LEADERSHIP

Inside Look: Polio Fight To The Finish

Maryanne Murray Buechner Brand Contributor
UNICEF USA BRANDVOICE | Paid Program

Apr 25, 2023, 09:01am EDT

A conversation with Mike McGovern of Rotary International, a longtime UNICEF partner and leader in global polio eradication efforts. "There's real hope for getting this done."

In Rawalpindi, Pakistan, a brother and sister hold up their fingers which have been inked to show they have received the polio vaccine. © UNICEF/UN0353289/BUKHARI

Nearly 40 years ago, Rotary International, the largest volunteer service organization in the world and longtime UNICEF partner,

embarked on a very important mission: to rid the world of polio. Today, after decades of remarkable progress, global eradication is within reach: cases are down 99.99 percent, thanks in large part to Rotary's efforts in partnership with UNICEF, the World Health Organization and other leaders and supporters of the Global Polio Eradication Initiative (GPEI). An infectious disease that at its peak killed or paralyzed hundreds of thousands of people every year no longer exists in most of the world today.

Ahead of World Immunization Week (April 24-30) — as UNICEF and partners gear up for a major catch-up and recovery mission to close critical protection gaps — UNICEF USA reached out to Mike McGovern, Chair of Rotary's International PolioPlus Committee and Rotary member since 1986, to learn the latest.

Q: What is Rotary International's role in the global fight to eradicate polio, and what is your role as chair of the International PolioPlus Committee?

MIKE McGOVERN: We're a funder, number one. In 2022, Rotary International contributed $86 million to support UNICEF's polio eradication efforts. That's big money, and it's on par with what we've been contributing every year for many years. Second, we do advocacy, and third, we're part of general program oversight.

Volunteer vaccinators go door-to-door in Afghanistan to administer the oral polio vaccine to children like 5-year-old Rafia, left, of Karokh district, Herat province. © UNICEF/UN0648259/BIDEL

We were the ones who launched this campaign, back in the 1970s. We brought in all the big partners that make up the Global Polio Eradication Initiative, or GPEI, and who are still driving it today: UNICEF, the World Health Organization, the CDC, the [Bill and Melinda] Gates Foundation, GAVI [the Vaccine Alliance].

While UNICEF and WHO are the implementing agencies, there are Rotarians out in the field supporting that work, encouraging that work, thanking the frontline health workers, going to the local government authorities and encouraging them to open their communities to better vaccination programs. Of course, working with UNICEF in certain countries opens a lot of doors that would otherwise not be open to us.

“Working with UNICEF in certain countries opens a lot of doors that

would otherwise not be open to us."

What's unique about Rotary is that there are Rotarians in a lot of the places where we need to be accelerating polio eradication efforts, through vaccinations and also through social mobilization. Many of our volunteers are also leaders in their communities. Whenever there was an outbreak, often it was the Rotarians who would immediately go to the local officials and say, "What are you doing about this?" And then UNICEF would come in, and WHO, and tackle the problem. Public health ministries — federal and local — they all want community support for the end polio campaign and for all the activities that go along with it, and to have community leaders get behind that is very important for completing the mission.

With our level of dedication to this cause, and with our vast membership — there are 1.4 million Rotarians across 46,000 member clubs on six continents — Rotary has been very effective in garnering that very necessary community support, all around the world.

A child receives a Vitamin A supplement from Ajmal, a polio vaccinator in Lahore, Pakistan. Community health workers going door to door to immunize children for polio will often provide other health and nutrition services. © UNICEF/UN0399491/BUKHARI

In my role as chair of our International PolioPlus Committee, I'm responsible for working with Rotary leaders and staff worldwide to support our fundraising and our advocating to governments and others to do their part. I also represent Rotary on GPEI's Polio Oversight Board.

Q: How do you stay motivated to continue supporting this mission?

MIKE McGOVERN: We're motivated every day by the progress that's being made! There's been only one case of wild poliovirus in the last six months. When we started this effort, there were 350,000 cases around the world. There's real hope for getting this done.

Back in January, the GPEI reported that 'the virus is at its weakest now, and the opportunity [for] wiping it out completely is now at its greatest.' But we cannot let up, particularly in two countries where

polio remains endemic: Afghanistan and Pakistan. The hardest-to-reach areas of these countries also have some of the highest and most densely populated proportions of zero-dose children, meaning children who are either partially or completely unvaccinated, and they are areas where there is already a humanitarian crisis happening, so reaching these unvaccinated or under-vaccinated children will be all the more challenging.

Masoma, left, and Morvarid, volunteer vaccinators, visit a home during a UNICEF-supported polio vaccination and vitamin A supplementation campaign in Herat province, Afghanistan. © UNICEF/UN0648283/BIDEL

The GPEI website is full of detailed information about where we are and what needs to be done, and despite the remaining challenges, it's all very encouraging.

Q: How has the polio fight helped strengthen the response to other public health emergencies?

