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Pakistan: Walking the Last Mile for Eradicating Polio – We are Stumbling

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Abstract

The pressure of disease eradication can be enormous. Pakistan and Afghanistan are 2 endemic countries that are expected to give the final push to Wild Polio Virus out of planet. Polio Eradication is the largest program the world has known and has the largest frontline workforce that knocks at every door in the country. Pakistan had 15 months period where no human paralytic case of wild polio virus was reported, the program was thought to be headed in the right direction when suddenly, the outbreak happened in northwest part of Pakistan with multiple paralytic cases clustered in time and space. It was only after the detection of these cases that program's telescope turned to this part of Pakistan that had longstanding issues which were not unknown. The outbreak has now spread to other parts of Pakistan. In this article, the author narrates her experience from the field that highlight the issues with roots that penetrate deep in the systems and hamper not only the progress of Polio Eradication but also, why overall health investments do not reach masses adequately. The author also presents the solution(s) that need to be implemented by overturning "one size fits all approach". This entails local policy making through firsthand community interaction instead of policies made in fancy offices far away from these communities.

Keywords: *Polio, Eradication, Pakistan, Afghanistan, Outbreak*

1. Introduction

Pakistan's Polio Program is a well-seasoned, heavily funded, vertical system [1] (World Health Organization, Regional Office for the Eastern Mediterranean, n.d.). The program has deep roots from inside every household (literally) to the level of head of state and has presence at every level and every section of health systems. As a program employee we get experience and exposure, personal and professional growth, mentors and advisors and friends and foes. But the cause goes way beyond personal interests.

We have great many stories from the field, stories of achievements and failures, stories of bringing people together and stories of supporting other health programs in the times of epidemics and pandemic [2] (WHO News Room, 2021) [3] (Polio team's support for COVID-19 vaccination demonstrates their value for global health, 2022). These stories belong to the brave frontline field workers who are the unacknowledged heroes. The heroes who are doing the tough work and have been assigned the actual daunting task of bringing the vaccine to every doorstep. Vaccination is the only way to eradicate polio. These workers give their blood [4] (UN condemns brutal killing of eight polio workers in Afghanistan, 2022) to the cause and get almost nothing in return, not a clap, not the affirmation and not the validation.

But today, I am not going to narrate the beautiful inspiring stories once again as the situation is gloomy. There is an active outbreak in North Waziristan, Pakistan, getting out of control. 11 cases [5] (Global Polio Eradication Initiative, 2022) clustered in time and space are reported. Prior to that, we had 15 months with no human cases and environmental samples showing clearing up of virus, we were optimistic that we are enroute at the last mile now. Oh, we were but wrong.

Polio virus is smart and fast and does not spare any opportunity to show its power. Afterall, it is also fighting the battle of survival. It identifies and harnesses every vulnerable human gut. It multiplies, travels everywhere, crosses the borders without respect and manages to find the reservoirs to breed. Its sole presence points to our weaknesses that are hidden behind smoke screens and brushed under the carpet. It only attacks the weakest population with suboptimal immunity and poor vaccination status. When it shows up, it demonstrates the chain of transmission it traveled on and how the under-immune humans were connected to pave the way for it to travel without restriction.

I was a part of national outbreak response mission for a district in Northern Pakistan back in 2019. Coming from the field experience of metropolitan cities, what I saw in this region was very different from what I was used to. The program was highly influenced by friendships, family connections, politics and pressures that kept even the external monitoring agencies from working. The district managers were helpless and had their hands tied. Lady Health Workers (LHWs) were getting paid regularly and never showed up in the field for polio campaign. They had a straight excuse "our culture does not allow us".

I spoke to the LHW program manager, and he simply said "I have too much pressure from the local politicians as all the hirings are influenced by them. If I insist too hard to get LHWs out in the field, I may get a transfer, suspension or may even lose my job". I didn't really understand the role of legislators for hiring and firing health department employees, but I soon realized that he was telling the truth. Being an external mission member, I could overcome these barriers as I was free of any local pressure and did not owe my job to politicians. I offered my services and asked the authorities to "make me a bad guy and move people in the field with the soft pressure of a large team of national staff monitoring this campaign." I could see that they weren't convinced. I asked them again and did not hear any positive reply.

In one meeting with District Health Authorities, I saw a driver of Lady Health Supervisor (LHS) sitting with a power pose and a sense of authority in him. I could see the power he had. I asked an official what the role of a driver in this meeting was. The health official was very uncomfortable with the question and didn't have any plausible reply. After the meeting ended, I informally asked the driver what was going on in the district. He had wonderful insights as he was a firsthand source of information being the husband of LHS he drives for (the driver and LHS were hired to work together which is against the general rules). His influence came from his political background, but he never tried to use it with me. He knew that he couldn't. He claimed that all the LHWs considered him their big brother and listened to him. I decided to harness that as I desperately wanted to go up to the LHWs and understand their behaviors. I asked the driver to arrange a meeting for the very next day. To my surprise, all the LHWs showed up at the health facility despite the long distances and a short notice. They came to the meeting not because of any fear of external monitor but because they wanted to meet me. The news of my arrival and questioning the system had spread all around already. It was a well-connected network even though the cellular service connectivity was a bare minimum in the district.

