

Polio Eradication Impacts Study: Success Stories

Overall, our study found that polio eradication had some missed opportunities to strengthen health systems. If the inspiring best practices described here were broadly implemented, widespread health system benefits could be realized.

India's 107 Block Plan

The 107 Block Plan, implemented in 107 blocks or sub-districts in India with ongoing polio transmission, sought to improve the efficacy of campaigns by addressing the underlying causes of polio transmission. One particularly effective component of the 107 Block Plan was its extensive communication strategy. Community mobilizers, hired specifically for this project, disseminated targeted messages that included information about diseases prevented by routine immunization and where immunizations were available; the importance of oral rehydration solution (ORS) in cases of diarrhea and how to prepare it;



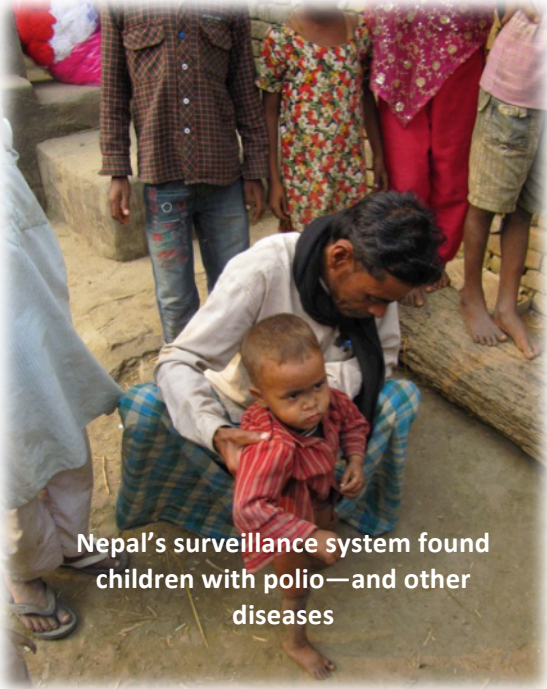
In areas of India with a high risk of polio transmission, communications staff promote routine immunization, breastfeeding, handwashing, and ORS along with polio vaccination

instructions to feed colostrum to infants and to exclusively breastfeed for six months; and to wash hands with soap at specific times throughout the day. Social mobilizers embraced the opportunity to diversify their messages after years of providing the same polio-related messaging. The project also fostered collaboration between disparately focused ministries within the Indian government. Though the potential to roll out 107-Block-Plan like programs to other polio

endemic areas should be considered, international officials have noted that the program's success was largely dependent upon the robust polio program that was already in place, and the government's support for programs like routine immunization. The 107 Block Plan still represents a clear and inspiring example of how polio eradication can spearhead a project with broader impacts on routine immunization and primary health care—effects that then positively impact the polio program as well.

Integrated Disease Surveillance in Nepal

The government of Nepal integrated measles, neonatal tetanus, and Japanese encephalitis surveillance into the World Health Organization-managed AFP (polio eradication) surveillance system. Both official surveillance reviews and our interviewees said that integration had improved surveillance of these three diseases, and that there were no significant negative effects on the quality of surveillance officers' work.

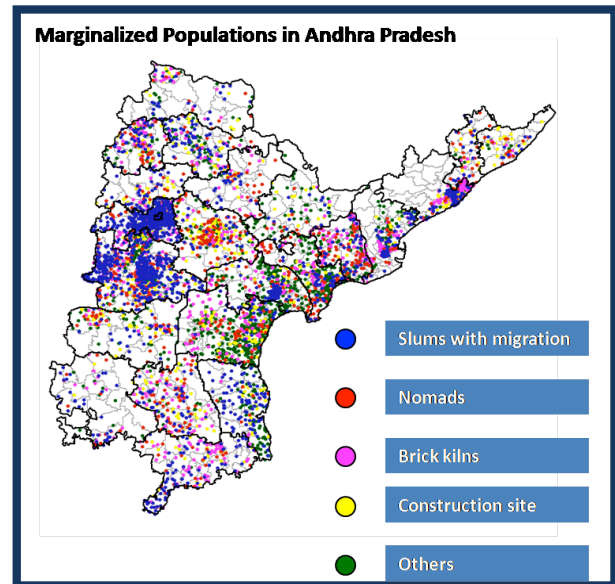


Nepal's surveillance system found children with polio—and other diseases

This success translated across all levels of the health system: front-line health workers generally knew how to report suspected cases of these diseases, district level officers felt that surveillance was conducted adequately, and central-level officials believed the integrated system was effective and efficient. The only drawback to the system was concerns about its sustainability once polio eradication was over, as the system was operated at the central level largely by the World Health Organization. Nonetheless, improved surveillance for a variety of diseases was built squarely on polio surveillance—a clear example of people seizing an opportunity for polio systems to create health system benefits. Long-term planning and support will be necessary to ensure that this surveillance system will continue to yield solid health system gains in the long run.

