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*Polio Eradication Initiative in Pakistan and  
the efforts of GPEI*



**Submitted By**



**Module Leader**



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# Introduction

Pakistan is one of the two countries in the world that continue to remain polio-endemic stricken despite the rest of the world attaining an almost global polio eradication consensus. Despite all the struggles against polio eradication ([JICA, 2011](#)), the number of found incidences of polio cases has never completely ceased ([GoP, 2022](#)) in the two persistently endemic struck countries. In Pakistan, the immunisation campaign in the country was launched in 1974, however, official efforts to eradicate the endemic started in 1994 ([Hussain, Boyle, Patel, and Sullivan, 2016](#)).

In the pursuit of the global eradication initiative of poliovirus, differing degrees of success have been observed in Pakistan probably because of the misconception and misguided information circulating on social media about the polio vaccine and the possible post-polio syndrome that might be caused even after the vaccine consumption ([MayoClinic, 2022](#)). This has led to the formulation of distrust among parents about the motives of global health authorities in vaccinating their children against the polio virus endemic ([Bhattacharjee and Dotto, 2020](#)).

A few years back, before the misinformation about the vaccine went viral on social media ([Ittefaq, Abwao, and Rafique, 2021](#)), profound progress in maximising the number of vaccinated kids against poliovirus was demarcated when almost 37 million children; having demographics as 'under five years of age'; living in the locality of Pakistan were vaccinated. Still, the GPEI's goal of forwarding this number to 39 million (in Pakistan alone) remains uncompleted ([WHO, 2021](#)). Since the poliovirus is an endemic-prone disease, its ongoing transmission in the two countries will continue to impose a threat of re-spread of the disease in parts of the world that have now been labelled as polio-free by the World Health Organisation (WHO). That's why failure in attempting to eradicate polio from the left out regions of these countries could lead to 200,000 new cases every year ([WHO, 2013](#)).

To understand why the organisation strategy of the polio eradication initiative has failed at delivering the objective of poliovirus eradication from the entire world, or more precisely its failure in complete eradication in the remaining two countries of Pakistan and Afghanistan, we will first explain how this strategy had been structured around the project's mission.

## Organisational Strategy

The GPEI (Global Polio Eradication Initiative) stands at a crossroads, whilst in the pursuit of delivering on its promise of a polio-free world ([WHO, 2021](#)), exploring new approaches to overcome the last remaining hurdles of achieving polio eradication in the left two countries. The immense surge in the poliomyelitis cases ([Felter and Renwick, 2022](#)) in Pakistan, as of the 2014 year census, had the International Health Regulations Emergency Committee (IHRCE) convinced to divulge the situation as a public health emergency demanding international concern ([Hussain, Boyle, Patel, and Sullivan, 2016](#)). For that, the efforts of GPEI were invoked to get a good hold of the spreading of the polio virus to surrounding vicinities, especially in areas that have already recently recovered from the spread of the virus ([Hussain, Boyle, Patel, and Sullivan, 2016](#)). However, due to Pakistan's importance in addressing the religious, political and socio-economic hurdles to immunisation ([Ittefaq, Abwao, and Rafique, 2021](#)) along with the disparity in vaccine coverage and impoverished

healthcare infrastructure, the drive for polio eradication initiatives within a country continues to struggle.

Over the last decade, efforts of GPEI have significantly countered the number of arising poliovirus cases in Pakistan ([UNICEF](#), no date), however, the management of GPEI dictates that the final eradication steps of the endemic have proven to be the hardest to counter finally ([WHO](#), 2021). In Pakistan, the struggle for polio eradication is faced by epidemiological and programmatic challenges that require GPEI to define its organisational strategy that ensures collective ownership and accountability across the GPEI partnership with all stakeholders including government officials and communities ([WHO](#), 2021) to bring ease to the endgame of poliovirus endemic.

According to the latest 2022-2026 polio eradication strategy, the GPEI's approach towards polio eradication in every region of Pakistan is transformed by the following 5 unitedly reinforcing objectives derived based on achieving 2 elemental goals ([WHO](#), 2021). The following table explains the objectives.

