

ERADICATING POLIO

Getting to zero resistance



unite for children



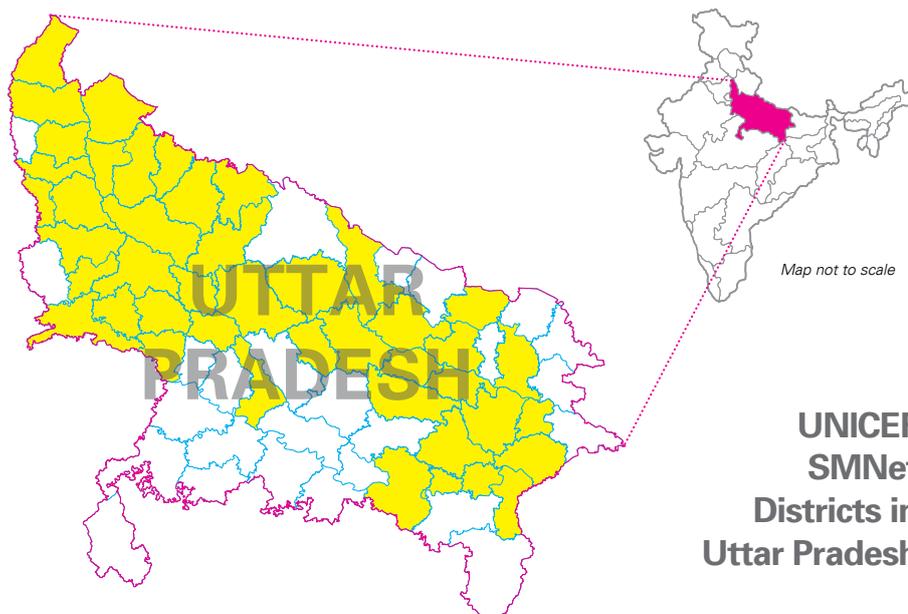
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ABOUT THE DOCUMENT

'Resistance' has been an oft-heard term, especially in context of the minority community in western Uttar Pradesh.

Resistance to the Polio Eradication Programme has had multiple facets. It has differed on the basis of social and religious beliefs, level of education and cultural background. The community resisted the Polio vaccine drive because of reasons like impotency related myths, undesirable constituents of vaccine, conspiracy against their community, non-functional health facilities, issues with the health department and lack of development activity.

To counter the numerous myths and misconceptions, strategic communication interventions were designed and supported by UNICEF. The initiatives under the Underserved Strategy (USS) were meant to change the opinion, attitude and behavior of families – from 'resistance to acceptance'.

This document provides an insight into how an effective communication strategy could overcome a high level of resistance against polio vaccination. The result is well known. India has been taken off the list of polio endemic countries by World Health Organization.

ACRONYMS

AMU	Aligarh Muslim University
BMC	Block Mobilization Coordinator
CDC	Centres for Disease Control and Prevention
CMC	Community Mobilization Coordinator
DMC	District Mobilization Coordinator
GPEI	Global Polio Eradication Initiative
IEC	Information Education Communication
IPC	Inter-Personal Communication
NID	National Immunization Day
OPV	Oral Polio Vaccine
PRI	Panchayati Raj Institution
SMNet	Social Mobilization Network
UNICEF	United Nations Children's Fund
UP	Uttar Pradesh
USS	Underserved Strategy
WHO	World Health Organization
WPV	Wild Polio Virus



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THE POLIO CHRONICLES: INDIA AND UTTAR PRADESH

The Global Polio Eradication Initiative (GPEI) is one of the most complex public health interventions in the world. In 1988, the wild polio virus was endemic in as many as 125 countries, affecting an estimated 350,000 globally¹. GPEI was launched in 1988 to eradicate the crippling disease from the globe. The task was highly challenging as the disease was affecting thousands of children every year. The synchronized and focused strategies of national governments, World Health Organization (WHO), Rotary

1 Communication Handbook for Polio Eradication and Routine EPI - UNICEF, WHO and Polio Partners, 2001



International, Centre for Disease Control and prevention (CDC) and United Nations Children's Fund (UNICEF) brought down the number of new cases of polio to 650 in 2011. In 2012, only three countries were left in the endemic category – Pakistan, Afghanistan and Nigeria².

