

## Poilo Eradication from Pakistan: Our Fears and Favors at Field Site

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### Abstract

Poilo is among the three last countries Afghanistan, Nigeria and Pakistan. Where the virus is still the endemic, more or less the same number are reported which seems to be astonished and annoyed situations for the health care system and at government level. This could be only night mare for Pakistan to be polio free country where to hold a strong religious belief, and cultural misconception and myths creating the hurdles and failures in the polio campaigns. On the other hand, strong development of policies, awareness programs, telecommunication services, radio talks, media advertisement and IPC interpersonal communication campaigns made significant acceptance among the community.

**Keywords:** Immunization; Stigmatized; Three tiered; Fear and Favors; Field health officer religious leaders; Stake holders; IPC

### Short Communication

The health care delivery system in Pakistan is a three tiered, which includes primary, secondary and tertiary care. Primary sector is mainly focused on community level, for the purpose of awareness of health needs as well as treatment of common illnesses along with referral to secondary care for diseases required investigation and inpatient care [1]. Further they can also be transited to tertiary care for investigation and treatment of more complex diseases along with preservation and rehabilitation services [1]. However, it is equally important for an extensive and effective health care system that it should be within reach of everyone ie "health for all".

The public sector health care system in Pakistan, due to fragmentation in structure with functional ambiguity along with limited resources and difficult access as well as gender inequities, are responsible for declining progress in health indicators [1]. Besides, the role of private sector and nongovernmental organizations are acknowledged, as along with government they are trying to reduce the burden of diseases and promote awareness of basic health concepts in community including immunization, maternal and child health care, family planning, TB Dot, Integrated management of neonatal and childhood illnesses, mental health and screening programs.

As a Field Health Officer and supervisor in primary health care setup, we encounter daily challenges from office to field site. From maintaining and supervising quality of care, health indicators, transparent audits and data collection to field site community health education, awareness and promotion of health related various programs. In addition to this there is much variability in working burden sometimes from too much hype to secrecy. Recently we have been re-assigned to work at field site for oral polio vaccine campaign. We, being Pakistani are fighting for eradication of polio since 1988, when the WHO assembly resolved to eradicate this stigmatize disease [2]. Since the launch of Global polio eradication initiative, which was the world's largest public health campaign, is now almost with- in reach [3]. Globally Pakistan and

Afghanistan are the only two remaining endemic countries where the transmission of wild polio virus never interrupted [3]. Currently Polio eradication from Pakistan is the 'hot task' and 'public health emergency' as in 2014, 86% of global wild poliovirus accounted from Pakistan [4]. This situation reminds us conventional community health nursing course, in which, we had a chance to participate in oral polio vaccine campaign by home visit in rural community. Being a student, we experienced suspicious behavior of people and they were not allowing us to do vaccination to their children. In the community the mythical existence of polio vaccine was strongly encapsulated with the fear of infertility and loose of the functional activity in their generations.

They also had safety and security issues like robbery, fraud and hypnotize with the visiting teams of polio vaccine. Or it may be due to the fact that we were not familiar with their norms and culture. At times, they even threatened us by verbal and non-verbal gestures and forced us to leave the place. We also heard about polio workers assassination (December 2012) during antipolio immunization campaigns at that time [5]. This all lead to mental stress, personal fear, irritation and resistance to work. To overcome all this situation, our group members designed a strategy as how we can identify a liaison and stakeholder in the community who brought us close to the community people with trust and to understand the objectives of this campaign. They also shared with us community demographic features, sensitive core values and their strong religious and tribal believes. With the help of all these information along with co-operation of community leads with defined planning cycle, our group organized many successful health education sessions before going to the field site. As a matter of fact the change does not apply easily and it always had some resistance and refusal. In these awareness sessions we communicated the actual purpose of the campaign, strategically and gently addressed their hard to overcome misbelieves. Through these sessions we also had developed a feeling of familiarity with community people. The course of community health nursing allowed us to explore an opportunity to experienced preoccupied minds in the community. That course also taught us how to face strategically the stagnation and the elevation in the community responses.

From our personal experience, we learned that the government and private sectors had to deconstruct the difficult ideas, misconception and strong believe strategically and very gently, developing the trust particularly among the religious, political and social leads of the community.

A religious or political leader, social mobilizers and stakeholders could play a strong role in the sensitive areas or tribes as they have the advantage of being reputed and trustworthy personalities in the community. We, being the field health workers were totally strangers for them. Group teachings, frequent announcements, publicity by media and telecommunication services like text services and the massive country wide coverage of confirmed polio cases as live example and the lesson they learned, further strengthen the campaign. Furthermore, when we looked at our own workplace the marketing campaign needs to be more structured and autonomous, highlighting the safety of vaccine and favoring religious facts. Health employees particularly at field site should have access to social websites such as twitter, face-book and free mobile text services.

To us as being Pakistani, it's an inconvenient truth being 'Polio endemic' country.

With all our Fears and Favors, we are strongly committed to this challenge till the day we are 'Polio free Nation'.

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