**TABLE I** The five unitedly reinforcing objectives of GPEI

Strategic Objectives	Explanation
1) Poliovirus Case Detection and Response ( <a href="#">Verma, Jimenez, Tangermann, and Razak</a> , 2018)	Making use of sensitive surveillance equipment and methods to detect and provide a critical action plan to respond programmatically.
2) Improvement in frontline services	Providing improved frontline services through the use of advanced detection and response equipment to better campaign operations with recognition and empowerment of a successful frontline workforce.
3) Diversifying the team for accelerated results gain	Accelerating the campaign progress ( <a href="#">UNICEF</a> , no date) by diversifying the campaign executing teams to include partners in immunisation, healthcare and community services.
4) Creating awareness to stop refusal to get vaccinated from social media's misconceptions ( <a href="#">Verma, Jimenez, Tangermann, and Razak</a> , 2018)	Increasing vaccine acceptance rate through context-adapted group engagement that contradicts turndowns and betters community commitment to child poliovirus immunisation.
5) Systematising political advocacy by strengthening relations of GPEI with the government	Readdressing the relation of GPEI with governmental bodies to increase political will of allowing child immunisation.

The two elemental goals of GPEI's organisation strategy are:

**Goal#1** Completely Interrupting the spread of poliovirus in endemic countries

Paving the way towards the complete eradication of the poliovirus in Pakistan and Afghanistan goal one has been envisioned with the intention of improving programme efficaciousness. Turning this goal into reality demands GPEI to define its campaigns organisation strategy to accomplish the following ([WHO.](#), 2021)

- a) Enhanced political will at all governmental and local levels with a strong commitment to polio eradication
- b) Strengthened partnership with vulnerable communities living in the highest-risk of getting affected by the virus regions
- c) Well motivated staff and a team willing to offer frontline services by delivering vaccines at the doorsteps of every household
- d) An approach of holistic services delivery that holds immunisation and other health services on essential priority
- e) Strengthening surveillance quality for virus detection and response timeline.

**Goal#2** Avoiding the transmissions and resulting outbreaks in non-endemic countries by working on halting the circulating vaccine-derived poliovirus

The growing number of circulating vaccine-derived poliovirus type-2 (cVDPV2) ([WHO](#), 2021) has become a matter of global concern because the number of cases of Wild poliovirus type1(WPV1) has been less compared to the now common cVDPV2 since the year 2017 ([WHO.](#), 2021). Although 27 of the outbreaks ([Akil and Ahmad](#), 2016) of cVDPV2 have been announced closed by the GPEI in the last 2 years, it is a matter of risk to GPEI's objective of global poliovirus eradication. Therefore, the 2nd goal of the latest strategy of GPEI is based on the objective of putting the impacted nations around the emergency borderline to stop further transmission of the virus type ([WHO](#), 2021). This goal is envisioned to be accomplished by GPEI through the following

- a) Devising command structures for emergency situations in order to speed up decision making when detecting outbreak situations for a timely response.
- b) Deploying a new version of oral polio vaccine type2(nOPV2) to control transmission.
- c) Coordinating with in-country immunisation and healthcare authorities to better identify zero-dose and under-immunised localities.

### **My Role as PM**

With the intent of helping GPEI accomplish its derive of global polio eradication and in the name of humanity, I self-launched an initiative of establishing a vaccine facility in the locality of Mardan back in my hometown in KPK, Pakistan. It occurred to me when the locals of the city had to travel immense distances all the way to developed cities for healthcare and vaccine availing which was tiresome and dangerous in emergency situations. I, therefore, as an improviser of the idea and later as a project manager of the initiative, demarcated a vaccine facility there. In its demarcation, proper methods for hygienic storing of vaccines at maintained temperature and no-power loss store rooms were built specifically to avoid vaccine spoilage.

Once the facility was built, I was later appointed for the Emergency Use Listing (EUL) of WHO to assist with the rollout and supply of nOPV2 at the built vaccine facility. On a weekly basis, I provided reports of vaccine readiness and availability of supply to the Polio Eradication Director in the near vicinity where some cases of poliovirus had been identified.

With the built facility and making available the nOPV2 vaccine in my hometown, I feel the pride to have served the purpose of humanity which I aimed for in the beginning while starting the initiative and later concluding it to terms.

## SWOT Analysis

### 1) Strengths

- The network structure of GPEI is strong as it operates with a wide framework of intergovernmental and interagency partnership and participation ([GPEI](#), no date). This immense structure and governance of GPEI can serve as its fundamental legacy and a role model for other similar networks once it achieves the certification of global eradication of poliovirus.
- The strong coordination and collaboration within its network structure add credibility to GPEI's governance providing a strong foundation and excellent support at all levels ([WHO](#), 2014).
- Integration of GPEI with EPI(Expanded Program on Immunisation)([GPEI](#), 2022)
- High competency and enhanced reliability score because of global operating standards ([WHO](#), 2021).
- Enhanced economic benefits to the country: Pakistan ([GPEI](#), 2016)