Before the GPEI came into being, India accounted for an estimated 200,000 polio cases³, 50 per cent of the total number of new cases worldwide. The Pulse Polio Immunization programme was launched in India in 1995 to

2 Polio Eradication Fact-file, Volume 1, March 2012, UNICEF

3 From 200,000 to Zero, The journey to a polio-free India, UNICEF, 2012



A mother walking with her child in a neighborhood in Meerut district, Uttar Pradesh, India

address the high prevalence of polio. Despite the commitment of all the stakeholders over the years, India's worldwide share remained high until as recently as 2009. In that year, India registered 741 cases of 1,604 cases worldwide⁴.

Epidemiological data and analysis revealed Uttar Pradesh (UP) and Bihar had the highest number of Polio cases in India. In 2002, 1242 of the country's 1600 polio cases were reported in UP. In 2007, 2008 and 2009, of the total number of polio cases in India, UP alone reported 341 (39 per cent), 305 (54 per cent) and 602 (81 per cent) cases respectively⁵.

4 From 200,000 to Zero, The journey to a polio-free India, UNICEF, 2012

5 Rotary Polio Plus India (<http://www.rotarypolioplusindia.org/poliostatus/PolioStatusUP.html>)

"In 2002, Wild Polio Virus outbreak occurred in Uttar Pradesh – 59 per cent of the total polio cases were reported from the Muslim community. This was disproportionately high, as Muslims constituted only around 18.5 per cent of the state's total population."

There were many factors that made UP the Polio capital of India. The sociological dynamics of the state was understood to be contributing significantly to a high prevalence of polio. As per 2001 census, about 80 per cent of the UP population was Hindu, while Muslims formed around 18.5 per cent of the population. Muslims formed the second-largest community as well as the largest minority group in the

state. The majority of polio cases were reported from 13 districts in the western part of UP, which had a larger minority concentration. This population was prone to polio infection due to their poor socio-economic conditions. These included poor hygiene and sanitation conditions, below average literacy rate (57.63 per cent, Census 2001), particularly female literacy (42.98 per cent, Census 2001).

"The identity crisis combined with the apparent lack of commitment on the part of the Government often results in a perverse response even to well-intended programmes. The poor rate of success of the polio vaccination drive in Muslim majority areas is one such response arising out of the fear of an alleged plot to reduce the Muslim birth rate"

The Sachar Committee, 2006⁶

6 The Sachar Committee, headed by the former Chief Justice of Delhi High Court, Justice Rajinder Sachar (Retd), was appointed by the Prime Minister of India in 2005 to prepare a report on the latest socio, economic and education situation of Muslim population in India.



Besides dismal hygiene and sanitation conditions, one of the most critical barriers faced by the Polio Eradication Programme was intense resistance to the Oral Polio Vaccine (OPV).

There were several myths and misconceptions commonly echoed by people to justify their resistance to OPV. The magnitude of the resistance was very high and deeply embedded in the communities. As a result, the Polio Eradication Programme faced major setbacks in the state. It was not possible to win the battle against polio without winning the confidence and trust of minority communities.

"I have been closely involved in the Polio eradication programme since 2000. The minority population in certain districts of Uttar Pradesh was not very receptive and was strongly against the polio vaccine. Other reasons included resentment towards government machinery and interventions, the poor socio-economic situation of the population and prevalent erroneous beliefs. Additionally, these communities did not trust the various international organizations involved in the Polio Eradication Programme. These organizations were seen as an agent of the western world, armed with a hidden agenda of systematically reducing minority population – perhaps due to the international scenario at that point of time."

Zubair Meenai, Director Social Work from Jamia Milia Islamia (JMI)



two

'RESISTANCE' – A TERM WITH MULTIPLE FACETS

The resistance to the Polio Eradication Programme among the minority communities could not be defined easily. It was important to understand why people were resistant to the programme. There were many causes for resistance and it was necessary to know the exact reasons to root them out efficiently. The first step was to define the various types of resistance. Table 1 provides some of the prevalent myths and misconceptions linked with the Polio Eradication Programme.



