SOCIAL INNOVATIONS Journal

Vol. 9 (2021): Health Equity to improve Impact on People's Health

https://socialinnovationsjournal.com/index.php/sij/issue/view/80

Strategies to Achieve Health Equity: The case of Wild Polio Eradication in Kano State, Nigeria

By Nsikakabasi George and Otu Eyibio

Introduction

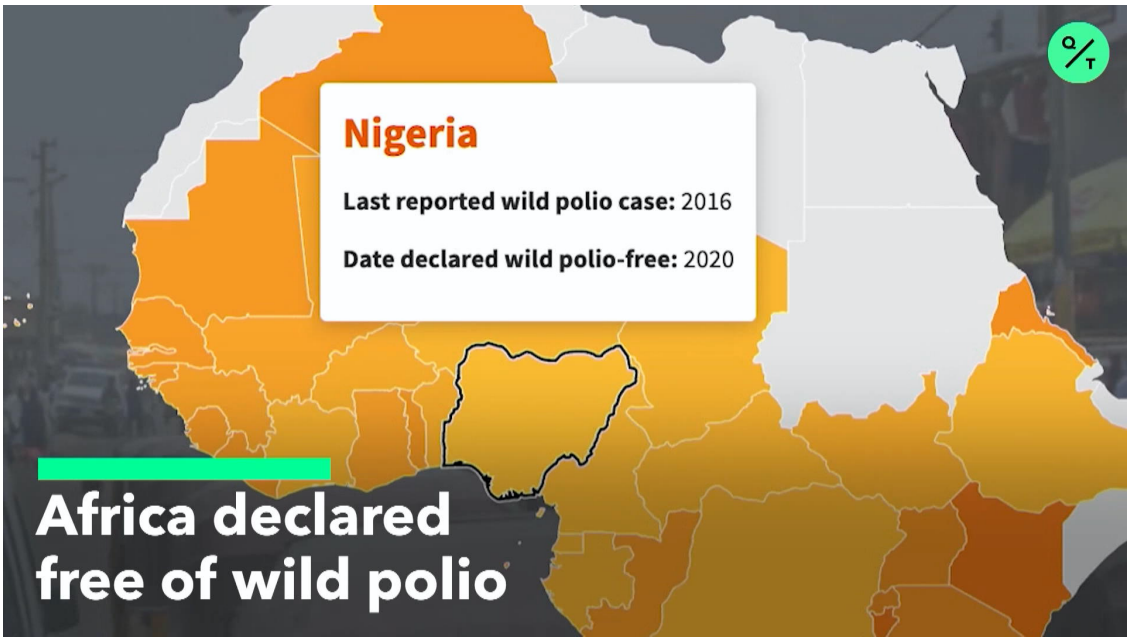


Photo Credit: Bloomberg Africa

Polio had been a major scourge in Africa especially in Nigeria, hence the World Health Assembly in 1988 made a commitment to eradicate the disease by 2000 with the launch of the Global Polio Eradication Initiative (GPEI) [1]. Although it was not achieved by the set year, substantial gains were achieved, and the world moved closer to the eradication of the disease [2]. Prior to Nigeria being declared polio-free by the World Health Organization (WHO) on June 19, 2020, and the subsequent certification of the African Region Free from the disease on August 25, 2020, major lapses existed in the Nigerian health system [3].

Kano State like other states in Northern Nigeria including Yobe, Katsina, and Borno were at very high risk which was attributed to the large populations of the respective states. Immunization coverage was also low compared to the targets set. This was in part due to the resistance to vaccination in the region based upon negative beliefs and myths about the effects of the vaccination and the perpetual insecurity in the region [4]. More so, necessary documentation at the health facility levels and state levels were incomplete in regards to the requirement for the certification.

The State Ministry was able to defy these odds through multi-sectorial partnerships and collaborations which makes it imperative to understand what worked for the Kano State Ministry of Health.

Methods/Approaches

Vertical and horizontal partnerships. The KNSMOH which is the organ of the State government vested with the responsibility of ensuring good health and health security for the more than 11 million citizens in the State, believes in the tenets of productive partnerships. Partnerships along horizontal lines involved agencies of the establishment including the Primary Health Care Management Board, Hospital Management Board, Primary Health Institutions Management Agency, and the Drugs and Medical Consumables Supply Agency. Along vertical lines, key partners included the WHO, eHealth Africa, UNICEF, CORE Group Partners, AFENET-CDC, Global Alliance for Vaccines and Immunization (GAVI), Rotary International, Bill and Melinda Gates Foundation, among other health partners that conglomerated to achieve the feat of zero polio cases. In addition, partnerships with civil societies, NGOs, tertiary institutions, community-based organizations and international organizations ensured health equity and efforts to act on challenges. These partnerships served to ensure inclusion and enhanced efforts to strengthen disease surveillance at health facilities and in the communities, routine immunization, and risk communication in local communities. Partners pooled human and material resources together to strengthen the health system. The partnerships also ensured the use of a unified data collection and management system.