### 2) Weaknesses

- Immense budget requirements to run multiple vaccination campaigns throughout the year leading to budget constraints
- High staff turnover rate due to intense assigned duties of delivering vaccines at the doorsteps of households means increasing need of human resources to run campaigns ([GPEI](#), 2016).
- Political shifts and changing governments paving a hindrance to the run of immunisation campaigns ([Baloch](#), 2019)
- Flaws in or incomplete documentation of certain unexpected events of found cases hinder improvement in the future performance of campaigns by GPEI ([Channa, Memon, and Zaman](#), 2021).
- Poor communication with the general public keeps the public unaware of the consequences of not getting vaccinated. On top of it, the social media misconceptions ([Ittefaq, Abwao, and Rafique](#), 2021) add fuel to the fire compelling the public to go invisible against immunisation.
- Not being able to operate and provide services to children in areas labelled as insecure for the GEPI allocated team ([WHO](#), 2013).

### 3) Opportunities

- Adopting new technologies to improve case detection and make effective the response timeline
- Re-structuring a network to establish strong bonds with governments and political parties for easy adaptation in the season of political and governmental shift ([Bhattacharjee and Dotto](#), 2020).
- Diversifying activities by creating polio vaccine containment
- Ensuring the surveillance of the environment along with disease surveillance as poliovirus can survive from weeks to months in soil ([Walter and Birmingham](#), 1997).
- Improving vaccine delivery infrastructure to strengthen the healthcare economy of the country ([WHO](#), 2013).

### 4) Threats

- Insecurity and political situations preventing conduction of vaccine campaigns
- Staff attrition that worsens budget constraints and adds delays as new staff needs training before starting work
- Strictness imposed in regulations of new governments ([WHO](#), 2013).

## Recommendations

In light of the SWOT analysis above, the following recommendations might help with the GPEI's struggle of eradicating poliovirus in Pakistan.

- To overcome the biggest insecurity threat to the eradication of poliovirus, GPEI should establish an all-embracing framework considering the following key points:
  - ◆ Making operating adjustments to vaccine campaigns to keep a low profile so as to remain safe from potential threats([WHO](#), 2013)
  - ◆ Performing local risk assessments by strengthening the relationship between civilians and security staff so that they can report on local risks which can then be used to improve the physical welfare of vaccinators.
  - ◆ Ensuring religious groups and leaders' advocacy to build solidarity for polio eradication in areas where religious leaders pave barriers to polio campaigns ([Ittefaq, Abwao, and Rafique](#), 2021)
  - ◆ Taking the necessary measure of vaccinating intensely all travellers moving in and out of the areas that have been identified as infected.
- For immense budget requirements to run campaigns wherein kids are vaccinated multiple times a year, GPEI can improvise innovative funding opportunities such as advocating for domestic funding contributions aimed at bracing polio activities in a run towards the stopping of poliovirus transmission and its eradication.

- To counter the misconceptions about poliovirus circulating on social media, GPEI should actively and effectively captivate government stakeholders and other local sensational influencers to assist in making the public aware of the need, challenges, and required actions for the complete eradication of poliovirus ([Ittefaq, Abwao, and Rafique](#), 2021). By collecting feedback, the locals' understanding of the polio campaigns and schemes can be analysed and worked on.
- To improve on the techniques of virus detection and response time, GPEI can make the government stakeholders of the country aware of how investment in polio countering assets, tools, workforce and improved healthcare infrastructures ([Channa, Memon, and Zaman](#), 2021) throughout the country could prove beneficial in emergency response to new identified cases and preparedness from future outbreaks. This move can be made profound with a strong cooperative advocacy approach from collaborations with other reputed local healthcare departments.
- Additionally, making use of modern technology like real-time data forecasts about identified cases can improve the decision making and incident handling structure to provide the best frontline services to the patient. Similarly, employing the tactics of using data from advanced gear like web-based Information for Action (WebIFA) and electronic surveillance (eSURV) can help significantly with emergency response times ([Bhattacharjee and Dotto](#), 2020).

## Conclusion

The drive towards the eradication of poliovirus in the endemiPakistan is within sight, however, due to varying reasons, as discussed in this report, its success is not yet assured. The risk and uncertainties associated with its complete eradication are unequivocally proving to be both cost-effective and time-consuming.

The ongoing political turmoil, along with security issues and instability of government have all erected significant barriers to the GPEI's mission of global polio eradication. The delays caused can result in an unplanned and unaccounted surge in found cases of poliovirus leading to tragic health outcomes. Negligence to act and control the endemic means giving the virus an open opportunity to claim victims whilst threatening to escalate to polio-free countries.

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