There was a persistent feeling among health officials that resistance cannot be rooted out entirely. Rumors started spreading when OPV became the next most visible and available free public health service other than family planning services like condoms, contraceptives and vasectomy. New and unique reasons for resistance kept cropping up time and again.

Table 1: Reasons for resistance to the Polio Eradication Programme

Resistance ⁷	Description
Negative Effect of Vaccine	<p>Common ailments like fever, diarrhea, cough, allergy, excessive crying, and pain in the abdomen of children perceived as vaccine side effects. In rare cases, the Adverse Events Following Immunization (AEFI) also create panic in the community and lead to rumours about the negative effects of the vaccine.</p> <p>Allegations like vaccine-related adverse events, if not immediately dealt with, can undermine confidence in a vaccine and ultimately have dramatic consequences on immunization coverage and disease incidence.</p>
Impotency related myths/ conspiracy	<p>Multiple doses of polio vaccine need to be administered to the child. However, for other diseases like Diphtheria, Pertussis, Tetanus and Measles, only one or two doses are needed. The need for multiple doses for polio was not readily understandable by the community.</p> <p>The volunteers who worked for the family planning programme were also participating in the polio vaccination team as vaccinators. This also had a negative impact. The association of polio vaccine with birth control was particularly strong among underserved Muslims and scheduled caste Hindus. Due to their high birth rate, they have been a target for birth control programmes.</p>
Undesirable constituents of Vaccine	Vaccine used in Polio programme contains things which are forbidden in Islam which created rumors about the vaccine.
Conspiracy/ Community under siege	Different vaccines are being used for Muslim populations. They are being specifically targeted through an international conspiracy. The vaccines have been manufactured by anti-Islam regimes or organizations.
Suspicion and cynicism	'Generally, no one cares for us. Then why the sudden interest of government in getting our children immunized?'

7 Chaturdevi et. al. 2009 and Deconstructing Social Resistance to the Polio Eradication Campaign in India_5.15.11_Dasgupta



A CMC found a closed door in a locality in Meerut district, Uttar Pradesh, India

Some of the main reasons were:

- **Non-functional health facilities:** Upset with the health department – policy terrain can itself become exclusionary, with health workers using labels such as ‘hard-to-reach’ or ‘hardly reached’. The areas where people were resistant had a long history of being deprived of health services.
- **No Development Activity:** ‘*Why only Polio*’ – UP’s developmental indicators are considered poor and the condition of basic civic facilities like roads, sewage system, electricity, water supply is considered sub-standard, even dismal. A large section of the population, therefore, was indifferent to government initiatives. The polio programme was the product of the government machinery, which they were not ready to accept.
- **Unconnected deaths or illnesses:** Few unconnected deaths were attributed to the polio vaccination. The lack of understanding of and faith in the polio programme worsened the situation.
- **Apprehension regarding the route of administration:** While all other immunizations were administered using the intravenous route, OPV was the only oral vaccine. There were suspicions regarding why the polio programme involved an oral vaccine.

- **Fatigue arising from repeated drives:** Immunization sessions are conducted every month and for some diseases only one dose of vaccination is required. However for polio repeated doses of vaccination are required. Due to lack of information many parents felt that a child once vaccinated need not be immunized again even for polio. As a result, a large number of children received only the first few doses and missed the rest.
- **No need for immunization:** Immunization was introduced only in recent modern history. Many families in rural India, especially those who did not have access to basic health services, felt no need for any health intervention. Many from the older generation claimed that they were healthy without any immunization and their progeny believed the same.
- **Group Resistance:** There are select communities, who resisted the polio vaccination as a group, based on their beliefs and the myths that surrounded the vaccine. At times, an entire village or a group of people were resistant due to developmental or other reasons. This is also termed as group resistance.

While the reasons for resistance were many, *the magnitude of resistance could only be gauged by the functionaries working with the community, at the ground level.*

"I remember being ridiculed and sent away from resistant households very often. Once, the head of a family let loose a herd of goats on me to scare me away."

