

Polio Eradication: Field Operations



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APHA Annual Meeting,
Washington DC
November 2007

Every Case is a Disabled Child



Effective Evidence-Based Field Operations

- **Immunization** – Supplemental campaigns, routine services, mopping up, outbreak-response
- **Communication** – Advocacy, Fund-raising, social mobilization (Interpersonal communication, mass media, print/IEC materials)
- **Management / Administration**

Immunizing every child under age 5

- Bringing vaccine to the child – Supply
- Parents acceptance of vaccination – Demand

In order for vaccines to work, the drops need to get into the child's mouth



Bringing the Vaccine to Children (1)

Microplanning

Booth/fixed post or Door-to-door

Denominator

- ❖ How many kids are there?
- ❖ Where are they?
- ❖ What is a household?

Mapping (all levels):

- ❖ Epidemiologic – endemic/high risk; border areas/recently infected; low risk/high routine immunization
- ❖ Campaign – areas with missed children from previous round
- ❖ Social – ethnic, language, religious, caste, occupation
- ❖ Areas of insecurity
- ❖ Special Populations: migrant, nomads, special events, minorities, geographically difficult
- ❖ Daily – local areas, daily route for vaccination teams to follow

Logistics & Transportation

- ❖ Vaccine: how much?, distribution plan? cold-chain at all levels?
- ❖ Supplies: Chalk, markers, tally sheets, identification
- ❖ Personnel: transport of vaccinators, supervisors, mobilizers, monitors

Cross-Border Synchronization

Insecurity/Days of Tranquility

Bringing the Vaccine to Children (2)

Personnel : Vaccinators, Supervisors, Mobilizers, Monitors, International Observers

- ❖ Selection
- ❖ Training
- ❖ Quality Assurance
- ❖ Deployment based on strategy: Booths, A team, B Teams, sweep teams, revisiting plan

Routine Immunization

- ❖ Coverage varies
- ❖ Supply
- ❖ Demand
- ❖ Immunization Plus Days
- ❖ Child Health Camps/Weeks

