

Polio: the fight of the public against a disease it does not understand with a vaccine it does not trust

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Polio is on the verge of eradication. The global polio campaign has been declaring this for the past 5 of its total 27 years. The calls for the final blow became stronger and more enthusiastic in 2011, when India successfully stopped Polio transmission in one of the most technically challenging areas of the world.¹ In 2014 the world looked expectantly towards the only three countries left with endemic Polio; Pakistan, Afghanistan and Nigeria. Globally, polio cases have reduced to 99% since 1988.¹ It is fair to say that a lot of resources, efforts and sincerity have been put in this global achievement, hence, concerned about the exportation of virus from the endemic countries to the rest of the world, the IHR (International Health Regulations) recommended that residents from these countries should receive additional polio vaccination before international travel.² Cases emerging in Syria, Israel and Afghanistan have been traced back to Pakistan, and it is believed that almost 80% of global polio cases are being exported from our country.³ This puts Pakistan under particular strain since now, we are not just responsible for the health of our own children but the future of the children of the world rides on our shoulders. Polio eradication in Pakistan has been an ongoing struggle for the past 20 years,⁴ and in light of this criticality, it is time to reevaluate our approach to isolate the factors of final resistance.

The population of Pakistan has always viewed the polio campaign with doubt. Multiple factors are responsible for this skepticism, such as; lack of awareness, illiteracy, religious propaganda and lack of trust in government and foreign organizations. Unfortunately in 20 years of running this campaign the authorities have failed to gain this trust of the common man or create simple awareness of the gravity of the problem. There is poor knowledge among the population of the disease and conspirators are still spreading rhetoric of doubt.⁵ This highlights the issue at the heart of the problem. The public is still fighting the phantom of a disease it does not understand with a vaccine it does not trust. To further complicate the scenario the security situation of the country has been in

a complex downward spiral for the past 15 years. Internal instability and war on border areas has created challenges to the security of the polio campaign workers while the trust of the public has still not been gained. Unfortunately we continue to do more self harm by further weakening public confidence. The 2011 case of Dr. Shakil Afridi, the CIA spy in guise of polio worker, reinforced the public narrative of foul play in polio campaign. A significant segment of the society has also doubted the reliability of the vaccine being provided. Alarmingly, expired vaccines worth millions of dollars were recently recovered from the NIH (National institute of health) amidst reassurances from the government about a future plan to secure vaccines.⁶ Such events time and again cause us to retrace our steps and loose all progress made with the community.

People have genuine concerns regarding OPV (oral polio virus) which the health community has continuously failed to redress. Repeated incomplete cycles of OPV are known to be associated with a greater incidence of vaccine associated paralysis (VAPP).⁷ While progress is made towards eradication, VAPP is now becoming more frequent than polio attributable to wild poliovirus infection.⁷ Withdrawal of OPV will not be possible until IPV coverage up to 85% is achieved.⁷ In face of this issue the NEAP (National Emergency Action Plan 2014)⁸ aimed to start IPV (Inactivated polio virus) rounds in Pakistan. However, almost half way through 2015 we still don't have any information regarding the start of an IPV campaign. These are issues that need to be discussed actively by the health community, for the proper implementation of plans and achievement of goals. The country which achieved a 71% reduction in polio cases in 2012 bounced back with a record over 300 diagnosed cases in Pakistan. It has been a year of rude awakening and one that implores the medical community to question closely the sincerity of the authorities at work.

Wars on terror and disease alike would fail until the thinking of people is affected. In face of obsolete knowledge, cultural resistance and criminal negligence, it is imperative to understand that injunctions alone cannot bring about a nuclear change. Coercive measures such as sanctions, bans and legal action for refusing vaccine may

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be futile without the necessary change in mindset required for the understanding and acceptance of the problem at hand. It is important to understand that the challenges in overcoming polio in Pakistan are complex and unique. The solution therefore, also must be innovative and indigenous. Most importantly we need to reassess the sincerity of our efforts in this movement. Until we make the public an actively understanding member of this campaign the efforts of nearly three decades may be wasted in entirety.

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