Community participation in risk communication and surveillance. It is imperative to know that Kano State adopted a traditional leadership style with its Emirs, traditional leaders, and the numerous community leaders (known as Mai Unguwar). These leaders exercise authority over the citizenry and are well respected by the people they serve. The leaders serve as the gatekeepers of the community and the religious figures, and as such their opinions matter to the betterment of the community. The establishment adopted community participation through the involvement of religious and traditional leaders whose contributions enabled effective risk communication and enhanced surveillance. The leaders educated the community members on the need to get their children immunized and how to mitigate the incidence of the disease in line with the global efforts to eradicate the disease from the State. More so, with in-depth risk communication, community members were made to report cases of polio and unusual health events immediately to the health facilities.

Accountability strategies for DSNOs and other officers. DSNOs were held accountable in the place of documentation to meet the certification by the WHO. Strict guidelines, modus operandi, and timelines were set up and followed to ensure completeness and timeliness of reporting. Officers who fell short of their expectations were strictly reprimanded and cautioned. However, roles and responsibilities were clearly apportioned to avoid duplication of efforts or under-achievement. Thus, everyone in the health care team was held accountable for their actions and inactions.

Effective Routine immunization. The Expanded Programme on Immunization (EPI) and the Saving One Million Lives (SOML) Initiative were implemented to ensure immunization coverage against the disease even to the last mile. This was implemented at the various health facilities with the engagement of community health workers and public health professionals in the State, in schools, religious worship centers, even in far-to-reach areas. Volunteer community mobilizers and community informants who are part of their communities and possess perfect knowledge of their communities were integrated to contribute to the mitigation of adverse health events in their localities, as they were the first line of defense in the case of outbreaks or unusual health events. In addition, they contributed to the vaccination of children in their community.

More so, the cold chain was kept intact and optimal by following conventional guidelines. Kano State is a region with high temperatures, therefore major improvisations were made with regards to storage and transport of vaccines to maintain vaccine viability. Vaccines were transported very early in the mornings or late in the evenings in local communities or high-density ice cubes.

Photo Credit: USAID Nigeria

Findings/Discussions

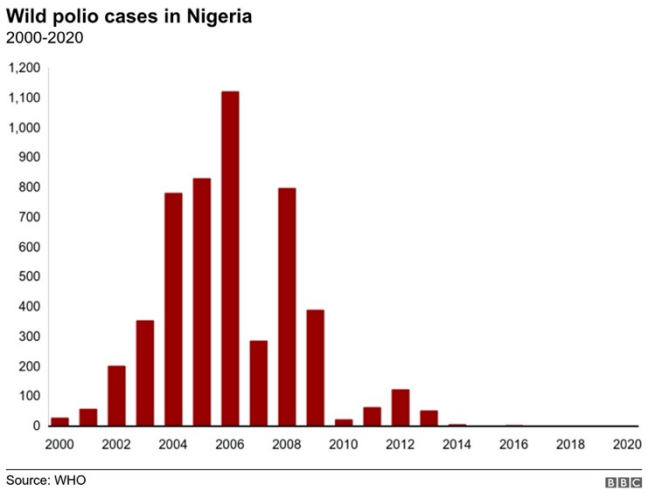
The approaches were by far proactive and community-focused, hence the uniqueness of this initiative. More accountability was gained and between December 2019 and the eradication of polio from the African region in August 2020, the Ministry recorded 100% timeliness and completeness of reports and documentations in all of the 44 local government areas of the State. The sustained gain in accountability among the health workforce remains imperative for gains in disease control and universal health coverage.

Strengthening the bond between the community and the health system is very sacrosanct if health equity must be achieved. Communities in Kano State participated in the eradication of polio which is attributed to the involvement of communities in the health system. Community

participation promoted community ownership and motivation to contribute to their own health and development. The utilization of community focal persons and volunteer community mobilizers garnered great effort in community involvement in health. This effort increased the community's trust in the health system and motivated them to be the champions of their own well-being. More so, the efforts of religious and traditional leaders fostered the acceptance of the vaccines, dispelled myths, and promoted herd immunity against the disease for children under five years. Thus, the number of children vaccinated rose exponentially by more than 50%, and over 95% of the total population was immunized which was a condition for the certification. This marked a great feat for the Ministry especially in its effort to ensure health security. The routine immunization defied health inequity as everyone had access to vaccinations irrespective of their social grouping, location, age, or class.

The partnerships for the eradication of the disease yielded positive outcomes as resources were pooled to fund surveillance processes and inputs to overcome challenges encountered. This resulted in the prioritization of the disease eradication by the State Government and funding allocated to this regard.

This strategy culminated to the zero prevalence of wild poliomyelitis after its non-transmission for three consecutive years which was attained on August 21, 2019.



Source: World Health Organization (WHO)

Recommendations and Conclusion

The strategies implemented by the Kano State Ministry of Health made a sustained impact and a laudable achievement in the health system. Community participation in health should be encouraged at all levels of health care planning and implementation to ensure inclusiveness -- leaving no one behind in achieving the global goals. These strategies are currently in use for the elimination of other diseases targeted for elimination including Neglected Tropical Diseases. Hence, health systems across the globe should utilize these strategies to achieve better outcomes in their own communities. Accountability should be promoted at all levels of the health system to enhance quality health delivery, equitable access to health care, and universal health coverage.

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