Outreach to Marginalized Populations in Nizamabad, Andhra Pradesh, India

Andhra Pradesh's polio program had a highly organized and targeted approach to reaching marginalized populations during campaigns. The number of households—and children under five—in slums with migration, nomadic settlements, construction sites, and communities of fishermen were enumerated and mapped (the map on the right was generated by the polio program). As part of this process, polio workers who visited marginalized populations also noted whether a routine immunization mobilizer had visited the site, and whether the child in question had received routine immunization and had a routine immunization card. Though many of the forms we observed during the February campaign, when the program was new, were not completely filled out with routine immunization information, this is an innovative and worthy initiative, and it is hoped that completion of forms will continue to improve. Andhra Pradesh's inclusion of routine immunization monitoring in polio outreach activities represents a model of a relatively low-labor, potentially high-impact add-on to polio eradication activities.



Nigeria's Immunization Plus Days



Campaigns in Nigeria provided additional health services beyond polio vaccine 02/17/2012 18:35

In 2006, Nigeria began implementing Immunization Plus Days in place of standard polio campaigns. Though the exact interventions varied by state, in addition to polio vaccine, vitamin A was given house-to-house, and fixed points at health facilities offered routine immunizations as well as child survival interventions such as vitamin A, anti-helminthics, oral rehydration salts, and insecticide-treated bed nets. Integrated campaigns have many clear advantages over single disease campaigns. In cases where door-to-door campaign visits were a child's only contact with the health system, offering additional interventions beyond polio vaccination alone was a powerful way to

provide essential services to children that would otherwise remain unreached. Also, because training for IPDs necessarily included information on other health issues, IPDs broadened staff knowledge beyond polio. Although IPDs cannot provide a replacement for comprehensive primary health care services, and while use of IPDs has not eliminated public distrust of polio vaccination entirely, their success in providing some additional services in Nigeria offers support for wider use of integrated campaigns.

Financing in Ethiopia in the Early 2000s

During the early 2000s, the Ethiopian government used foreign polio funding to bolster limited domestic funding for routine immunization. A 2002 report jointly issued by the World Bank and the government of Ethiopia noted a lack of interest by donors to fund the Ethiopian Expanded Programme on Immunization (EPI) in comparison to polio eradication. Yet substantial routine immunization funding gaps were partially filled through support made available through polio funding. Ethiopia's assertiveness in ensuring support for its routine immunization program was a key factor in securing these benefits.



Ethiopia's polio financing helped to support routine immunization as well

Pakistan's Monitoring Systems



Pakistan's polio information systems also provided information about immunization

In Pakistan, the Global Polio Eradication Initiative's polio monitoring systems provided some additional information on routine immunization coverage. The AFP (polio eradication) surveillance system collected information on how many doses of oral polio vaccine (OPV) children received, allowing planners to identify pockets of zero- or low-dose coverage in the country. Because cases of non-polio AFP are a reasonably random sample, this system has also been used to assess routine immunization coverage in children of different ages. There are still opportunities

available to use Pakistan's other polio monitoring systems (like independent monitoring after campaigns) more extensively to support the creation of a stronger information system on routine immunization. Post-polio, careful consideration of ways these systems could best be transitioned, supported, and integrated into a new high-quality system with potential benefits for routine immunization is worth attention.

High-Level Attention in Rubavu, Rwanda



Campaigns were opportunities for supervision in Rwanda

Polio campaigns were an opportunity for high-level officials to visit local health centers. Such visits from officials not only supported polio campaigns, but also had added benefits for routine immunization. While visiting health centers, officials provided increased supervision over routine immunization activities, because, as one respondent remarked, "They cannot supervise some activities and leave out others." According to respondents, this increased supervision of routine immunization provided officials with a better perspective of the current, on-the-ground challenges faced by the health centers.