed children by going door-to-door, carrying the vaccine in an icebox.  At the W.H.O. office in Aligarh — with its 3.6 million people, it passes for a small city in India — Dr. Rakesh Vishwakarma, a W.H.O. regional supervisor, pulls out notebook after notebook of detailed notes for polio surveillance. Aligarh is in the troublesome region of Uttar Pradesh, once an epicenter of polio. The notebooks are filled with catalogs of households, numbers of visits by health workers, availability of the vaccine, validity of the cold chain — all carefully recorded in English and Hindi.  “We collect the data, identify gaps, and give it to the government to make decisions,” Dr. Vishwakarma says, pointing to multicolored maps and meticulous charts taped to the wall. Every village in the district is accounted for and marked by percentage of children immunized. Red pins mark stool samplings, which are collected to track the virus, and ensure that any cases of acute flaccid paralysis, or limp limbs, are diagnosed properly. Flaccid paralysis is not necessarily polio; weakness in the muscle can be caused by other pathogens. The W.H.O. checks each case of paralysis to be sure it’s not polio.  Dr. Vishwakarma’s job is tiring, illustrating the depth and breadth of the polio surveillance effort. Based in Agra, he travels daily across Western Uttar Pradesh; he monitors 12 districts of the state, which cover a distance of about 125 miles from Delhi to Agra. His days begin at 5 a.m. and he retires at 10 p.m., after endless cups of tea with local officials, shadowing health workers, combing through stacks of data and overseeing surveillance efforts at regional offices.  “I cannot miss any details,” he says. “That’s where the solution lies. That’s why I’m constantly on the move.”  That data then goes to the district task forces for immunization, consisting of the district magistrate (or local mayor), chief medical officer, Unicef and W.H.O. regional officers. They use it to design the next steps to improve coverage.  The philosophy for the polio campaign was, Dr. Bahl says, “Who have we missed? Why have we missed them? Why did they not take the vaccine? And we constantly looked at the data to help us.”  These are the questions that help the polio team identify high instances of polio in Muslim populations and migrant communities, earlier. For instance, in 2006, 676 cases of polio were reported; 548 were in Uttar Pradesh, and nearly 60 percent of those afflicted by the virus were Muslim — an anomaly given that Muslims constitute only 13 percent of India’s population.  “It was because we had the data that we could pinpoint the problem,” Dr. Bahl says.  All the data in the world, however, would mean little if India had not had armies of health care workers to act on it. India has over 850,000 accredited social health workers, who are part of the National Rural Health Mission, a government initiative to improve rural health care. Their primary focus is maternal care, going house to house informing pregnant women of prenatal and neonatal care — work for which they receive 75 rupees a day (roughly $1.25). In order to become an ASHA worker, they must attend training sessions, for which they’re compensated 15 rupees (about 25 cents). “And they come!” says Dr. Vishwakarma. “So you know they’re not doing it just for the money.”  Accredited social health workers have added vaccinations to their to-do list, conducting polio vaccinations and educating moms-to-be on the importance of immunizations. The social health workers are trained and supervised by auxiliary nurse midwives. And they’re often accompanied by Anganwadi workers. The Anganwadi are hired by the Department of Social Welfare, and are responsible for the overall well-being of the community, not just health. At the polio booths in Aligarh, they accompany the health workers to hand out panjiri, a dry mixture of fat, carbs and sugar, part of a government scheme to provide nutrition to children.  The health workers are more than just vaccinators, Dr. Bahl says. “They should know how to engage with families, encourage them to practice good hygiene and be able to answer any questions.”  Communication — Unicef’s job — is the last key pillar of the polio campaign. It goes beyond just fliers, banners and announcements. Previously, when Muslim communities refused the vaccine — on the grounds that the vaccine was designed to make their children sterile — communication became critical. “At the local level, we had to work with the ulema [Muslim clerics], to correct this message,” said Dr. Bahl. By collaborating with local leaders, Unicef found a new venue to preach the message of good health: the mosque. And it was the health workers who took that message further, by carrying letters, written and signed by local Muslim clerics, urging families to have their children inoculated.  All of these pillars are now being adapted for routine immunizations as the focus shifts. While polio immunization rounds will not stop to avoid any new outbreaks of polio, they may be tapered down, occurring only twice a year nationally, says Deepak Kapur, the chairman of India’s National Polio Committee.  From 2010 to 2012, India conducted its first national campaign for measles. Over 119 million children between the ages of 9 months and 10 years were inoculated. And in 2013, the government of India initiated special immunization weeks, much like the National Immunization Days for polio vaccinations. “The N.I.D.s became synonymous with polio,” says Mr. Kapur. They’re hoping for the same with routine immunizations.  There is one problem the polio campaign never managed to solve: the immunization card. Keeping physical records of immunizations is still a challenge in a hot, dusty and rainy climate where the paper cards are damaged easily and locals fail to see value in the document.  In Akrabad, 15 miles outside of Aligarh, there’s a small village, a grouping of 30 homes. Dr. Vishwakarma walks door-to-door here with the health workers; at one house, he pauses, hearing a 2-year-old cry. His mother appears out of the kitchen to get her child. Dr. Vishwakarma turns to her and asks if he can see her son’s immunization card. She pulls out a paper pamphlet, crinkled and torn at the edges. It’s barely filled out, missing critical information.  “Where do you keep this?” he asks.  She points to a ledge, out in the open. He shakes his head.  “Keep this somewhere safe. Where do you keep your money? Keep it there. It’s as valuable.”  # # #1284 |
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