Polio Eradication & Equity
The Case of India

Vivek Singh
Public Health Foundation of India (PHFI)
From 125 Polio Endemic countries
to 2 endemic countries

Last type 2 polio in the world

Last type 3 polio in the world

Last Polio Case in India

Wild Polio Eradication, 1988–2015*

Polio cases (thousands)
Goal 3. Ensure healthy lives and promote well-being for all at all ages

3.8 Achieve Universal Health Coverage (UHC) ..................
The UHC Cube
In every country, the last cases of polio are always among the poorest, most disadvantaged people, living and working in the worst conditions, in the community.
• India committed to the World Health Assembly resolution in 1988 to eradicate polio by 2000

• In 1994-1995 India was reporting around 5000 polio cases annually – estimated actual occurrence 10 times of reported cases

• Need for intensification –Supplementary Immunization Activities (SIAs) guided by an A.F.P Surveillance System started in 1997
Strategies for Polio Eradication

1. Sensitive Acute Flaccid Paralysis (AFP) Surveillance

2. National & Sub-National Immunization Days (NIDs/SNIDs)

3. Mopping up vaccination

4. Routine immunization
In Polio SIAs ~800 million children vaccinated every year, and

~27 million new born targeted each year with routine immunization services
National Immunization Days (NID)

- Children immunized: 170 million
- Houses visited: 240 million
- Houses checked by supervisors: 14 million
- Vaccinators deployed: 2.6 million
- Supervisors: 170,000

Sub-National Immunization Days (SNID)

- Children immunized: 70 million
- Houses visited: 85 million
- Houses checked by supervisors: 5 million
- Vaccinators deployed: 500,000
- Supervisors: 50,000
Closing the ‘Equity-gap’ to reach every child has been a gradual learning process for the polio program in India and globally, backed by a robust surveillance program.
Strategic Focus to Reach the Un-reached

- Emphasis on implementation of an “Underserved Strategy”
- Ensure immunization and tracking of youngest children – specially newborn girl-child
- Focus on improving quality in 107 high risk areas / blocks in the country
- Immunization of children at congregation sites / transit sites
- Systematic identification, mapping & coverage of migratory populations
Intensive engagement with underserved networks & institutions
Involvement of Religious Leaders
Polio Advocacy During a Spiritual Congregation

Polio banners at Islamiya Ground with polio appeal of spiritual leader Dargah Aala Hazrat Bareilly (31/01/2011). 10,00,000 people reached
Newborn Tracking & Immunization
Renewed focus on systematic identification, mapping & coverage of migrant / mobile communities

- Nomadic families
- Families living in construction sites
- Families living and working in brick kilns
- Families living in urban/peri-urban slums with large population migration
Polio vaccination of migrants and mobile communities
Coverage of children in transit

• Vaccination teams deployed to cover children in transit – bus stands, highways, markets etc.

• 450 teams in running trains on major routes

• Additional teams at platforms

• 8 million children in transit immunized in India each round

• 100,000 of these in running trains
Coverage of migratory communities in states with large migratory population during each SNID

~ 2.5 million migrant children vaccinated in Gujarat, Punjab & West Bengal during each round
Detailed planning to reach the Hardest-to-Reach areas in – the last foci of WPV circulation

Focus on coverage of temporary field huts
Satellite units in Kosi river area
~400,000 Migratory and Settled High Risk Areas identified for increased focus

~ 254,000 Migrant sites identified

~ 164,000 HR areas in settled population
## Demographic Health Survey (DHS) India

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Highest education level</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td>38</td>
<td>38</td>
<td>37</td>
<td>40</td>
<td>48</td>
<td>74</td>
<td>70</td>
</tr>
<tr>
<td>Primary</td>
<td>66</td>
<td>62</td>
<td>58</td>
<td>68</td>
<td>67</td>
<td>77</td>
<td>66</td>
</tr>
<tr>
<td>Secondary or higher</td>
<td>82</td>
<td>81</td>
<td>77</td>
<td>83</td>
<td>77</td>
<td>84</td>
<td>26</td>
</tr>
<tr>
<td><strong>Household wealth index</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lowest</td>
<td>31</td>
<td>34</td>
<td>34</td>
<td>33</td>
<td>44</td>
<td>70</td>
<td>70</td>
</tr>
<tr>
<td>Second</td>
<td>36</td>
<td>42</td>
<td>47</td>
<td>39</td>
<td>50</td>
<td>77</td>
<td>69</td>
</tr>
<tr>
<td>Middle</td>
<td>53</td>
<td>57</td>
<td>58</td>
<td>54</td>
<td>63</td>
<td>81</td>
<td>58</td>
</tr>
<tr>
<td>Fourth</td>
<td>66</td>
<td>71</td>
<td>69</td>
<td>68</td>
<td>71</td>
<td>81</td>
<td>44</td>
</tr>
<tr>
<td>Highest</td>
<td>83</td>
<td>83</td>
<td>82</td>
<td>84</td>
<td>78</td>
<td>87</td>
<td>29</td>
</tr>
<tr>
<td><strong>residence</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>69</td>
<td>73</td>
<td>69</td>
<td>71</td>
<td>72</td>
<td>83</td>
<td>42</td>
</tr>
</tbody>
</table>
| Rural                    | 47             | 50             | 50             | 49             | 56             | 77             | 62                       

**Increased and equal polio vaccine coverage across equity stratifiers**
RI coverage & Polio cases

Polio Cases

Cases

% Coverage

Reported % OPV coverage

Data CBHI and E&I Division
India - Major milestones achieved

2011: Last polio case due to WPV (13 January, 2011)

2012: Removed from list of polio endemic countries

2014: Receives polio-free certification on 27 March

Rukhsar, the last polio case due to wild poliovirus (WPV) in India!
March 27, 2014:
South-East Asia Region of WHO certified polio-free
Health Equity is a shared responsibility requiring engagement of all sectors of government and all segments of society
One of the reasons for delivery chains for health services to fail / or succeed, is gaps in quality and type of data and intelligence that can advocate and guide interventions for closing the ‘equity gap’
Thank you