Shahana, CMC from Banna Devi Block, UP

Such extreme and terrifying episodes of aggressive behavior from the community were commonly reported from the western districts of UP.

UNICEF along with the World Health Organization (WHO) mapped the areas with high number of polio cases and categorized them as High Risk Areas (HRAs). The mapping was done using a range of indicators that reflected participation of the community in polio vaccination rounds.

Anita Vishwakarma, a BMC in Aligarh, had mud thrown at her by a resistant family. She shudders at the memory of having seen a father throw his child off the first floor when he got to know that his wife had dared to get the child vaccinated. Fortunately, there was someone to catch the child.

"A woman had been continuously refusing to get her child vaccinated. Once I accompanied the A team to her house and tried extra hard to convince her. The plan backfired. The woman threatened to take her clothes off and hold all of us responsible for harassment."

Shehnaaz, a CMC from Lodha Block, UP

three

BRINGING CHANGE – THE UNDERSERVED STRATEGY

The high level of resistance meant that the polio eradication strategy had to be made inclusive and molded in ways so as to include different sections of society. This inclusive strategy started gaining momentum in 2003. To counter the numerous myths and misconceptions of the resistant communities, strategic communication interventions were designed and supported by UNICEF along with other partners. They were meant to change the opinion, attitude and behavior of families – from ‘resistance to acceptance’. These initiatives were clubbed under the umbrella term **Underserved Strategy (USS)**.



The dismal socio-economic and environmental factors in western UP made it a reservoir of the Wild Polio Virus (WPV)⁸. These favorable factors for breeding of WPV were together termed as **underserved conditions**. The public health experts were of the opinion that despite the underserved conditions, repeated vaccination of all children under the age of five could stem the ongoing transmission of WPV.

UNICEF, with its sound experience in strategic communication, evolved innovative ways to gain the confidence of and engage with underserved communities. Reputed educational institutions and personalities from various religious

8 Wild Polio Virus (WPV) - WPV is the naturally occurring causative agent of poliomyelitis and is present in three forms WPV1, WPV 2, WPV 3



Religious influencers during an interaction with UNICEF officials in Meerut district, Uttar Pradesh, India

organizations of the minority community were approached to support the programme. Respectable institutions like Aligarh Muslim University, Jamia Millia Islamia (JMI), Hamdard University, Shibli Inter College, Faiz-e-Aam Inter College, Darul Uloom Deoband, Miftiaul Uloom, Nadwatul Ulema, All India Milli Council, etc. were chosen because of their general reputation of working for the betterment of the minority community and society. All these institutions are seen as premier organizations and mentors of the minority community.

The misconceptions regarding polio vaccine are considered to be the main reasons for resistance among minority community. In 2004, Aligarh Muslim University gave a declaration about the content and safety of

the vaccine as per religious norms. The written appeal of clarification was shared with other institutions and community members wherever resistance was encountered. JMI developed specific Information Education Communication (IEC) material (**Green Book**), which has been extensively used as an information booklet on Polio and OPV. The messages are customized to suit the target group. Quite often during Ijtemas⁹ meetings, the JMI Green Book is used to deliver health messages in the light of Islam.

UNICEF also emphasized involving the regional and local religious leaders to reach out to the underserved communities. The appeals from reputed education and religious institutions

9 Ijtema - global or world or local congregation of people especially Muslims



were shared with these religious leaders. Efforts were also made to orient and provide the religious leaders with correct and complete knowledge of the polio vaccine. Extensive and specific IEC material was developed using the appeals and support received from religious leaders. This helped in creating an enabling environment for initiating dialogues with the underserved communities.

These strategies worked in sync to create awareness and a positive atmosphere for the Polio Eradication Programme in UP. The SMNet¹⁰ in particular has been used as the base for all communication strategies adopted under the USS. More than 5,500 members of the network have been working to reach out to every child in their respective areas.

10 SMNet - SMNet is a group of highly enthusiastic and energetic people trained by UNICEF to support the social mobilization efforts for Polio Eradication Programme. SMNet has a three tier structure. At the community level, the Community Mobilization Coordinator (CMC) selected from the local community itself. CMC works under the supervision of Block Mobilization Coordinator (BMC). At the district level, District Mobilization Coordinator (DMC) provides support to the BMCs and CMCs.

