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Setting the Scene to Blame the GOI for Failure of Polio Eradication

The recommendation of the 2nd National Consultative Meeting of the IAP on Polio Eradication (PE) has been published in the Journal(1). It seems appropriate at this time to look at what was accomplished by the 1st consultation(2). Last time, the committee suggested that India stockpile vaccine 'now' (as if the imported livevaccine has an indefinite shelf-life) so that the country is 'no longer dependent on the WHO' if there is a resurgence of the disease. There was no protest in the journal about the illogical recommendation. It was simply ignored by the membership and the Government of India (GOI).

This year the committee says the GOI must take urgent measures to attain 90% coverage with UIP vaccines by the end of 2008, 'if the goal of polio eradication is to be achieved'. At present the committee says 38% children are fully immunized)(3). Does anyone imagine 90%

immunization is possible by the year-end? Are we to infer that polio eradication is not possible just as 90% coverage under routine immunization (RI) by 2008 is not achievable?

PE was started with the goal to eradicate the virus by 2000 so that 'children need not be immunized perpetually(4)' It is now accepted that even if PE is successful (defined as absence of circulation of wild polio virus for 3 years) polio immunization will still be needed perpetually. The reason is that we now know that local strains of poliovirus can resurface decades after PE(5). International organizations spearheading the campaign for PE had seriously miscalculated and they will be keen to defect the blame (on to the GOI or any one else) for its failure. It is unfortunate that the IAP should participate in this game plan to lay blame on the GOI.

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REPLY

We thank Dr Puliyel for showing keen interest in the recommendation of Polio Eradication Committee of IAP(1, 2).

The word "now" does not necessarily imply "immediately". It only means that as of "now" ("presently"), we have to start thinking of and developing the process of stockpiling the vaccine in India. This process would be as per the norms and practices followed internationally, including consideration of shelf life of the vaccine. Furthermore, this is in concurrence of the guideline issued by WHO to individual countries for the 'endgame' and for 'post-eradication phase' of polio eradication(3).

The committee has concluded that poor RI rates in key states like UP and Bihar is one of the main reasons why PE initiative has failed to succeed in these areas. Bolstering of poor RI, particularly in endemic areas must be done urgently to avoid reintroduction of the wild virus from outside, hence the recommendation of aiming to achieve the target at

the earliest possible deadline i.e. by the end of the current year. This recommendation reflects how much significance PEC attaches to improved RI rates in context of achieving and maintaining polio eradication goal. The 38% fully immunized rate was reported for the year 2001, the more recent estimate based on NFHS-3 is 43.5%(2).

We agree with Dr Puliyel that original objective of GPEI, i.e. "absence of need to immunize children perpetually after achieving global polio eradication" can not be met. This is mainly due to certain unforeseen events like phenomenon of cVDPV, iVDPV, etc that encountered during the implementation of GPEI strategy that leads WHO to redraft their objective and goals (3). Regarding the issue of blaming GOI, Dr Puliyel must know that technically it is the GOI which is officially in charge of entire program run by international agencie, even though the agencies are running and calling the shots. NPSP is officially looking after the 'surveillance' part of the entire exercise; it is the GOI who is in charge of entire proceedings. Hence, it is quite appropriate to direct all our recommendations to GOI and not to any other organization.

It is therefore clear that the inference drawn by Dr Puliyel "It is unfortunate that the IAP should participate in this game plan to lay blame on the GOI" and also the heading given to his letter "Setting the scene to blame the GOI for failure of Polio Eradication" are based on Dr. Puliyel's misreading/ misinterpretation of the recommendations. In this regard, we would only reiterate what was written in an earlier issue of Indian Pediatrics(4) that the IAP believes in lending a supporting hand to the Government and all agencies engaged in PE, in spite of differences which it expresses through its publications, meetings, conferences etc. It believes in adopting an attitude of persuasion, not cynicism and acrimony. Thus, imputing the motive that IAP is into the game plan of shifting the scene to blame the GOI is, in itself, unfortunate.

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