

Chairwoman DeLauro, Ranking Member Cole, and members of the Subcommittee: Rotary appreciates the opportunity to encourage continued funding for FY23 to support the polio eradication activities of the U.S. Centers for Disease Control and Prevention (CDC). The CDC is a spearheading partner of the Global Polio Eradication Initiative (GPEI), an unprecedented model of cooperation among national governments, civil society and UN agencies which reaches the most vulnerable children through safe, cost-effective polio immunization. Rotary International requests \$276 million for the polio eradication activities of the CDC to capitalize on unprecedented low levels of endemic polio virus transmission which is simultaneously threatened by the diversion of critical resources toward the COVID-19 pandemic. These funds will support the GPEI's immediate priority of stopping all form of polio virus transmission through procurement of vaccines, including the recently introduced novel oral polio vaccine (nOPV2). These funds will also provide vital support for surveillance activities which provide confidence in both the presence and absence of polio virus transmission. The 300,000 members of Rotary clubs in the US appreciate the United States' generous support and longstanding leadership toward a polio free world. Continued US leadership will help achieve a polio free world and ensure the continued global health contribution of polio eradication infrastructure and resources.

**AN UNPRECEDENTED OPPORTUNITY TO ACHIEVE ERADICATION:** Since the launch of the GPEI in 1988, eradication efforts have led to more than a 99.9 percent decrease in cases. Thanks to your support, 20 million people have been spared disability, over 900,000 polio-related deaths have been averted and 1.5 million childhood deaths have been prevented thanks to systematic administration of Vitamin A during polio campaigns. Wild poliovirus polio incidence hit an all-time low in 2021 with only five cases recorded in the two remaining endemic countries

of Pakistan and Afghanistan— a 96 percent reduction from 2020. There were no cases of wild polio virus in the entire world for more than 7 months in 2021; and Pakistan didn't record a new case of wild polio virus for over a year. There was also progress in controlling outbreaks of circulating vaccine derived polio virus (CVDPV) in 2021 as compared to 2020. The novel oral polio vaccine type 2 (nOPV2) was introduced in 2021 and continues to be used to accelerate progress in bringing these outbreaks under control. Despite this progress, the GPEI and countries it supports face significant challenges. Until the world is polio-free, all children, even those in the United States, remain at risk. The recent identification in Malawi and Mozambique of cases of wild polio virus genetically linked to Pakistan has reminded us of this fact. While these individual cases do not immediately jeopardize Africa's 2020 certification as being free of circulating wild polio, it emphasizes that now is the time to surge resources to complete polio eradication once and for all. In April 2022, Pakistan reported its first cases of wild poliovirus (WPV1) in nearly 15 months. The ongoing COVID-19 pandemic continues to hamper the efforts of countries to sustain high levels of population immunity which poses increased risk for outbreaks at a time of unprecedented constraints on human and financial resources on global and country-level resources. Conflict and instability also jeopardize progress, hampering efforts to conduct polio eradication activities. These challenges threaten thirty years of progress and the cumulative U.S. investment of over \$4.2 billion which has brought us to the threshold of a polio free world. This combination of progress in the midst of ongoing challenges underscores the urgency of continued focus to protect the vulnerable gains made toward polio eradication as the COVID-19 pandemic continues to disrupt polio immunization and eradication activities; and the need to stop polio virus transmission in these most complex environments while sustaining high levels of population immunity in polio free areas. Continued support for global surveillance is

also essential to monitor and detect cases and virus transmission and provide confidence in the absence of cases.

