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Time to reconsider polio eradication in Nigeria and other nations

By Rudy Owens

By the end of 2009, the Bill & Melinda Gates Foundation had dedicated more than $815 million to longstanding global efforts to vanquish polio, a disease that can cause paralysis and death.

Though well intentioned, funding to eradicate the poliovirus is steering money from poverty-reduction interventions and existing but underused measures that strengthen local health systems. Combined, these could save millions of lives.

The Gates Foundation and leaders of the Global Polio Eradication Initiative (GPEI) need to rethink this dream. Instead, they should develop a polio containment strategy in high-incidence countries like Nigeria and boost funding for critical health needs in Sub-Saharan African and South Asian nations where the poliovirus remains endemic and could spread.

In 1988, the World Health Organization (WHO) launched its campaign to eradicate the poliovirus by 2000. Promises of its demise came and went. Efforts costing $8.2 billion have reduced its incidence 99 percent.

The WHO reports as of October, the number of wild poliovirus cases worldwide in 2010 was 717, down from 1,917 in 2006, but close to the count in 2000. Nigeria has counted eight cases in 2010, compared to 1,122 in 2006.

Yet, polio's final defeat always has eluded experts. Scientists since the late 1990s have said the campaign would never work and polio would stay entrenched in countries like Nigeria. One reason is the virus used in the most common vaccine, the Sabin oral polio vaccine (OPV), can in rare cases regain its ability to circulate and cause an outbreak.

The Gates Foundation and its partners think this war can be won by 2013. The foundation backs new vaccines and antiviral drugs, targeting all three polioviruses. The foundation's strategy, biased on "technology-based solutions," supports vaccination campaigns and surveillance in countries like Nigeria. The foundation also funds the GPEI with Rotary International, UNICEF, WHO, and the U.S. Centers for Disease Control and Prevention.

Critics of this well-meaning effort rightly argue this “vertical” strategy, targeting a specific disease, has drawn and will continue drawing resources from comprehensive public health system improvements and poverty reduction programs.

Instead, international partners, including the influential Gates Foundation, should promote health interventions that are more “horizontal.” These include better hygiene, clean water, mass immunizations, nutrition programs, and basic education in developing nations.

The Millennium Development Goals (MDG) set by the United Nations (UN) in 2000 to reduce poverty and improve health globally call for reducing child mortality by two-thirds by 2015. As of 2010, only 10 of 67 countries with high child mortality rates are on track to meet the MDG goals, according to the UN’s 2010 update.

That report notes malnutrition accounted for more than one-third of the nearly 9 million deaths worldwide of kids five and under. Low-cost prevention and treatment measures, says the UN, could have saved most of these lives. Sadly nearly 800,000 Nigerian children under five die annually, the second highest rate of any nation in the world, according to UNICEF’s 2009 count.

The campaign that eradicated smallpox in 1979 also offers lessons. International aid was $100 million. Recipient nations spent $200 million of their own funds—a scenario many say will repeat with the current polio strategy. The WHO notes that in many African nations like Nigeria, government spending on health is less than 5 percent of all outlays. It is unlikely countries like Nigeria can pay for polio eradication and other efforts like reducing child mortality from malnutrition.

Eradication also remains problematic in Nigeria. In 2008, the WHO issued a warning Nigeria posed a risk to the entire global effort. Some Nigerian Islamic leaders in 2003-04 claimed the vaccine was a Western plot to sterilize Muslims. Vaccinations in some states stopped for a year, and the disease spread to 20 countries.

Local suspicions were well grounded. Poor Nigerians, whose children were dying from malnutrition, measles, and other less-glamorous illnesses, did not understand the door-to-door campaign to deliver the free OPV when they could not afford most medicines.

Today, scientists who worked on the polio campaign are skeptical that polio can be eradicated in Nigeria and other nations. They worry falsely raised hopes could harm future international vaccination efforts.

On Oct. 25, 2010, Dr. Bruce Aylward, head of the WHO's polio eradication efforts, cautiously told the BBC that a new oral vaccine trial showed promise: "The goal we're after is where no child is ever again paralyzed by this disease, and we're in sight now."

Eleven years earlier, on Dec. 18, 1999, a Seattle Times story on Aylward and polio eradication ran the headline: "Closing in on polio—health officials look to eradicate crippling disease worldwide by end of 2000."

Those intervening 11 years saw millions of children die from preventable diseases. It is time to rethink the polio endgame and reallocate resources from the eradication campaign to low-tech, known solutions that can immediately save lives in countries like Nigeria.