**Sustaining the polio gains**

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The ‘carpe diem’ for Pakistan in its long battle of polio eradication is insight; coming from a heavy toll of 147 wild polio cases in 2019 and 84 the previous year to only one thus far is a mega success. Similarly, the number of vaccine derived polio 2 cases have come down from 135 the previous year to eight cases so far this year.

All this shows that we are there – save force majeure.

Polio has had a colossal toll on children’s health, crippling 350,000 children each year before 1988 – the year the polio eradication resolution was passed by the WHO. Since then, 18 million children who would have otherwise been crippled due to polio are now able to walk, thanks to the polio vaccine.

October 24 is celebrated each year as the ‘World Polio Day’, to commemorate the birth of Jonas Salk, who led the development of the polio vaccine. Use of this inactivated poliovirus vaccine and subsequent widespread use of the oral polio vaccine, developed by Albert Sabin, provided reasons for the world to make history yet another time by resolving to eradicate polio once and for all, making it the second disease after smallpox to have been eradicated.

If Pakistan could make it to zero the next year and sustain for another three years, we would be certified polio free, a dream that has cost us so much.

The incredible performance over three decades speaks of the enormous efforts undertaken by the field workforce who braved so many hardships to vaccinate children in every nook and corner of Pakistan – and that too at pretty meagre wages.

This bumpy journey is written with sweat, blood and tears, with scores of polio workers and security personnel embracing martyrdom, billions of dollars spent, and an enormous amount of time dedicated to accomplishing the task. Despite thundering bullets, vaccination teams were provided heavy security. I am myself witness to the zeal and enthusiasm among the top army leadership to the field formations in the former Fata areas.

Given that a polio-free Pakistan is very much in sight now, there is ample logic to think of transitioning the rich polio resources to the health system for effective sustainability of the investment. The programme’s technical, logistical and coordination assets have every capacity to be utilised for interventions beyond polio. The coordination platforms, surveillance system, trained HR, a robust communication system and emergency operation centres (EOCs) are assets that offer opportunities for more holistic utilisation.

The programme developed high-level fora for multi sectoral coordination avenues that provided a big boost to programme planning, troubleshooting and advocacy. The highest forum, led by the prime minister, is the ‘National Task Force’, which has the participation of all ministerial heads, administrative secretaries, CMs and technical leads.

Similarly, at the provincial and district levels, the fora bring together all administrative machinery under chief secretaries and DCs respectively. These existing entities have revolutionised the public health approach and brought in the essential ‘out of the box’ thinking. Continuation of these platforms for utilisation in nutrition, EPI, dengue and other health emergencies would be the best succession planning.

The polio programme has a resource intensive and functional surveillance system, not only limited to human surveillance but environmental surveillance as well. In the interim this system should incrementally include other public health threats like dengue, measles, meningitis, diphtheria, and tetanus. In the next phase this can be extended and augmented to include all infectious diseases under one national surveillance system.

Embedded in the polio programme is a technical hub at the national, provincial and district levels in the form of EOCs. These hubs bring in all partners and government under one roof, thereby ensuring ease of doing business, furthering coordination and saving time and money. A gradual incorporation of other infectious diseases and national priorities like Covid-19 nutrition, water and sanitation, malaria/ dengue in this network would ensure effective sustainability of the huge investment.

Community resistance to polio vaccination for various reasons has affected the pace and success of the programme. The programme then recreated itself – a bit late though -- to invest more in addressing the community apprehensions and focusing on buying the hearts and minds of the people through a well-resourced ‘communication and perception management strategy’. Making meaningful interactions with the communities, the issue has been greatly managed. This health volunteers-community interaction could be the bedrock for other health emergencies and national priorities.

Over the last three decades, the programme has created a huge workforce in various domains. Of which the community-based vaccinators cadre has proved a game changer. This cadre, with expertise and acceptability at the grassroots level, has the potential to support other health interventions.

A gradual but strategic integration of nutrition, WASH and other infectious diseases at scale in the polio programme can prove to be a mutual win-win.

At the heart of the problem lie the core determinants of human suffering -- poverty, gender imbalance, inequity and poor access to basic services. Polio, like other diseases, is predominantly a disease of the poor, due to poor access to services and a low literacy rate.

A pragmatic collaboration with the Ehsaas programme would not only help the anti-polio campaign but also transform people’s perception, improving health and enhancing government credibility. It would be prudent that the programme develop a ‘transition framework’ for gradual transformation of polio programme assets.

A revised programmatic strategy and direction would best address the ‘universal health coverage’ and wider health and development gaps through a more holistic approach. This would also somehow relieve the strangulated economy.

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