Being in all-male meetings for a week, this was a breath of fresh air. I had only known the program operations in big cities, and this was a new world where I had to generate newer perspectives. Talking to these beautiful ladies, young and old, new and experienced, those who spoke Urdu and those who didn't gave me a new insight of how frontline workers work and how they don't. All of them had their faces covered as this is what their culture was. After I made them realize that this was a closed, internal, ladies-only meeting and no pictures will be taken, they unveiled themselves and got comfortable for talking. Safe space is what everyone needs.

We spoke about language, culture, families, children, food, vaccines and then gradually transitioned into the conversation about hesitancy for field work by female workforce. The big factor (political influence) was not discussed as they knew I was not the right person to pressurize. We didn't have any structured, formal meeting, it was more of heart to heart, female to female, mother to mother

discussion. I gradually and softly posed the question of their unwillingness to show up for polio campaigns and their reason behind sending their underage male children or their husbands to the field instead. They believed it was hard for them going out being a woman in this culture.

"What about other programs? MNCH (mother and child health), Dengue, Routine Immunization, Social Mobilization? Do you ever go the field for these?"

The answer was a unanimous "yes"

"Why not polio then?". After a pause, a young energetic female replied "In addition to our catchment area, we are assigned some streets outside where we are not very comfortable and feel unsafe"

"But my impression is that in this Tehsil, everyone knows everyone. And being local, you speak the language as your mother tongue and have free access inside the households"

"Our husbands and children have similar access"

"My personal experience is that I feel very safe in the streets here, people open their doors, mothers invite me in and those walking in the streets are respectful"

"Yes, we feel safe in our streets too"

"What is it about polio campaign that doesn't make you feel safe in the field"

"We are underpaid"

A moment of silence after listening to the bitter truth (The big chunk of polio resources is spent for funding fancy overstaffed offices. The individual field worker gets a shoestring).

"What do you say we try to get out in the field for this one campaign?"

"Will you be there in the field with us"

"By all means. With you and wherever you need me"

Then we spoke about the weather and how excruciating hot it is going to be during the campaign starting next week.

We ate lunch together, laughed together, the ladies took pictures with me in their phones, admired my haircut, and in the end, we took a group picture outside of the Basic Health Unity with all women in veils but me. We informally pledged to give our all for the upcoming polio campaign.

Thankfully, I did not underestimate the power of LHS's driver. He really was a big brother to all of them as they felt comfortable around him and didn't cover their faces in front of him. I later learned that he also led a rebellious movement of LHWs and went on strike in past. His wife (Lady Health Supervisor) was a timid gentle woman who couldn't speak Urdu, mostly stayed home, and let her husband take her role conveniently. The involvement of health worker's husbands in their work was a norm here.

During the campaign, a record number of LHWs showed up in the field (still not all of them). I met many of them in the field and it was hard for me to

watch them working in 100 degrees with drapes and veils. Those who were in the field were working in letter and spirit. It was not a kind weather, and it was not an easy terrain. A considerable hike from one house to another with unmerciful sun can take a toll on anyone. There is a reason these women are our frontline heroes. I am humbled and emotional every time I meet such dedicated workers, drenched in sweat, carrying the paperwork, vaccine box and water bottle and still able to welcome monitors with a smile. I heard several times in the office that we as women are too emotional, too sensitive, and too empathetic. I must ask, if men meet such teams in the field, do they feel nothing?

Finally, one day I came across a team with both male members but represented by a female LHW on paper (microplan), a paper that is signed by various officials. One of the male members was LHW's husband. I asked him why he was there instead of his wife, and he responded that the area includes many small marketplaces and many small apartments on the top of shops where only men reside, and he doesn't feel comfortable sending his wife there. Observing the area while trying to reach this team, I knew that his reason was correct. In this district, the reality of going against the female team indicator in the field was much more complex. Spending time with this team, I realized that they were doing a decent job. The vaccine was handled perfectly, the tally sheet was neat and immaculate and their communication with mothers in local language was perfect. However, we soon came across a common field barrier. Walking door to door with this team, we reached a house where a mother didn't open the door for the team. After their back-and-forth argument, I stepped in and requested the mother to let me in for some time. The angry mother opened the door and let me in with a greeting smile. She knew both male members quite well as they were locals. She just didn't want children to be vaccinated and her biggest fear was "what happened in Peshawar [6] (protest sparked by polio vaccine in Peshawar, 2019). I sat with her in the kitchen cum living room and we had a conversation about Peshawar incident briefly and then I used my usual strategy. I showed her a picture of my son in the phone and communicated in Pushto. "This is my 4 year old and I vaccinate him in every campaign". She responded with multiple sentences and my borrowed language fell short. Thankfully, she could speak broken Urdu. Her husband was a cook in a local hotel, and we soon learned that he was cook in the hotel that the whole mission was staying in. And he had been serving us some delicious food every night when we got back. She trusted me right then as I assured her if any adverse effect of vaccine happens today or tomorrow, she can reach me through her husband. 5 children in that house got the vaccine. This was the only limitation for that male team, to get the access in the houses where they faced resistance.