Monitoring & Evaluation

- ❖ In Process
- ❖ Post-Campaign
- ❖ Surveillance



Integrated Campaigns



Immunization Booth



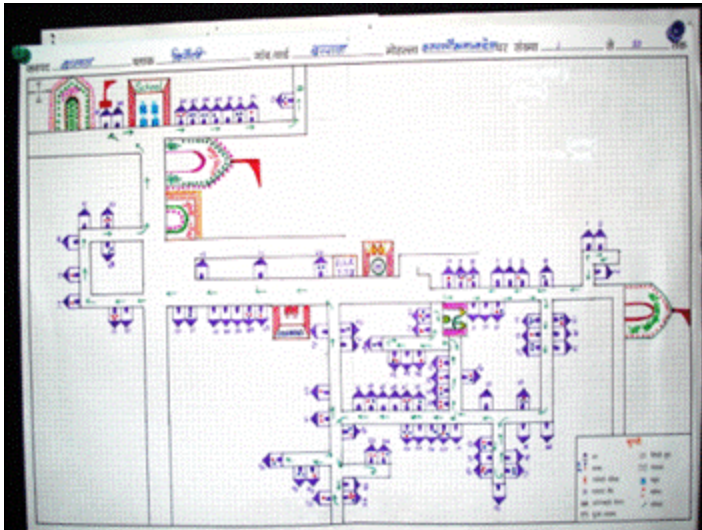
Door-to-Door



Cross-Border: Somalia and Ethiopia



Nomads



Planning and Mapping



Cold Chain

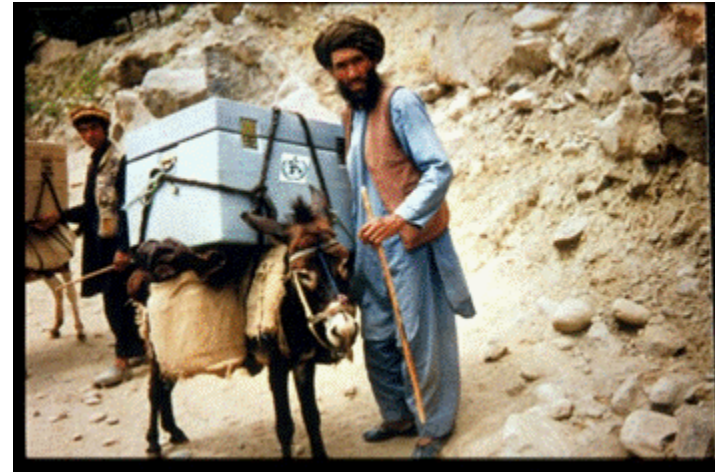


Supervision



**Team Selection & Training:
Respected Lady Vaccinator**

Hard to Reach Populations





House Marking



Finger Marking

Insecurity / Days of Tranquility



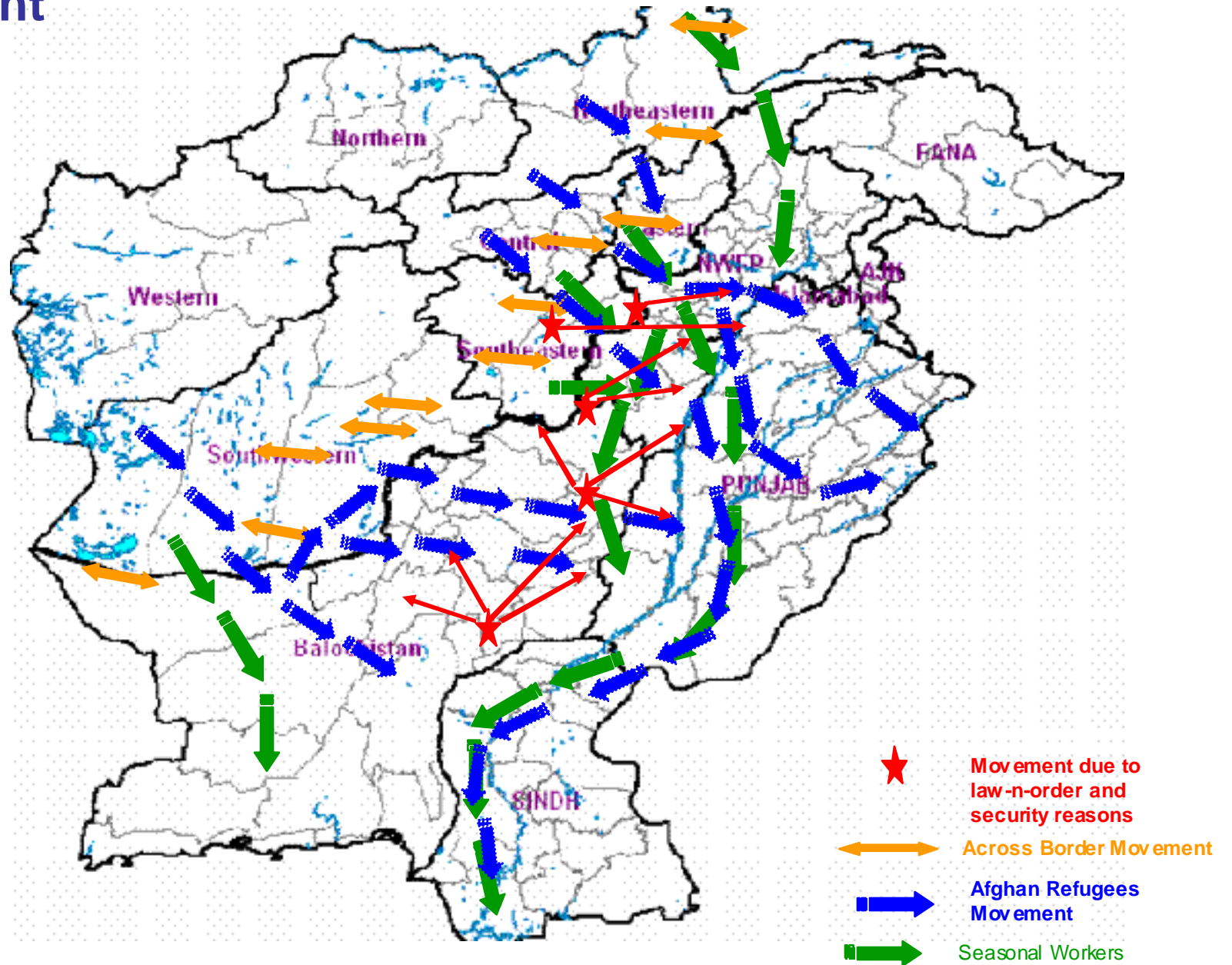
**El Salvador
(1985-'91):**

**Multiple, One Day,
Truces Negotiated**

**Campaigns repeated
three times a year for
immunization against
polio and other diseases**

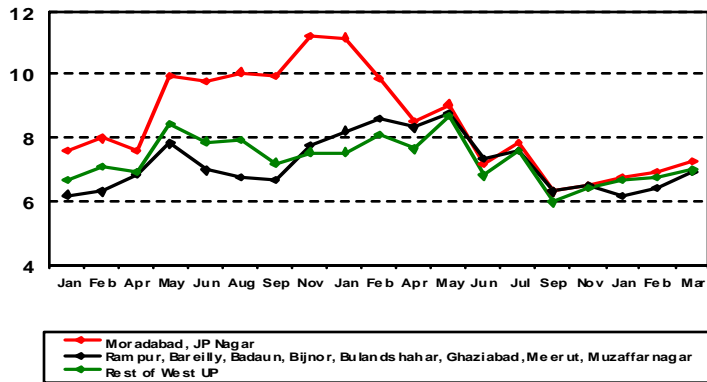


Mobile Population Movement



Monitoring Data

Missed Houses – UP India



The table is a tally sheet with the following columns: S/N, Place of immunization, No. of Children in the Household 0-59 months, Children 0 - 59 months immunized with OPV (Tally, No), and Vitamin A administered (DON'T GIVE VITAMIN A to children 0-5 months) (6-11 months (4 drops) Tally, No; 12 - 59 months (entire capsule) Tally, No). The total number of children is 220, with 220 immunized with OPV, 180 receiving Vitamin A (4 drops), and 100 receiving the entire capsule.

