Chapter 11

The Legacies of the Western Pacific Region’s Polio Eradication Initiative
The true importance of great achievements often becomes apparent only some time later, with the benefit of hindsight. It is probably too early, one year after polio-free certification of the Western Pacific Region, to attempt more than the simplest overview of the ways in which the polio eradication initiative in the Region has contributed to the world. Moreover, polio eradication cannot truly be viewed as a regional endeavour: the ultimate success of all the efforts and achievements in the Western Pacific Region depends on the world as a whole reaching and sustaining polio-free status until immunization against polio can be stopped. Only then will the greatest benefits of polio eradication work in every country be realized.

Nevertheless, it is possible – even at this early stage – to recognize some important outcomes of the polio eradication work in the Western Pacific Region. These benefit the Region itself in numerous ways, as well as providing helpful direction to polio eradication work in other parts of the world. Broader lessons from the polio eradication work everywhere are also of interest in the Western Pacific Region.

**Benefits for the Western Pacific Region of the polio eradication initiative**

The most important benefit for the Western Pacific Region in having achieved polio-free status is the tens of thousands of children spared paralysis and death each year, and the families who will not have to mourn or care for victims of polio. In economic terms alone that adds up to huge savings; the human benefits are even greater.

In some areas, polio eradication activities had a direct impact on other health problems too, by the provision of vitamin A and immunizations other than OPV during supplementary immunization activities.

Other benefits relate to the increased enthusiasm, support and funding, from a wide range of sources outside the health sector, for the Expanded Programme on Immunization and health programmes in general. Polio eradication work has excited the imagination
and tapped the energy of millions of volunteers, as well as political and societal leaders at all levels. It has also attracted large amounts of money and many valuable donations in kind, which may otherwise not have been available for health-related projects.

The skills in epidemiology and management gained by large numbers of health staff in the Region through their involvement in the polio eradication work can be – in many cases have already begun to be – utilized in other programmes for disease control or elimination. As seen earlier with smallpox eradication, having been involved in a successful public health endeavour on a huge scale leaves a cohort of workers with vision, confidence and almost missionary zeal – an invaluable asset to any organization.

The surveillance system set up for acute flaccid paralysis, and the network of laboratories which has been developed with experience in a regional endeavour, can also be used to advantage in programmes for the control of other diseases, such as measles and neonatal tetanus.

Lessons learnt in the Western Pacific Region about polio eradication

“The Americas showed the world roughly how to eradicate polio from a region; the Western Pacific gave the detail” is a statement heard from many of those who know global polio eradication work well. Building on
the successful strategies of the Americas, it is widely acknowledged that the Western Pacific Region led the way in developing those into more precise instruments adapted for a wider range of conditions.

The process of learning about polio eradication in the Western Pacific Region has been a major theme of this book. It is, however, worth highlighting here just a few of the innovations that were made in this vast and diverse Region.

The early shortage of vaccine for supplementary immunization activities meant that they had to be planned much more carefully. Precise calculations of numbers of children in target age groups and areas were necessary and were pioneered in the Region, as was the strategy of adjusting the target age group based on local epidemiological data.

The formula for the implementation of national immunization days was adjusted according to local circumstances: for example, sequential rounds in different areas to allow for improved supervision of vaccinating teams. Schedules for routine immunization were also adapted, shaped by the campaign approach used in NIDs, with some very remote areas receiving outreach visits four to six times a year rather than continuous service.

The high degree of integration of the acute flaccid paralysis and laboratory arms of the surveillance system developed in the Western Pacific Region was exemplary and crucial for the success of the polio eradication initiative. The laboratory accreditation system was first applied in the Region. The tools of molecular epidemiology were used to good effect in the later stages of the polio eradication initiative in the Region, and helped develop the understanding of the concept of “reservoir” and “indicator” communities. Additional fine-tuning methods, such as the search for “zero-dose” (unimmunized) children, were developed during the final stages of the initiative in the Region.

The surveillance system as a whole was thus able to function as the “eyes” of the programme in the later phases of the initiative, efficiently guiding supplementary immunization activities. In such ways, the polio eradication initiative was able to effectively identify, and extend services to, communities which had been systematically missed by other health care providers.

The process of certification was more stringent in the Western Pacific Region than it had been in the Americas, and set a very high standard for other regions to follow. The continuation of the certifying institutions in the post-certification period helped the Region to maintain focus, further the work of laboratory containment of poliovirus, and reach for still higher standards.
**Broader lessons of the polio eradication initiative**

The story of the world’s efforts to eradicate polio is the story of learning to work together in unity. It is a story of science, but more so, of people. In trying to detect the poliovirus wherever it circulates, health services have had to learn to reach people traditionally beyond their scope – the most isolated, marginalized or non-participating groups in each society. The fate of such groups is intimately bound up with that of the rest of the world – a fact we overlook at our peril. The polio eradication initiative forces a realization and an acknowledgement of our interconnectedness, which in itself may be the most important legacy of the whole endeavour.