

Chairman Kingston, members of the Subcommittee, Rotary International appreciates this opportunity to submit testimony in support of the polio eradication activities of the U. S. Centers for Disease Control and Prevention (CDC). Chairman Kingston, two weeks ago you remarked on the “modern miracle” of polio eradication which we in the United States take for granted. You noted the outstanding leadership of the Centers for Disease Control and Prevention, Rotary International, and other partners in this achievement. Mr. Chairman, I thank you for recognizing the effective public private partnership that has brought us so close to a polio free world. The Global Polio Eradication Initiative (GPEI) is an unprecedented model of cooperation among national governments, civil society and UN agencies working together to reach the most vulnerable children through a safe, cost-effective public health intervention of polio immunization, one which is increasingly being combined with opportunistic, complementary interventions such as the distribution of life-saving vitamin A drops. We celebrate our progress toward a polio free world and appeal to this Subcommittee for continued leadership to ensure we seize the opportunity to conquer polio once and for all. Rotary International strongly supports the President’s 2013 request of \$126.4 million for the polio eradication activities of the CDC. While we have not seen the President’s 2014 request, we would support *at least* that level of funding in 2014 to fully implement the polio eradication strategies and innovations outlined in the new *Polio Eradication and Endgame Strategic Plan (2013-2018)*.

## **PROGRESS IN THE GLOBAL PROGRAM TO ERADICATE POLIO**

Significant strides were made toward polio eradication in 2012 thanks to this committee’s leadership in appropriating funds for the polio eradication activities of the CDC.

- India was removed from the list of endemic countries in February 2012, and has not had a case of polio for more than two years.

- Eradication efforts have led to more than a 99% decrease in cases since the launch of the GPEI in 1988. In 2012 there were fewer cases in fewer places than at any point in recorded history with only 223 cases of polio – a 65% decrease compared to 2011. All but six of these cases were in the three remaining polio endemic countries of Afghanistan, Pakistan, and Nigeria.
- Only nine cases of polio have been reported in 2013.
- Incidence of type 3 polio is at historically low levels. There were 21 cases of type 3 polio in 2012 compared to 67 in 2011. Type 3 polio is also found in fewer areas than ever before.
- Angola and the Democratic Republic of Congo, two of four countries considered to have reestablished transmission of polio, reported no cases of polio in 2012. Chad, another of the reestablished transmission countries has not reported a case of polio since June of 2012.

A new *Polio Eradication and Endgame Strategic Plan (2013-2018)* lays out the strategies for the certification of the eradication of wild poliovirus by 2018 at a total global cost of US\$5.5 billion. This new plans builds on the lessons learned from the successful eradication of polio to date and the substantial advances in technology in 2012. The timely availability of funds remains essential to the achievement of a polio free world. The United States has been the leading public sector donor to the Global Polio Eradication Initiative. Members of US Rotary clubs appreciate the United States' generous support. However, this support has declined as a proportion of the GPEI expenditures from approximately 19% just five years ago to 13% in 2012. A resumption of funding to the earlier 19% level would ensure vital funding for the GPEI and send a strong signal of continued leadership and commitment by the United States as the new strategic plan is implemented. Notably, funding provided by the polio affected countries themselves and by private sector donors – led by Rotary International and the Bill & Melinda Gates Foundation, has increased in recent years. The ongoing support of donor countries, like the United States, is

essential to assure the necessary human and financial resources are made available to polio-endemic and at risk countries to take advantage of the window of opportunity to forever rid the world of polio. The current sequestration reduces the amount of funds provided for global polio eradication efforts and appears to the global community as a reduction in US support at a time when commitment is being redoubled to finish the job. Continued leadership of the United States is essential to capitalize on past progress and certify the world polio free by the end of 2018.