MIKE McGOVERN: The first vaccine that got an 'early use' approval from WHO was the new or novel oral polio vaccine, or nOPV. That process served as the framework and forerunner for

the COVID vaccines. We were the first to test that process, and we showed that it worked. We're still immunizing kids under that early-use license approval. We've immunized 630 million kids with nOPV. That's pretty significant.

Also, when COVID first hit, in many places where polio teams were already in place, those teams immediately pivoted to help contain COVID. These health workers and volunteers were already connected in their communities, so they were able to get right to it, providing information, helping people understand the dangers of COVID, the importance of masks and social distancing, and then later, they were able to encourage the use of vaccines. Whenever there is a health emergency — Ebola, cholera — it's the polio team that steps up.

Q: The community health workers who go door-to-door vaccinating for polio — they provide other services too, like nutrition counseling and support, and giving children Vitamin A supplements, etc.?

MIKE McGOVERN: Absolutely. We're already seeing this shift where polio vaccinators are supporting other public health objectives. We recognize, especially as we're getting to the end of polio, that we need to be part of the larger vaccination team; to integrate with the other vaccine programs, so we can help improve routine immunization coverage among children across the board. I'm a big believer in integration. And when you are working to convince a caregiver — mostly the mother — to open their kids' mouths to the oral polio vaccine, they're usually looking for more for their children. They want protection from measles, cholera and other diseases that are more prevalent.

> **“We’re already seeing this shift where polio vaccinators are supporting other public health objectives … The polio silo is breaking down.”**

Rotarians have been promoting what we call Family Health Days, making polio immunization part of these health days in countries like Mozambique, Tanzania, South Africa and Nigeria, where they provide polio drops but also measles vaccinations, cervical cancer screenings, anti-malaria bed nets, treatment for AIDS and HIV. The polio silo is breaking down, and this is crucial for us, strategically.

Q: I’d like to ask about vaccine-derived polio cases. Not to get too far into the weeds here, but I think it’s important for our readers to understand the difference between wild poliovirus and circulating vaccine-derived poliovirus — cVDPV — and how GPEI is dealing with it.

MIKE McGOVERN: The oral polio vaccine contains the weakened live virus. That’s how it works to trigger immunity in a child’s system. These are the drops you see going into kids’ mouths. It is how we’ve been able to achieve herd immunity very quickly in emergency situations; it is how we’ve been able to reach every last child in some remote places, and cover so much ground. The injectable polio vaccine that has been used in the United States, Canada, the U.K. and across Europe has to be administered by a trained health professional, but the drops, almost anyone can dispense. This aspect is crucial for the polio work we’ve been doing for all these years.

Kindergarten students in Monrovia, Liberia, show off their fingers marked to indicate they have received the oral polio vaccine. © UNICEF/UN0533179/IBEABUCHI

Now the cVDPV cases that have emerged in recent years — and it's true there have been cases in countries where wild poliovirus has already been eradicated — these happen when the weakened live virus is shed by a recently-vaccinated person and somehow manages to circulate long enough to genetically mutate into a form that can get someone else sick with actual polio.

I cannot emphasize this point strongly enough: these cases are exceedingly rare. And the bottom line is, when a community is fully immunized against polio, it is protected against the spread of all types and strains.

Our goal — the goal of GPEI — is to eradicate the wild poliovirus; to have no more cases of wild polio. There used to be three types, now we're down to one. The first two are already wiped out. Our goal is also to eliminate the circulating vaccine-derived cases.

“The same strategies for wiping out wild poliovirus will work to wipe out cVDPV [circulating vaccine-derived poliovirus] as well — strengthening surveillance systems so we can respond quickly to any outbreaks and high-vaccination coverage.”

That second part is going to be more challenging. But the same strategies for wiping out wild poliovirus will work to wipe out cVDPV as well — strengthening surveillance systems so we can respond quickly to any outbreaks and high-vaccination coverage. This is why it's so important for the funding to continue and the innovating to continue. We need to keep supporting the shift toward the new or novel OPV, the NOPV, which I mentioned earlier, and which will greatly reduce the possibility of a vaccine-derived case in the meantime.

Q: What else needs to happen to get us across the finish line?

MIKE McGOVERN: We need to keep encouraging local ownership over polio vaccinations. We need to maintain prominent roles for women in the program, because it’s women who encourage other women, the mothers deciding whether or not their children will be immunized.

Khair Muhammad, left, a tribal leader of the Pashtun community in Karachi, and Naeem Ur Rahman, center, a UNICEF-supported polio social mobilizer, greet children while speaking with the head of a household who has been refusing the polio vaccine. © UNICEF/UN0723612/BUKHARI

In Afghanistan, the women working in health care are continuing to deliver critical services, which is a big positive. We hope women will be able to work for NGOs and in other sectors again soon as there are millions of people in desperate need of humanitarian support. As [UNICEF Executive Director] Catherine Russell has pointed out, Afghan women are uniquely placed to reach the most vulnerable, the children and women their male counterparts often cannot reach.

With vaccine refusal, though, sometimes it's individual parents who are making those decisions, and sometimes it's the community that makes the decision for all the parents in that community. I'm referring to local leaders who aren't allowing vaccinations — not just for polio, all immunizations — in their communities.