S/N	Place of immunization (see key below)	No. of Children in the Household 0-59 months	Children 0 - 59 months immunized with OPV		Vitamin A administered (DON'T GIVE VITAMIN A to children 0-5 months)			
			Tally	No	6-11 months (4 drops)		12 - 59 months (entire capsule)	
			Tally	No	Tally	No	Tally	No
01	HT	10		10		5		
02	HT	10		10		5		
03	HT	15		15		5		
04	HT	15		15		5		
05	HT	15		15		5		
06	HT	5		5		5		
07	HT	20		20		5		
08	HT	10		10		5		
09	HT	15		15		5		
10	HT	15		15		5		
11	HT	5		5		5		
12	HT	5		5		5		
13	HT	10		10		5		
14	HT	20		20		10		
15	HT	20		20		10		
16	HT	10		10		5		
17	HT	10		10		5		
TOTAL		220		220		180		100

In Process: Tally Sheet (Too good to be true!)

Independent Monitoring

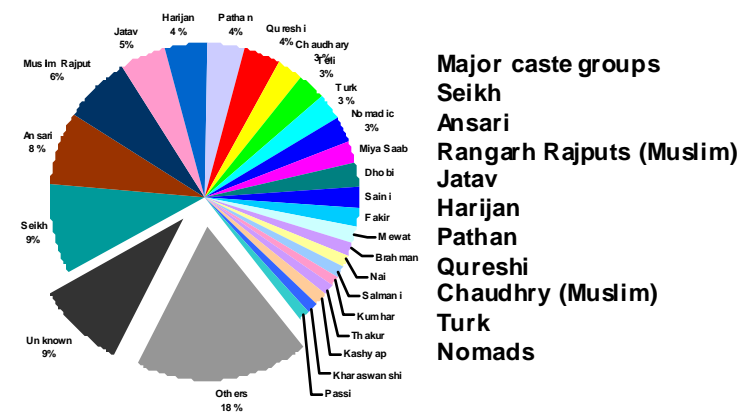
Reasons for Non Immunization

Egypt June 2005, UNICEF



Post Campaign Assessment

Caste, Muslim 'zat' distribution of wild polio cases, Uttar Pradesh, 2006



- Major caste groups
- Seikh
- Ansari
- Rangarh Rajputs (Muslim)
- Jatav
- Harijan
- Pathan
- Qureshi
- Chaudhry (Muslim)
- Turk
- Nomads