I don't see any harm if male teams can work this well in the field. Personally, heading a district, I'd truthfully represent that on paper and won't need to forge the team operational microplans. I know the superior office may question the indicator for number of female teams not being up to the

benchmark, but I also know if I have a plausible explanation, I will get all the support. The district was too focused on getting everything right on paper, they forgot to tell the truth.

After a tiring evening review meeting one day at District Administration's office, a technical local colleague came up to me and said, "I have told many external monitors in the past to pack their bags, roll up their beds and go home". I realized it was a subtle message to not interfere with the status quo. He was a powerful well-connected man who thought that this district was his kingdom, and we were a mission of nomads who'd go back soon. I invited him over the cup of tea and shared my simple motives.

During the mission, we had learned that due to difficult, hard to reach and distanced terrain, we needed more cold boxes to ensure the supply of temperature-maintained vaccine to every corner during the campaign. A few boxes were present in the district, but they were far from the number needed for this stretch of geographic area. We ordered the cold boxes and those were mobilized from the provincial store in no time. We stocked them up well before the beginning of the campaign and drafted a plan with people in the field responsible for transport and maintenance during the campaign. It was sad that the huge number of govt and partner staff who have been here for years were not able to identify this crucial need before. Or maybe supply of quality vaccine was just not a priority. Or maybe genuinely vaccinating the children was not a big concern. The mission team had already identified that in some areas, children were marked on the fingers without vaccination.

The feelings from within the community about polio campaign were unanimous. They wanted better health systems, not just polio prevention. I didn't find this demand unreasonable. Better health system to them was provision of quality tertiary healthcare. All Basic Health Units I visited lacked medical officers. I had already visited the Tehsil Headquarter Hospital multiple times and the facility was not equipped for dealing with even the mediocre emergencies. The building is inhabited by roaches and cats, the ward beds lacked sheets and were in rags, the animal waste was everywhere, and walls were stained with spits and vomitus. If something serious ever happens to a loved one, people must rent a pricey private vehicle (a super uncomfortable one) and travel 6 hours before they make it to a hospital with essential services. Too much for universal health coverage? How do we make polio vaccination a priority here?

Being oceans away from Pakistan today, I haven't been able to cut my cord with the Polio Program. With the human cases popping up in North Waziristan and paralyzing children once again, I'm sure there have been long existing organizational and operational gaps [7] (Closser, 2010) that District/Divisional Polio Staff have turned a blind eye to. It was only a matter of time that virus got there, showed up in environmental sample first and then quickly found unimmunized children, only to proliferate further and find new hosts. North Waziristan has been termed as the difficult to access area with low number of female mobile

teams and poor external supervision. The Routine Immunization coverage is low with high community resistance for doorstep polio vaccination. We speak about these barriers and then let the situation be. Until a virus shows up and then program's telescope is turned to it with everyone looking in the same direction.

As Public Health Professionals, we are trained to not speak about an issue unless we recommend a potential solution. I see the opportunities to overcome resistance. Chances to speak to the tribes are always there, we only must identify them and sometimes generate them. We can never penetrate the communities deep enough with a notion that we know what they need. It's a community that tells us what is best for them. We have to sit with the communities and let them train us for how and when to arrive to vaccinate their children, how to talk, how to dress, where to go, what makes them feel safe and what makes them feel threatened. Sit with them, live with them, let them know about you and your motives and one day they will bring their children to you. Even those remote impoverished communities love their children, their children's health and life are equally precious as ours, they only want to protect them. The lesson I learned was, we do not need expensive communication and big words, we don't need "tailored strategies" that are sown miles away in big fancy offices, we do not need special trainings to reach them. Polio will be eradicated by 2 drops of vaccine and all the training we need will be provided by the community itself. With right message, these opportunities will be generated by the people from within the communities. We only need the kings to step down from their thrones and not to think of interacting with the communities as an inferior job. If it still proves hard, live with the community, see them every single day, learn their ways and then transform yourself first to bring about this behavior change. "Be the change you wish to see in the world".

Declaration of Interest

The author has worked for Pakistan's Polio Program Pakistan for 5 years. The views presented in the article are author's own and do not reflect organization(s) the author has worked with.

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