Campaign Shows Signs of Progress Against Polio

By: CELIA W. DUGGER

JOHANNESBURG — A decade after the world’s original deadline for eradicating polio, the most tenacious bastions of the crippling virus—Nigeria and India—have recently shown remarkable progress in halting its spread, giving even some of the antipolio campaign’s severest doubters hope that it may yet largely achieve its goal.

In Nigeria, Muslim leaders in the north — who had allowed the disease to spread by halting polio vaccinations in 2003-4, based on rumors that the drops were part of a Western plot to sterilize Muslim girls or spread the AIDS virus — now embrace the cause as their own. So far this year, only two children have been paralyzed by wild polio virus in Nigeria, compared with 123 during the same period last year, according to Nigerian and international health officials.

And in India, Uttar Pradesh and Bihar — states that seemed unable to vanquish polio no matter how many times they vaccinated children — for the first time have not had a single case caused by the most virulent polio viral type for four months straight, World Health Organization officials said.

Globally, the number of new polio cases registered so far this year is down to 56 — a 75 percent drop from the same period last year, the W.H.O. said.

“We’ve never had so many things looking so positive across so many areas,” said Dr. Bruce Aylward, director of the polio eradication drive for the World Health Organization.

Stephen L. Cochi, of the federal Centers for Disease Control and Prevention, said, “A 75 percent decline in a year is pretty remarkable and suggests we may be turning the corner.”

Both men were quick to caution that the hopeful developments could come undone, as they have before, and neither thinks polio can be wiped out before 2012.

But even some who had previously said that eradication of the wild polio virus could not be done are now saying it just may be possible. “A lot of progress has been made,” said Dr. Donald A. Henderson, who helped conquer smallpox. “There is a chance they might be able to interrupt transmission.” But he cautioned that vaccine-derived polio virus might still be a problem.

The global public health system has a lot staked on the polio eradication drive. Since it began 22 years ago, more than 10 billion doses of vaccine have been dispensed and some $8.2 billion spent. Millions of cases of paralysis and death have been prevented by the vaccination campaigns, which have reduced the incidence of polio more than 99 percent.

The political support in Nigeria and the painstaking progress in India are both compelling turnarounds. In Nigeria, better ties with local leaders, improved management of health programs and a dash of Bill Gates’s celebrity helped the Muslim north adopt the polio cause, while in India viral detective work and a new focus on neglected areas and migrants have yielded results.

More than any other country, Nigeria has been a source of near despair for those devoted to polio eradication. Efforts have been hamstrung by a lack of political will and poorly run campaigns that missed huge numbers of children.
Nigeria has come under pressure from Muslim countries to do better. But international health officials credit much of its progress to the understated but effective leadership of Dr. Muhammad Ali Pate, a Muslim who was raised in the north of the country and recruited in 2008 from the World Bank to lead the agency that manages primary health care and polio immunization.

Dr. Pate, whose predecessors were Christians from the south, cultivated a range of political, religious and traditional leaders in the north. He said that their concerns — that health campaigns emphasized polio over other diseases, leading them to suspect ulterior motives — had been neglected. So, he pitched the polio drives as a way to build momentum for broader improvements in public health.

He said he told them, “For whatever we’ve done, we ask for forgiveness.”

Dr. Pate also courted political support from the powerful state governors by deploying Mr. Gates, whose foundation has committed more than $700 million to fight polio globally, to meet them when he visited Nigeria on a polio mission in February 2009. “We could use him and his celebrity status to draw attention to the cause and get the governors to sign on,” Dr. Pate said.

But perhaps the most critical factor has been practical support from the traditional leaders of northern Nigeria. Naveed Sadozai, a medical officer with the World Health Organization, said these traditional structures operate down to the village and ward levels, are often more trusted than politicians, and can deliver results. The government made audio recordings of these leaders endorsing polio campaigns and broadcast them in 2009 on radio, reaching deep into rural areas.

By year’s end, polio cases had plunged. Only 28 of Nigeria’s 388 new cases in 2009 occurred in the last six months of that year, Dr. Pate said.

In India, polio trackers realized that the most persistent strain of the virus was hiding in a vast flood plain fed by the Kosi River in Bihar. After the monsoon rains ended and the waters receded, people flooded in to plant the fertile land. But there were no roads in this inaccessible area — and vaccinators were missing large numbers of children.

Dr. Hamid Jafari, who leads the World Health Organization’s polio effort in India, said the country mounted a complex operation to reach families in more than 200,000 clusters of mud huts there. Polio workers were provided with sleeping bags, water, life jackets and antimalarial bed nets. They traversed the muddy flood plain on foot, by boat and on motorcycles.

The antipolio effort also took aim at the shanties and slums where migrants live, to vaccinate the children of construction workers, farm laborers and other poor people who have journeyed to India’s great metropolises and rich agricultural areas in search of jobs.

Dr. Aylward, who leads the W.H.O. effort, says he is both excited and frustrated now. The effort has regained some of its lost momentum, he says, but it is $1.4 billion short of the $2.6 billion its organizers say is needed through 2012 to finish the job.

“I spend as much time in donor capitals as I do in infected countries,” he said. “We’re cutting corners and taking risks we should not be taking.”