

**Remarks of Dr. Paula J. Dobriansky
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Center for Strategic and International Studies
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“Finishing the Global Fight against Polio”**

Introduction

Good afternoon. Thank you Steve (Morrison) for that kind introduction. I would also like to thank the Center for Strategic and International Studies for hosting this important event today and for the Kaiser Family Foundation for allowing us to use these great facilities. I am especially pleased that Julie (Gerberding) and Kent (Hill) have made time in their schedules to join me here. There are serious remaining questions regarding polio eradication and we hope we can address some of them today.

Role of Health in Foreign Policy

However, let me begin by putting US support for polio eradication into the broader context of health and foreign policy. The advancement of greater public health worldwide is a foreign policy priority for the Bush administration. Working to prevent disease when possible, and treat it when necessary, is a moral imperative. By helping to protect the vulnerable from suffering, we respect and preserve the inherent dignity and worth of every person. We know that healthy citizens are a prerequisite for any country to develop and flourish economically, and to sustain civil society. Improving global health, fundamental to alleviating poverty, helps create the conditions for stable nations thereby enhancing security here in the U.S. It also is an expression of our national compassion.

Progress in the Fight against Polio

Some of you may remember polio epidemics in the U.S. from the 50's and 60's, when fear of the crippling virus closed schools, swimming pools, and movie theaters. The US ended wild polio transmission in the late 1970s. **It is the desired goal of the United States, that we reap the full benefits of global polio eradication for all nations and all generations.**

Thanks to the leadership of the Global Polio Eradication Initiative, that success has spread to almost every nation on the globe – almost. Four nations still suffer from wild poliovirus transmission.

While the Global Polio Eradication Initiative's target of eradicating polio by 2005 was not achieved, some two billion children around the world have been immunized against polio, and an estimated 5 million cases of childhood paralysis and death have been prevented. The tremendous progress that has been made is directly attributable to the monumental work of national, state, and local governments and communities worldwide to vaccinate every child against polio.

Today, we are facing the last, and to a degree the most difficult, hurdles in polio eradication. Recent setbacks have resulted in the exportation of poliovirus from affected areas to countries where wild polio had been eliminated, threatening to turn back our progress. There are serious security concerns for health workers in many settings. There are barriers of social and community distrust that must be overcome. And, there are compelling competing demands for scarce health resources – both financial and human. Completing the task of eliminating polio requires commitment, cooperation, and community involvement.

The Challenges Facing Global Polio Eradication

A myriad of diseases including HIV/AIDS, malaria, tuberculosis are more common than polio. The fact that polio is no longer listed among these is due, in large part, to the great success of the Global Polio Eradication Initiative. However, because there are other health challenges that confront us and which can be described as now greater or more pressing, this should not distract us from the global goal of polio eradication. Significant resources continue to be dedicated to those diseases. The successes of polio eradication should not be used to justify its failure.

It is true; the costs of polio eradication have not been small – more than \$4.6 billion so far. However, the convincing work of Kim Thompson from Harvard whose findings were published in last week's Lancet, make clear that the costs of not eradicating polio will be far, far greater.

The international community must renew and strengthen its commitment to finish the job. Donor fatigue is real. The WHO claimed we would have eradicated polio by a set date, not once, but twice before. Donor governments must remain committed to the goal. WHO estimates the two-year funding gap at about \$575

million for 2007-2008. While many nations have given generously, other potential donors have yet to fulfill their pledges, or not given at all.

The U.S. engages directly with donor countries and through multilateral fora to ensure continued commitment to polio eradication. At venues such as the G-8 Summit, the U.S. urges increasing support by world leaders. We also work with other groups, such as the Organization of Islamic Conference, to do the same. In both cases, they have. And, importantly, we follow up to ensure those commitments are honored.

We applaud the leadership of Dr. Margaret Chan, Director General of WHO who hosted the urgent polio stakeholders meeting in February. All three of us, Kent, Julie and I, attended. There, new milestones were set for the program's success and we will work together to achieve them – and hold the WHO to them.

Vaccinating children where polio is endemic also requires enhanced cooperation. In some cases, the remaining polio-endemic regions are buffeted by strife and conflict. Actions by leaders such as Afghan President Karzai to promote cross border immunizations, and those of Pakistan Prime Minister Aziz to focus his government's efforts must be encouraged. This high-level public leadership can enable public health workers to gain access to troubled areas providing safe passage for immunization campaigns.

Health workers operating in conflict zones—sometimes under extremely threatening conditions—are to be commended for their courage and determination. These medical heroes have our respect, admiration, and our steadfast support. Through diplomatic overtures, both public and private, we will continue to ensure access for health workers.

Success in eradicating polio also requires greater community involvement. When vaccines are available, convincing reluctant families to immunize their children, in the end, requires local action. City, village, and local religious leaders play a decisive role in convincing families to overcome false perceptions. These leaders can disseminate helpful information, dispelling myths, and instilling confidence regarding immunization. National leaders, both secular and religious, can encourage their local counterparts to participate in immunization campaigns.

For our part, we encourage so called 'south to south' exchanges that foster greater sharing of expertise among countries of similar circumstance and religion. Advice from officials who have been successful in similar situations can sometimes be

more effective in building confidence and competency among community workers than that of an international 'expert.'

The Benefits of the Global Polio Eradication Initiative

The direct benefit of polio eradication is clear in terms of the lives saved and the illness prevented. Last year alone, more than 350,000 children did NOT get polio compared to 1988 as a direct result of polio vaccination. But, it is important to acknowledge that polio eradication benefits efforts to combat other diseases. I would like to take a few moments to highlight **some** of these.

The Global Polio Eradication Initiative -- with its founding members Rotary International WHO, UNICEF, US CDC, and now including many other partners such as USAID, the Gates Foundation, and the UN Foundation – has become one of the largest public-private partnerships the world has ever known. It serves as a model of how international, regional, national, local, public, and private entities can work closely together to achieve common goals and objectives. Its significant contributions to improving public health and health infrastructure around the world include:

- Widespread networks of trained field staff and community health workers that conduct surveillance and immunization activities;
- An extensive global laboratory and communication network that has been used for other diseases as well. Most recently, it has been utilized to address avian influenza;
- Health personnel and community workers that have been trained and provided critical equipment to improve vaccination services for a wide variety of other childhood diseases, thus strengthening health systems in general; and
- Polio immunization campaigns that often combine other critical health interventions such as bednets for malaria prevention, vitamin A supplementation, and de-worming treatments.

And, beyond the health system, polio vaccination activities have served as bridges to tranquility during times of conflict such as in Sri Lanka in the mid-1990s, the Philippines in 1993-1995, Sudan in 1994 and 1996, and in El Salvador from 1985-1991.

Conclusion

In sum, the United States is employing its diplomatic strength to assist foreign citizens in bettering their lives, building their nations, and transforming their own futures. Improving health and health systems is central to transformational diplomacy.

We remain convinced that polio eradication is feasible and necessary if the political will and resources that are needed are set in place. The eradication of polio worldwide is a key foreign policy objective of the U.S. and one of its highest international public health priorities. We will continue to provide strong public support and diplomatic leadership to strengthen international commitment, enhance regional cooperation, and expand community involvement.

The world has invested substantial time and resources to bring the polio pandemic to a point where complete victory is very close, though frustratingly evasive. We have new tools and better approaches. The solutions are within our grasp. We must choose the moral and strategically important path to achieve eradication of this terrible disease. An historic opportunity lies within our grasp and the children of the world and, future generations, are counting on us to succeed.

Thank you.