CMCs in a meeting in Meerut district, Uttar Pradesh, India

Table 2 depicts how different Underserved strategies were planned to counter various forms of resistance:

Table 2: Underserved strategies to counter various forms of resistance		
Resistance	Underserved Strategies	General Strategies
Negative Effect of Vaccine/ religious reason	Involvement of AMU, JMI and Religious leaders and Institutions	Inter-Personal Communication – discourse, discussion, individual meetings, IEC materials, use of media, messages in local cable TV, banners, hoardings, mosque announcements, endorsements by the known religious leaders/ personalities interface meetings, appeals and public service announcements
Impotency related myths/ conspiracy	Involvement of AMU, JMI and Religious leaders and Institutions and SMNet	
Undesirable constituents of Vaccine	Involvement of AMU, JMI and Religious leaders and Institutions	
Conspiracy/ Community under siege	Religious Leaders (Mosque announcements), SMNet	
Non-functional health facilities: Upset with the health department	Influencers, SMNet (Especially CMCs)	
No Development Activity: 'Why only Polio'	Influencers, SMNet (Especially CMCs)	
Connected or Unconnected deaths or illnesses	Influencers, SMNet (Especially CMCs)	
Apprehension regarding the route of administration	Religious Leaders (Mosque announcements), SMNet (Especially CMCs)	
Fatigue of parents	Influencers, SMNet (Especially CMCs)	
Group Resistant	Religious Leaders, Influencers, SMNet (CMCs, BMCs, DUCs)	

four

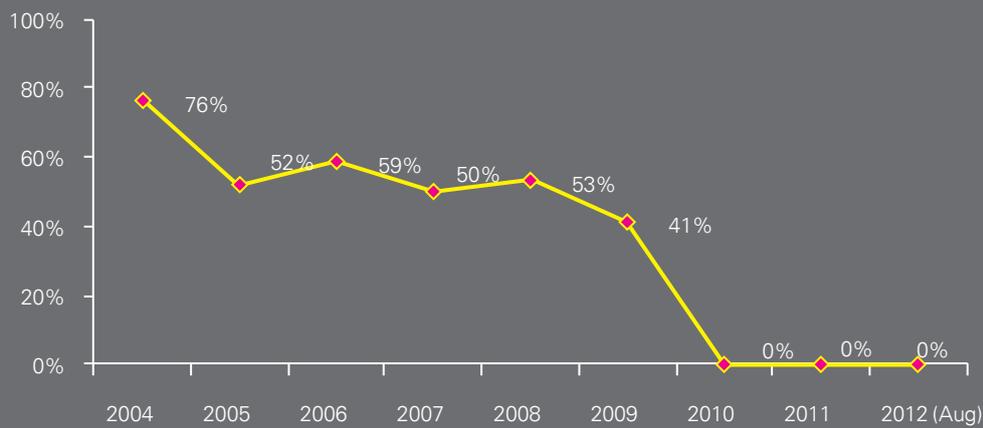
MILESTONES ACHIEVED



Due to the efforts made under the different Underserved strategies to counter various forms of resistance, India's name is now off the list of polio endemic countries. This has been achieved because of the coordinated efforts over the years. The Figure 1 show the results - polio case load declined and reached zero in UP and especially among the Muslim population. This achievement has been a result of reduced numbers of resistant families in UP from **04 per cent in 2004 to 0.9 per cent in 2012** Figure 2.

Resistance against polio vaccination among certain sections of the community was one of the main reasons of high prevalence of polio cases in UP. Once the programme was able to tackle resistance, the situation automatically improved across the state. Gradually as the percentage of resistance households decreased the number of polio cases also declined across the state.

Figure 1: Percentage cases among Muslims P1 WPV in Uttar Pradesh (2004 - 2012)



Source: Tallysheet

Figure 2: % Resistant households in CMC area, Uttar Pradesh, 2007 – 2012 (Nov)



Source: Tallysheet



World Health
Organization





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