**CDC'S VITAL ROLE IN GLOBAL POLIO ERADICATION PROGRESS:** The United States is the leader among donor nations in the drive to eradicate polio globally. Congressional support to CDC has supported the following essential polio eradication activities:

**Leadership on surveillance and disease detection:** CDC's Atlanta laboratories serve as a global reference center and training facility, providing expertise in virology, diagnostics, and laboratory procedures, including quality assurance, and genomic sequencing of samples obtained worldwide, and training virologists from around the world in advanced poliovirus research and public health laboratory support. CDC also provides the largest volume of operational and technologically sophisticated lab support to the 145 laboratories of the Global Polio Laboratory Network (GPLN). CDC also developed a method to directly detect poliovirus from patient stool specimens.

**Essential technical capacity and program management expertise:** CDC builds in-country capacity through the international assignment of technical staff on direct 2-year assignments to WHO and UNICEF to assist polio-endemic and polio-reinfected priority countries. CDC's Stop Transmission of Polio (STOP) members play a key role in providing expertise on polio surveillance, data management, campaign planning, implementation and evaluation, program management, and communications in high-risk countries. In 2021, STOP trained and deployed more than 2,200 public health professionals to high-risk countries, including support on responding to COVID-19 in 42 countries in 2020-2021.

**Vital Country-level Capacity:** In Pakistan, CDC supported 81 National Stop the Transmission of Polio (NSTOP) officers for the Expanded Program on Immunization (EPI), and also supported data

usage and risk assessment officers distributed in 66 very high, high, and medium risk communities in 3 provinces, and also 10 managers/officers to support the national Ministry of Health.

**FISCAL YEAR 2023 BUDGET REQUEST:** Rotary respectfully requests \$276 million in FY2023 for the polio eradication activities of CDC. These funds will ensure that CDC provides technical and management expertise in polio endemic, outbreak and at-risk countries; builds country level capacity to build population immunity to prevent future outbreaks as well as capacity to quickly identify and respond to outbreaks. Increased funding is needed to address three specific areas critical to protecting existing progress and capitalizing on the window of opportunity to stopping transmission of all polio viruses: Outbreak Response, Surveillance and Vaccine Procurement.

**Outbreak Response:** Increased funding is needed to maximize the effectiveness of outbreak response campaigns and fully leverage the use of nOPV2 through improvements in response planning, execution and monitoring to ensure rapid, high-quality activities including those which:

- utilize and expand existing in country government coordination mechanisms to establish polio control rooms, enabling the use of real-time data for decision-making and an incident management structure to streamline emergency operations;
- accelerate emergency outbreak response through the establishment of incident command structures at global, regional and country level to guide and direct outbreak response;
- digitize the entire outbreak response, from planning to campaign monitoring and utilizing an evidence-based approach for clear assessments of response coverage and quality, including age- and sex disaggregated monitoring data; and
- ensure a stronger role for women in outbreak response operations through increased participation in outbreak response oversight, management, supervision and delivery.

**Surveillance:** Additional funding will support the expansion of surveillance activities which provide confidence in both the presence and absence of polio virus transmission, and specifically to:

- implement a new direct detection strategy and augment investment in lab infrastructure and data information management to increase regional and country capacity to detect and respond to outbreaks and improve the quality and timeliness of surveillance, and
- expand active surveillance, enhance the use of community-based surveillance in hard to reach areas; and expand use of environmental surveillance.

**Vaccine Procurement:** Additional funds will support procurement of vaccines, including the recently introduced novel oral polio vaccine (nOPV2), a tool that is being rolled out to accelerate control of circulating vaccine derived polio.

**BENEFITS OF POLIO ERADICATION:** Since 1988, 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 including COVID-19 and will do so long after polio is eradicated. \$27 billion in health cost savings has resulted from eradication efforts since 1988. Investing in polio eradication now may cumulatively save an estimated \$33.1 billion by 2100 in the form of reduced costs of surveillance and vaccination. The costs to control polio at today's low levels, plus costs to treat the survivors, would be over \$1 billion per year for decades to come. Polio eradication is a cost-effective public health investment with permanent benefits. As many as 200,000 children could be paralyzed annually in the next decade if the world fails to capitalize on the more than \$19 billion already invested in eradication.