### **THE ROLE OF ROTARY INTERNATIONAL**

Rotary International, a global association of more than 34,000 Rotary clubs in more than 170 countries with a membership of over 1.2 million business and professional leaders (more than 345,000 of which are in the U.S.), has been committed to battling polio since 1985. Rotary International has contributed more than US\$1.2 billion toward a polio free world – representing the largest contribution by an international service organization to a public health initiative ever. Rotary also leads the United States Coalition for the Eradication of Polio, a group of committed child health advocates that includes the March of Dimes Foundation, the American Academy of Pediatrics, the Task Force for Global Health, the United Nations Foundation, and the U.S. Fund for UNICEF. These organizations join us in thanking you for your support of the GPEI.

### **THE ROLE OF THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION**

Rotary commends CDC for its leadership in the global polio eradication effort, and greatly appreciates the Subcommittee's support of CDC's polio eradication activities. The United States is the leader among donor nations in the drive to eradicate this crippling disease. Congressional support, in FY 2012 and FY 2013 enabled CDC to:

- continue engagement of the Emergency Operations Center (EOC) to harness agency-wide technical expertise to implement the agency's polio response in a rapid and efficient manner;

- develop a “dash board” monitoring system to collect, analyze, and visualize key indicators of campaign performance in real time to identify and address issues in advance to ensure high quality campaigns. This system, modeled on lessons from India and Pakistan, was piloted in Nigeria in July 2012 in 11 states and then fully implemented during the October campaigns.
- implement a nomad strategy in Nigeria which identified more than 560,000 children under five years old through census taking activities; reached more than 22,000 settlements with polio vaccine; and identified more than 4,000 settlements never visited by a vaccination team.
- provide the trained and experienced human resources to strengthen detection of polioviruses through the Stop Transmission of Polio (STOP) volunteer consultants. Since the December 2, 2011 EOC activation, the STOP program has deployed more than 500 individuals in 33 countries. CDC also developed the National STOP program (NSTOP) to build local capacity by recruiting highly trained public health professionals to work at the state and local levels to support polio eradication. In Nigeria, NSTOP is an innovative strategy that has deployed 70 staff across northern polio affected states.
- purchase 195 million doses of oral polio vaccine for use in polio campaigns in 2012;
- conduct AFP surveillance reviews, and support WHO Expanded Program on Immunization (EPI) reviews; and
- provide technical and programmatic assistance to the global polio laboratory network through the Polio Laboratory in CDC’s Division of Viral Diseases. CDC’s labs provide critical diagnostic services and genomic sequencing of polioviruses to help guide disease control efforts. CDC will continue to serve as the global reference laboratory, while expanding environmental surveillance in countries to serve as a “safety measure” to detect any polioviruses circulating in areas without cases.

Continued funding will allow CDC to fully capitalize on the resources of the Emergency Operation Center to provide direct support and build capacity to continue intense supplementary immunization activities in the remaining polio-affected countries, continue leadership on data management to drive evidence-based decision making, and continue to implement strategies to increase effective management and accountability. These funds will also help maintain essential certification standard surveillance.

### **BENEFITS OF POLIO ERADICATION**

Since 1988, over 10 million people who would otherwise have been paralyzed are walking because they have been immunized against polio. Tens of thousands of public health workers have been trained to manage massive immunization programs and investigate cases of acute flaccid paralysis. Cold chain, transport and communications systems for immunization have been strengthened. The global network of 145 laboratories and trained personnel established by the GPEI also tracks measles, rubella, yellow fever, meningitis, and other deadly infectious diseases and will do so long after polio is eradicated.

A study published in the November 2010 issue of the journal *Vaccine* estimates that the GPEI could provide net benefits of at least \$40-50 billion. Polio eradication is a cost-effective public health investment with permanent benefits. On the other hand, more than 10 million children will be paralyzed in the next 40 years if the world fails to capitalize on the more than \$10 billion already invested in eradication. Success will ensure that the significant investment made by the US, Rotary International, and many other countries and entities, is protected in perpetuity.