Surveillance data

Main Obstacles – Delivering Vaccine

- ❖ Low Routine Immunization Coverage
- ❖ Teams don't go to every house
- ❖ Teams miss newborns, sleeping or sick children
- ❖ Children on the move or away from home: school, crèche, at market, field, or workplace
- ❖ Team turnover, substitutions, favoritism
- ❖ Security, access, cross-border
- ❖ Birthdose not implemented

Demand Creation (1)

Building Public Trust

Goals

- Sustain participation of “acceptors”
- Reassure “fence sitters”
- Convince “refusers”

Channels of Communication

- Mass Media: TV (national and satellite), Radio (international and local)
- Social Mobilization: community dialogues, rallies, miking/announcements, campaign kick-offs, SMS
- Print/ IEC Materials: Banners, posters, leaflets
- Inter-Personal communication: confident, informed spokespeople

Demand Creation (2)

Messaging

Date / location: Public Service Announcements

Specific concerns: Why so many doses/ Why just polio? Vaccine safety? Public Good.

Feedback: How are we doing? Successes. Vaccinators as heroes

Sources of information

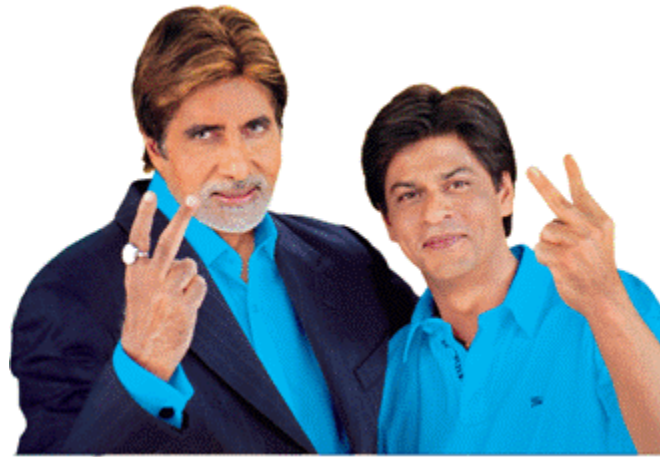
- Government
- Health workers
- Mobilizers
- Medical/Pediatric Associations
- Opinion Leaders: Religious, tribal, ethnic, household (mother in law)
- Neighbor/friend/relative

Monitoring and Evaluation

Mass Media



Local Broadcasters



Celebrity Endorsements

TV



Radio



Social Mobilization

Rallies



Community Dialogues

Miking



Inter-Personal Communication



Polio Survivors Tell their Story



Health Workers Answer Questions



Mobilizers Reassure Parents

Print – IEC Materials



Billboards



Leaflets



Branding
Logos
Tag Lines

Posters



Leaders Get Involved

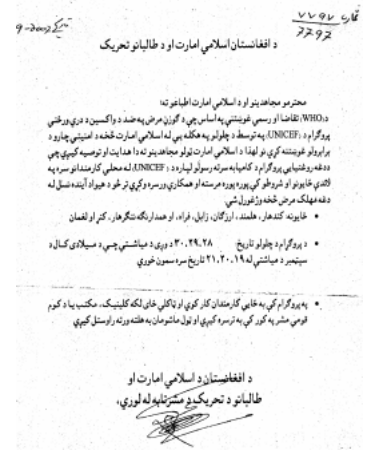
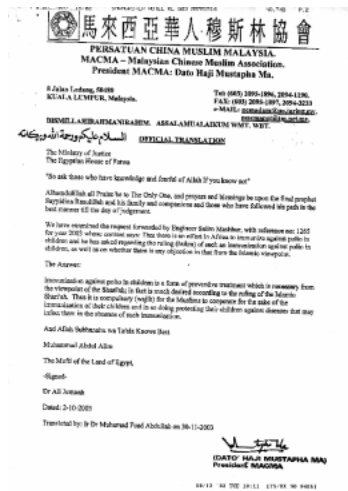


