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The Global Polio Eradication Initiative polio eradication cannot be the only goal

Polio has killed and disabled millions. It was therefore with considerable excitement that the Global Polio Eradication Initiative (GPEI), a publicprivate partnership, announced a US\$5.1 billion campaign to achieve a polio-free world by 2025.¹ The GPEI has been in the forefront of polio eradication efforts for three decades, and its achievements have played a central role in an outstanding public health campaign, helping to reduce the number of people infected with polio by 99%-from 350 000 annual cases in 125 countries in 1988, to 138 cases in two endemically infected countries in 2018.² Yet polio vaccination campaigns have also met with controversy. On June 15, 2021, five polio workers were killed in Afghanistan.3 The COVID-19 pandemic has also disrupted polio vaccination campaigns, with 30 countries suspending their polio immunisation campaigns for 6 months in 2020 and rerouting their polio expertise to COVID-19 vaccination campaigns. The result is that polio numbers, although small compared with numbers in the late 1980s, are again on the rise, with 1226 cases in 2020.

The GPEI is admirable; however, we believe another concern must be built into this global effort. As many as 20 million people worldwide live with the disabling consequences of polio. In high-income countries, where polio immunisation campaigns became universal in the 1950s and 1960s, most people living with a polio-related disability are now aged 60 years or older. In low-income and middle-income countries, where polio vaccination campaigns did not reach many until the 1980s or later, hundreds of thousands disabled by polio are still children and young adults. Presumably, most of the people disabled by polio over the past year are infants or toddlers.

Moreover, by the time the GPEI's efforts to eliminate polio began in the 1980s, people who were still unvaccinated were more likely to be infants and children from lowincome households, from more difficult to reach rural and peri-urban areas, and who were more likely to be female. These children and adults, once disabled, are less likely to be able to afford adequate medical, rehabilitative, educational, and social support.⁴ Older adults in high-income countries disabled by polio continue to face a range of health concerns related to ageing, about which we know little.⁵ Despite important new human rights and legislative initiatives, including the UN Convention on the Rights of Persons with Disabilities and disability inclusion in the Sustainable Development Goals, people disabled by polio around the world continue to face stigma, poverty, and unequal access to needed resources.

In our opinion, the global health community's commitment to address polio cannot be considered complete until the needs and concerns of those permanently disabled by polio are part of the global response. The funding, expertise, and commitment should not stop once the last polio cases have been reported. We cannot simply declare victory and turn our attention elsewhere. Polio is not an historical public health concern while 20 million children and adults continue to be affected on a daily basis. The battle against polio will not be won until the global community can ensure the needs of people who live with the disabling consequences of polio are met, and resources are made available to enable them to function fully and freely in the societies in which they live-now and in the future.

We declare no competing interests

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*Nora Ellen Groce, Lena Morgon Banks, Michael Ashley Stein nora.groce@ucl.ac.uk

UCL International Disability Research Centre, University College London, London, UK (NEG); International Centre for Evidence in Disability, London School of Hygiene & Tropical Medicine, London, UK (LMB); Harvard Law School, Harvard University, Cambridge, MA, USA (MAS)

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