



WHO

Dr Bruce Aylward

Dr Bruce Aylward received his MD at Memorial University, St. John's, Newfoundland, in his native Canada in 1985. Aylward started his career with WHO in 1992 as a medical officer with the Expanded Programme on Immunization. From 1993 to 1997, Aylward worked in national immunization programmes in developing countries, primarily those focusing on polio. He went on many country assignments, including Afghanistan, Cambodia, Egypt, Iraq and Myanmar. After five years in the field, Aylward returned to WHO in Geneva in 1997 to work with the Global Polio Eradication Initiative. In 1998, he was appointed as the initiative's WHO coordinator, and in 2006 as its director.

Q: What is WHO headquarters' role in global polio eradication?

A: This has evolved over the past 20 years. Most significantly, 10 years ago we took a hard look at our and our partners' roles, and restructured our activities in Geneva to focus on areas where we could be of greatest help to the regions and countries. We markedly scaled-up strategic planning, cross-agency and cross-regional coordination, communications, advocacy, resource mobilization, and research and product development activities. We also ranked each country in the world as high, medium or low priority, in terms of where Geneva could add value to regional and country efforts. The changes are dramatic: 10 years ago, the polio programme was "one of the best-kept secrets in health", only six people in WHO Geneva worked full-time on polio, there were virtually no funds and no fund-raising mechanism. Today, we have about 50 staff here in Geneva and more than 3200 in regional and country offices.

Q: What will happen to this group working on polio at WHO when the disease is eradicated?

A: At the end of polio, our goal will be to ensure that it stays eradicated. That means ensuring containment and safe handling of polio viruses in laboratories and vaccine manufacturing sites and continuing to conduct surveillance for polio in case the virus is re-introduced or re-emerges. Secondly — where we could really see another big payoff from polio eradication — we must mainstream the polio infrastructure so that it can tackle other diseases and continue to strengthen health systems at country level. Countries have mobilized a network of 20 million volunteers and health workers to implement the polio eradication strategies. These are the people who deliver the vaccine to children, and this workforce must be used to deliver other basic health services, such as bednets to prevent malaria, for example. By mainstreaming the polio infrastructure, it can continue to benefit health systems long after the polio virus has been eradicated.

Q: When is polio eradication likely to be official?

A: With the new polio vaccines and new diagnostic procedures that are now available, the last four polio-endemic countries should be able to interrupt their last chains of polio virus transmission in the coming 24 months. Once we have seen the last case of polio, however, it will still take a further full three years of surveillance to be able to certify all WHO regions as polio-free. Only at that point can we then take the final step and begin the process of stopping routine immunization with the oral polio virus vaccine, and thereby eliminate all paralysis due to polio viruses.

Q: Has that missed 2000 deadline to eradicate polio been a setback?

A: Although the global eradication goal was set in 1988, it wasn't until 1996 that the eradication strategies were even introduced in many countries. So it was always going to be a tremendous challenge to meet the 2000 goal. In the mid-1990s, 40 to 50 countries were still polio-infected and many of those had not started trying to eradicate the disease. Consequently, by the late 1990s, our real goal for the year 2000 was to ensure that every country had at least started on polio eradication, and created the global momentum needed to finish the job. Today only four parts of four countries remain endemic for polio, the lowest number in history. Three WHO regions are already certified polio-free. So really, the 2000 target was essential to get all countries fully engaged in the eradication programme, and the enthusiastic continuation of the programme beyond that date reaffirms the international commitment to achieving this global public good. ■

Recent news from WHO

- Some of the world's leading international health organizations have launched a global strategy to develop a highly effective **malaria vaccine** by 2025. The strategy, called the Malaria Vaccine Technology Roadmap, was launched on 4 December.
- There have been improvements in **child survival** in Africa for the first time since the 1980s, but each year more than a million African babies still die in the first month of life, according to a report by the Partnership for Maternal, Newborn and Child Health, *Opportunities for Africa's newborns*, released on 22 November.
- An estimated 39.5 million people are living with **HIV** and there were 4.3 million new infections in 2006, with 2.8 million (65%) of these occurring in sub-Saharan Africa, according to the UNAIDS/WHO *2006 AIDS Epidemic Update*, released on 21 November.
- **Africa** is developing solutions for fighting disease, according to the *African regional health report: the health of the people*, the first report to focus on the health of the 738 million people in WHO's African Region, released on 20 November.

For more about these and other WHO news items, please see: <http://www.who.int/mediacentre/events/2007/en/index.html>