For those who do not remember when polio terrified families and children in iron lungs-filled hospital wards, the concept of spending money on polio now might seem strange, particularly in the face of so many arguably competing opportunities to invest in health. But wild polioviruses continue to circulate in a few places, and this is a critical time in the fight to eradicate polio.

Hopefully, we are now at the bitter end of global eradication of wild polioviruses, with annual cases of paralytic polio down globally from an estimated 350,000 in 1988 to under 2000 today.[1] Following successful eradication, we must choose wisely among the many policy options[2] that will determine our future risks, costs, and benefits.[3-8] But first, we need to complete polio eradication. We cannot declare success before the war is won.

Part of the challenge arises from the reality that success to date toward global eradication means that people see fewer paralytic polio cases, and this decreases the perception of polio as a health threat. "Out of sight, out of mind." But polio could come back with a vengeance, and it will most likely be much cheaper, and better from a health perspective, to finish polio eradication now instead of trying to control the disease and keep it at the current low level of cases.[7]

We can afford global polio eradication. In the US, the savings from our historical investments in domestic polio control and elimination efforts exceeds an estimated $180 billion on net.[10] In other words, preventing paralysis and
saving lives saves dollars and makes sense. If we can achieve polio eradication, it will represent an important step toward maximizing global health.

That's my opinion. I'm Dr. Kimberly Thompson, Associate Professor and Director of the Kids Risk Project at the Harvard School of Public Health.

References


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Disclosure: Kimberly M. Thompson, ScD, has disclosed no relevant financial relationships in addition to her employment.