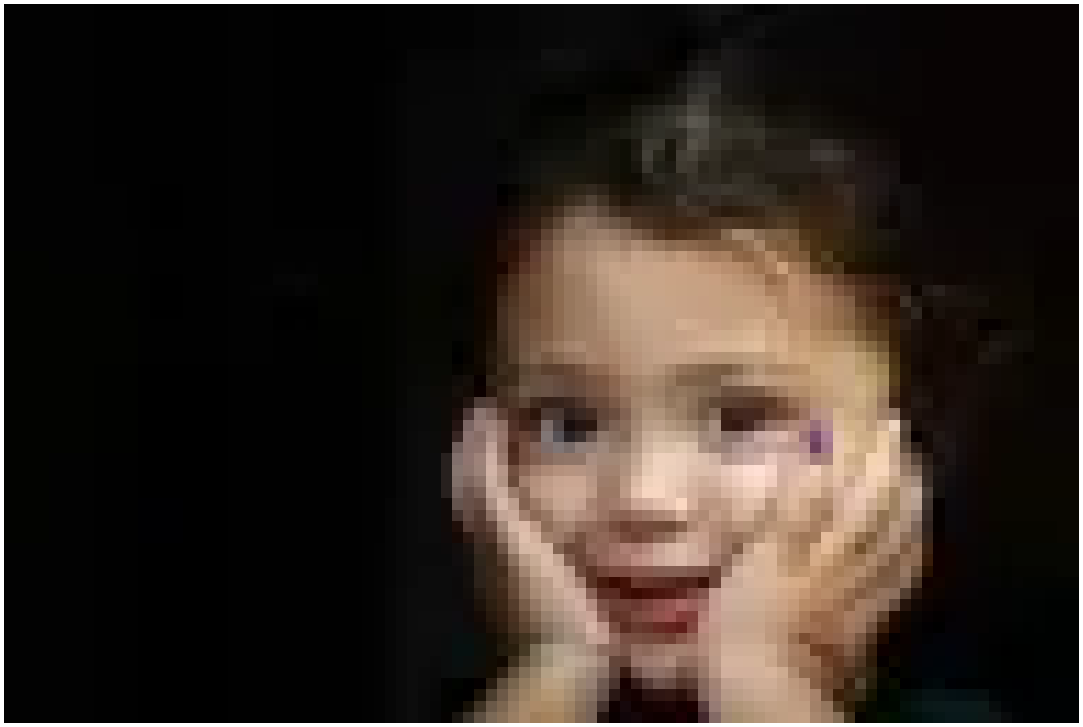
> **“We need to keep encouraging local ownership over polio vaccinations. We need to maintain prominent roles for women.”**

So we will also need to convince the leaders of the last few villages in Pakistan that it's important that children get immunized. If we can be successful in those places, and overcome that challenge, then wild poliovirus is gone from the world. Vaccine refusal rates aren't that high, but there are still areas that are not accessible for house-to-house vaccinations in both Pakistan and Afghanistan.

Q: What can be done to convince them?

MIKE McGOVERN: You start by understanding why those feelings are there, and then figuring out what other activities might help get them more interested and accepting of vaccines. We must keep developing different ways to communicate with community leaders, with religious leaders with a lot of sway regarding public health issues.

Rotarians are not afraid to keep pushing, we’re not afraid to keep giving. We’re not afraid of the occasional disappointment. We are optimistic, we’re dedicated and we’re persistent. We’re also generous. It is that combination of things, working with the experts at UNICEF, WHO, the CDC, Gates, GAVI — it’s that combination that has made this all possible.



In Karachi, Pakistan, a 4-year-old girl's finger is marked to show she has received the polio vaccine. Immunizing every child is key to eradicating the disease. © UNICEF/UN0713790/BUKHARI

Q: Is there a personal experience you'd like to share?

MIKE McGOVERN: I was in Nigeria a few years ago for an immunization campaign, and I was helping out at a community health center. It was after hours, and a woman came rushing in with a baby in her arms. We had just put all the vials back in the refrigerator. We were closing up for the day. And she comes running in, saying, 'Oh, no, I'm late,' and she is all upset.

Of course, we told her not to worry, and that we could still give her child the vaccine. And you know, just seeing the look on her face, how much it meant to that mother as we put the drops in her child's mouth, I've always thought that if every mother could be so eager, this thing would have been done five years ago, 10 years ago. I mean, she was absolutely panicked that her kid might not get vaccinated because she came late!

Q: That had to be very satisfying and meaningful for you to see that. MIKE McGOVERN: Yes, very much so.

Learn more about child immunization and how UNICEF is working to reach every child with essential vaccines.

Support global efforts to end polio and other vaccine-preventable diseases. Donate today.

Maryanne Murray Buechner

Maryanne Murray Buechner is Deputy Editorial Director at UNICEF USA. Based in Hastings-on-Hudson, NY, she is a former daily newspaper reporter and...

Read More