**Polio eradication at a critical juncture**

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We cannot be complacent in fight against polio virus and afford to lose the gains made in the last few months after being challenged by the Covid-19 pandemic. The opportunity created by dint of hard work of polio teams needs to be grabbed with both hands.

The ongoing indicators show that we are on a winning trajectory. No polio case has been reported in Punjab since October. If we look at the country level this year only one polio case has been reported from Balochistan.

The polio virus started appearing in environment samples regularly in 2018. In 2020, the polio virus was detected in 12 districts of Punjab. In addition to the positive environmental samples,14 polio cases were reported from the province in the last year.

In 2021, only 17 percent samples have tested positive in the first few months.

To reach this point we have worked hard in the toughest of summers and surmounted cold weather in the toughest of regions. But this does not imply that the road to eradication will be a piece of cake. The path ahead will be more challenging keeping in view the public fatigue, mistrust about vaccines in pockets of population and operational challenges in hard-to-reach areas.

Additionally, the Punjab polio programme will introduce a number of interventions and innovations with particular emphasis on building integrated service delivery with focus on priority community engagement in new epidemiologically challenged districts of Lahore

Continued engagement of the top leadership of the country including the Prime Minister, Chief ministers, Health ministers, Chief of Army Staff (COAS) in polio campaign activities has given strength to the polio programme. However, despite the efforts being made to ensure polio virus is eradicated from Pakistan, key challenges remain including reaching every child during supplementary immunisation activities (SIAs), vaccination of high-risk mobile populations amid significant population movement and low essential immunisation coverage.

Said that let there be no doubt in mind that the government is ready to take up the challenges to ensure that no child suffers from polio ever. The government is devising tailored strategies to meet new challenges in the last mile which is critical to retaining the successes.

In this last mile, Punjab will continue to address community reluctance and generate demand for vaccination. Since polio programme has advised 6-8 weeks interval between polio eradication campaigns, Punjab will ensure time for campaign preparation, social mobilisation, and community engagement especially in Lahore, Rawalpindi, DG Khan, Rajanpur and Rahim Yar Khan.

Additionally, Punjab polio programme will introduce a number of interventions and innovations with a particular emphasis on building integrated service delivery with focus on priority community engagement in new epidemiologically challenged district of Lahore.

In 2020, polio programme successfully organised intensive training activities for district and UC level workforce. SIA operational modality (SOPs) in the context of COVID-19 pandemic was developed and all FLWs were trained to ensure safety of the frontline workers and the community. In order to ensure that polio virus is eliminated this year the programme will focus on building capacity of mobile team workforce through regular formal trainings and on-job trainings through supportive supervision and monitoring.

Polio programme priorities also include continuous engagement of government leadership including the deputy commissioners, additional deputy commissioners, district health officers and union council medical officers.

Programme will focus on promoting use of data for evidence-based decision-making at UC and district level. It will ensure that performance management score card system is in place. It will enhance the capacity for all the supervisory levels staff in new roles in the wake of human resource rationalisation. Plans are afoot to roll out transformation initiative beyond Community Based Vaccination areas into Special mobile team areas in tier 2, 3 and 4 districts. Punjab will make sure that all hamlets are included in the micro plans so that every child is reached with two drops of polio vaccine.

The primary objective of the polio programme is to protect children from paralysis from circulating type 2 polio virus and wild polio virus. To accomplish that, the programme has developed tailored strategies focusing on improvement in routine immunisation, supplementary immunisation, rapid response in type 2 outbreak areas and strategic use of IPV in at-risk areas. While communications will focus on mitigating risks to the programme and support routine immunisation, surveillance will support and enhance early detection.

Significant progress has been made to vaccinate high risk mobile and vulnerable populations (HRMP) at 21 permanent transit sites. Millions of children have been vaccinated at these sites which resulted in building an immunity wall and help children evade disability.

In the current year the polio programme will strengthen the vaccination of such children through updated training materials, orientation of HRMP task teams as well as DEOCs, ensuring full implementation of HRMP operational shifts. The programme will ensure identification, tracking and vaccination of seasonal migrants moving between provinces and beyond.

To face a double challenge of spread of wild polio virus and type 2 virus, an Incident Management Team was formed at Punjab EOCs to guide and coordinate the outbreak responses by conducting risk analysis, liaise with concerned people at national and provincial level.

The polio programme will continue risk assessment and guide the programmes in districts about areas to be targeted for outbreak responses following detection of any type 2 virus. Further the polio programme is focusing on the development of a comprehensive communication strategy to launch novel oral polio vaccine and also to enhance coordination with the EPI to improve IPV coverage across the province.

In 2021/2022, to enhance coordination and to further the aim of reaching communities at highest risk of polio, the programme will form a specific Area of Work on Priority Community Engagement. The key objective is reaching underserved priority communities that have consistently contributed to the largest burden of polio in Pakistan. The goal is to address persistent issues that have led to the disparities in risk for these communities. The programme will focus on getting a deeper understanding of drivers of risk and the variations in risk within these communities. The programme will work to build partnerships and gain community trust.

An integrated package of health services is being implemented through enhanced collaboration and partnerships with partners, donors, local government authorities, private agencies and community-based or civil society organisations (CSOs). The objectives of provision of integrated services include enhancing essential immunisation coverages, improving nutritional status of children, to ensure availability of clean drinking water, sanitation and better hygiene, facilitation of birth registration and increase community engagement in the demand for essential immunisation and primary health care services.

In this last mile it is incumbent upon parents, media and all civil society organisations to continue supporting polio eradication so that we are finally taken off the sorry list of just two polio endemic countries on the globe.

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