

Project Factsheet

Study on the Impact of Polio Eradication on Strengthening Routine Immunization and Primary Health Care

Study Rationale

The Global Polio Eradication Initiative (GPEI) is a 24-year, \$9-billion-dollar project aimed at eliminating this crippling and potentially fatal disease forever. This goal requires a large-scale effort: in 2001 alone, the GPEI vaccinated approximately 575 million children against polio in 94 countries, most of them multiple times. Across the world, such vaccination is achieved through “campaigns,” where health workers go either door-to-door or from fixed points in communities to vaccinate every child under the age of five in a given area on special polio days. There has been ongoing debate over whether this large project, focused on one disease, has had positive or negative impacts on other key health services such as routine immunization.

Key Findings

Overall, our study did not find strong quantitative evidence of significant widespread positive or negative effects of polio eradication activities on other health services. But there are important opportunities for polio eradication activities to build strong health systems—and seizing these opportunities on a wide scale could lead to significant lasting impacts.

In case study districts with no history of polio transmission in the last ten years, there are only a few campaigns per year, and polio eradication activities tend to provide some benefits to health systems. Campaigns provide opportunities to maintain the “cold chain,” a system for keeping sensitive vaccines cold even in areas with no reliable electricity. Campaigns also provide opportunities for high-level officials to visit the district; for the health system to build bridges with other government sectors; and for frontline workers to get out into the communities they serve. In some cases, leftover polio funding may even directly support routine immunization.

ABOUT THE STUDY

In 2011, the Bill & Melinda Gates Foundation commissioned a study to assess the impact of polio eradication efforts on routine immunization and primary health care. The study was designed to include an objective analysis of the effects of past polio eradication efforts, as well as to identify synergies between polio eradication and other health services, with recommendations on how to best ensure positive effects. Following a competitive application process, a Technical Steering Committee assembled by the Foundation chose Middlebury College to conduct the study in collaboration with ISciences, LLC and CARE International.

The research study started in September 2011 and concluded in December 2012. It included a quantitative component analyzing data across Africa and Asia; and qualitative case studies in Nepal, India, Pakistan, Rwanda, Nigeria, Ethiopia, and Angola.

METHODS

The research used a mix of methods to evaluate the impact of polio eradication efforts:

- a) Statistical analyses assessed the impacts of polio eradication activities on indicators of routine immunization and maternal health. Analyses were conducted at the global level and in selected countries;
- b) Qualitative case studies explored how polio eradication activities affected health services in eight focus study districts across Africa and South Asia. Districts were chosen to represent a range of levels of healthcare provision and a range of intensity of polio eradication activities.

In case study districts with persistent polio transmission, there are many campaigns, and the picture is more complex. Repeated and sometimes lengthy campaigns take up a significant proportion of staff time—over 50 days per year in a few of our case studies—even as basic services remain underfunded and sometimes unprovided. Polio eradication did not create the poor health services in these areas. But there are opportunities to do more to change the situation. Inspiring best practices we observed across our case studies—available on the study website—show the way forward.

Polio eradication has built a global system that is unmatched in terms of its consistent quality. Polio eradication’s surveillance system, its communications infrastructure, and its ability to reach marginalized populations in the most remote parts of the globe are all unmatched in terms of combining quality with global reach. What is needed is inspired global policy to ensure that these benefits reach beyond just polio to have broad positive impacts on health systems.

Recommendations

Based on our analysis, we suggest the following **immediate, actionable recommendations**. All of them are based on best practices being carried out in certain areas that could be more widely implemented.

Recommendations:

- Include surveillance for other diseases in AFP (polio) surveillance systems
- Use integrated campaigns to reach marginalized populations
- Standardize and compile polio’s maps to of marginalized populations to provide them with additional services
- Fund routine immunization in locations with frequent polio campaigns
- Build staff capacity in a variety of areas beyond polio
- Share pertinent information gathered during polio campaigns with other health programs
- Add questions on key health indicators of interest to post-campaign monitoring
- Communicate to workers why repeated campaigns are necessary in high-intensity areas
- Raise monetary incentives for campaign workers to a living wage or eliminate them entirely
- Conduct cross-planning sessions to determine how programs and services can be integrated to reduce workforce burden without compromising programmatic objectives
- Conduct polio campaigns only where and when they are necessary
- Mitigate the most serious effects of service interruption with strategic planning

This project summary is based on findings from the Study on the Impact of Polio Eradication Initiative on Strengthening Routine Immunization and Primary Health Care, and was created by Middlebury College in collaboration with CARE

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