Religious



Political: President Karzai

Headlines & Fatwas: Positive, Neutral, Negative

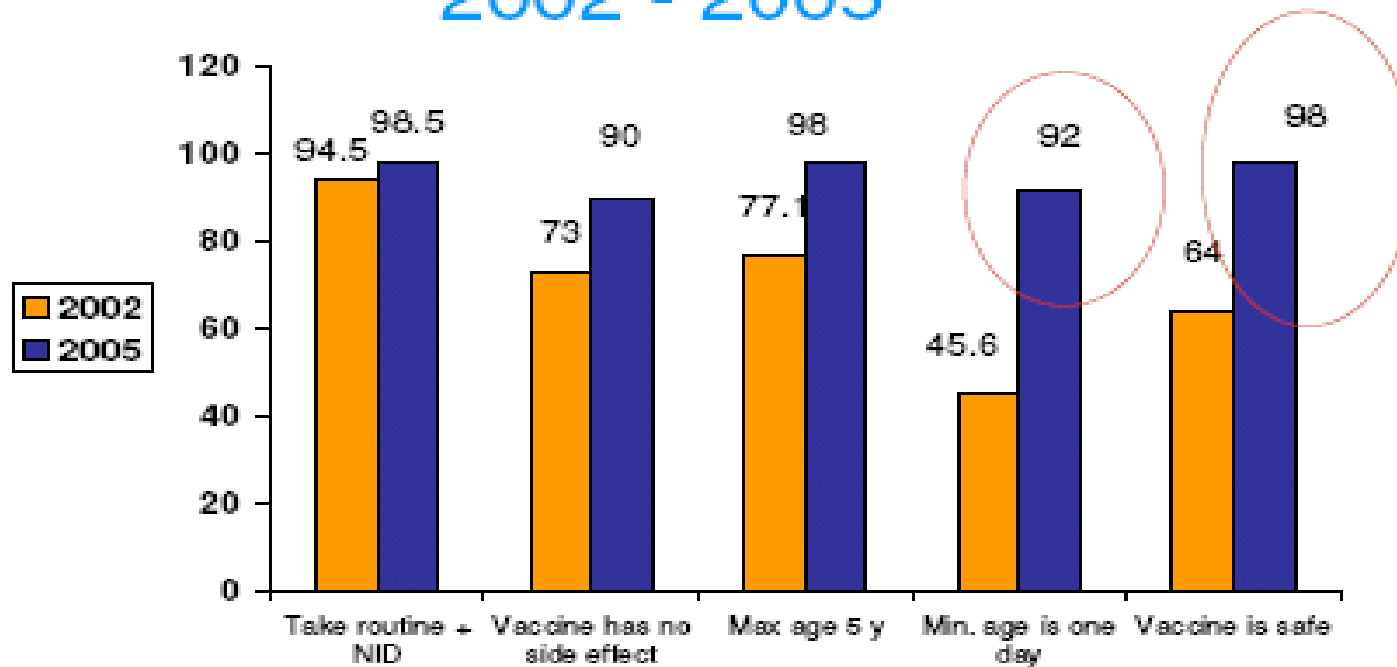


Letter of Support,
Taliban Shura, Sept 07

Communication Data

Egypt 2005

Knowledge Change 2002 - 2005



30

Main Obstacles - Communication

- ❖ False Myths and Rumors
- ❖ Civil Disobedience
- ❖ Unanswered questions
- ❖ Staff/Government Turnover
- ❖ Slow/reactionary approach to new issues – media management
- ❖ Apply evidence-based approaches more consistently

Management / Administration

Leadership and Coordination

- ❖ Government led meetings – Inter-Agency Coordination
- ❖ Partner, NGO, Civil Society involvement
- ❖ Defined roles & responsibilities at all levels

Money

- ❖ Per Diems
- ❖ Material, Supplies, Training, Transport
- ❖ Cash flow and timely availability of funds

Field Operations

Small mop-up in India

4,200,000 children under age 5

280,000 vials of vaccine

50,000 square miles

37,000 vaccinators

4,000 supervisors

2,500 mobilizers

2,000 vehicles

18,000 vaccine carriers / ice / markers / chalk /
tally sheets

3 days

Summary

- Polio Eradication is the largest Public Health Initiative in history
- Vaccinated over 2 billion children
- 20 million health workers and volunteers
- 99% reduction in cases
- 5 million cases of paralysis averted
- Rotary International - set example for public –private partnerships
- Nexus of epidemiologic, programmatic and social data and issues
- In control of Initiative vs outside of control
- Management/Administration is just as critical as virology/epidemiology
- Confront obstacles quickly; let partners know. Sustaining public trust is essential
- Human experience extraordinary – something bigger than any one person or organization for a public good.

Thank You

