

Editorial

Bahadar Shah, Ph.D.

*Editor-in-Chief, Open Access Public Health and Health Administration Review
Director Operations, Helping Hand Institute of Rehabilitation Sciences, Pakistan
Email: chiefeditor@mdpip.com*

Pakistan's Combating Wild Poliovirus (WPV): Efforts and Lessons Learned

Pakistan stands at a critical juncture in the history of public health. As one of only two remaining countries endemic for wild poliovirus (WPV), alongside Afghanistan, the nation carries a significant burden – and an even greater responsibility – in the global quest for eradication. The fight against polio in Pakistan is a complex tapestry woven with threads of remarkable resilience, innovative strategies, hard-won successes, and persistent, daunting challenges. From a public health perspective, understanding this landscape is paramount, not just for Pakistan but for the health security of the world. Despite decades of effort, WPV transmission stubbornly lingers, primarily in specific high-risk zones of Khyber Pakhtunkhwa (KP) and parts of Balochistan and Sindh. The year 2023 saw only 6 reported WPV1 cases – a significant reduction from peaks exceeding 300 annually, demonstrating progress. However, the continued detection of the virus in environmental samples from major cities like Karachi, Peshawar, Quetta, and Bannu underscores the silent circulation and the ever-present risk of resurgence. Key reservoirs remain in areas characterized by insecurity, population mobility, low routine immunization coverage, and persistent community refusals.

The Evolving Arsenal: Strategies and Programs

Pakistan's polio eradication program, spearheaded by the National Emergency Operations Centre (NEOC) with crucial support from the Global Polio Eradication Initiative (GPEI) partners (WHO, UNICEF, Rotary, BMGF, CDC), has undergone significant evolution:

1. The Polio Eradication Initiative (PEI): The backbone, involving nationwide and sub-national immunization campaigns (SNIDs) deploying millions of dedicated frontline workers (FLWs), primarily women, who brave immense challenges to reach every child.
2. National Emergency Action Plans (NEAPs): Annual strategic blueprints focusing on high-risk districts, data-driven micro-planning, and addressing core reservoirs. The current NEAP emphasizes strengthening routine immunization alongside campaigns.
3. Innovative Delivery Strategies:
 - a. Community-Based Vaccination (CBV): Establishing permanent vaccination posts within high-risk communities for continuous access.
 - b. Health Camps: Integrating polio vaccination with other essential health services (antenatal care, nutrition, WASH) to increase uptake and address broader needs.
 - c. Fixed Sites & Transit Points: Vaccinating children at bus stops, markets, and border crossings to catch mobile populations.
 - d. Polio Eradication Data System (PEDS): A digital platform for real-time campaign monitoring, accountability, and adaptive management.
 - e. Lot Quality Assurance Sampling (LQAS): Rapid post-campaign assessments to identify missed children and low-performing areas within days.
4. Community Engagement & Social Mobilization: Recognizing that technical solutions alone are insufficient. Intense efforts focus on:
 - a. Engaging local influencers (religious leaders, elders, celebrities).
 - b. Addressing misinformation and vaccine hesitancy through targeted communication (Za Qadam - "I am Vaccinated" campaign).
 - c. Building trust through consistent dialogue and addressing community concerns.

Glimmers of Hope: Success Stories (The relentless effort is yielding results)

1. Dramatic Case Reduction: The plunge from hundreds to single-digit annual cases is a testament to the program's intensity and adaptation.
2. Virus Containment: Successfully interrupting transmission in previously endemic areas like Punjab and large parts of Sindh and Balochistan. The Southern KP reservoir has been significantly contained.
3. Environmental Surveillance Mastery: Pakistan boasts one of the world's most sophisticated environmental surveillance networks, providing critical early warning data to guide targeted responses.

4. **Frontline Worker Heroism:** The unwavering commitment of FLWs, often working in perilous conditions, remains the program's most vital asset. Their door-to-door efforts, community rapport building, and resilience are extraordinary.
5. **The Bajaur Breakthrough:** The successful interruption of a challenging outbreak in the Bajaur district (2022-2023) through an integrated "health camp plus" approach, intense community engagement, and rapid data-driven action stands as a powerful model for clearing remaining reservoirs.
6. **Strengthening Routine Immunization:** Increasing recognition that strong routine systems are the ultimate safeguard has led to integrated efforts, improving overall EPI coverage, albeit gradually.

The Public Health Imperative: Challenges and the Path Forward

Despite progress, formidable challenges demand unwavering focus:

1. **Persistent Refusals:** A hard core of refusals, fueled by misinformation, distrust, and political/security narratives, continues to harbor the virus.
2. **Insecurity & Access:** Security threats in core reservoirs impede access for vaccinators and limit campaign quality. Protecting FLWs is non-negotiable.
3. **Population Mobility:** Massive internal and cross-border (Afghanistan) movement facilitates virus spread, requiring exceptional coordination and transit strategies.
4. **Campaign Quality & Fatigue:** Maintaining the intensity, precision, and motivation for frequent campaigns across vast geographies is a constant struggle. "Campaign fatigue" affects both workers and communities.
5. **Health System Integration:** While improving, the reliance on campaigns highlights weaknesses in routine immunization and primary healthcare systems. Sustainable success hinges on fixing these foundations.

A Public Health Perspective

Polio eradication in Pakistan is not merely a technical health intervention; it is a profound test of health equity, governance, community trust, and global solidarity. It underscores:

1. **The Interdependence of Global Health:** A single child paralyzed by polio anywhere is a threat to children everywhere. Pakistan's success is the world's success.
2. **The Critical Role of Equity:** The virus persists where health systems are weakest and communities are most marginalized. Eradication requires addressing these underlying inequities.
3. **The Power and Vulnerability of Frontline Workers:** They are the true heroes, deserving not just praise but unparalleled support, security, and resources.
4. **The Necessity of Trust:** Building and maintaining community trust is as crucial as the vaccine itself. This requires transparency, consistent engagement, and addressing broader community needs.
5. **Investment in the Future:** Successfully eradicating polio will leave a legacy of stronger surveillance, emergency response capacity, and community engagement infrastructure that can tackle other health threats.

Conclusion: The Final Push

Pakistan has come too far and invested too much to falter now. The recent low case numbers are encouraging but fragile. The virus exploits any gap with ruthless efficiency. The strategies are proven; the successes demonstrate what is possible. What is required now is an unwavering national and global commitment to:

- a. **Sustain and Deepen Political Will:** At all levels of government.
- b. **Protect Frontline Workers:** Ensure their safety and dignity are paramount.
- c. **Innovate in Engagement:** Relentlessly tackle refusals with culturally intelligent, locally-led solutions.
- d. **Integrate, Integrate, Integrate:** Strengthen routine immunization and primary healthcare as the bedrock of disease prevention.
- e. **Secure Adequate Funding:** Ensure the program has the resources needed for the final, most difficult phase.

The end of polio in Pakistan is within sight. Achieving it will be one of public health's greatest triumphs, a testament to human perseverance and collaboration. It is not just an option; it is an ethical and practical imperative for the health of Pakistan's children and the world. The time for the final, decisive push is now.

Key Public Health Takeaways for the Editorial

1. Data-Driven: Anchored in current epidemiological data (low cases but persistent environmental positives).
2. Strategic Focus: Highlighted the evolution of the program (PEI, NEAPs) and key innovations (PEDS, LQAS, CBV, Health Camps).
3. Success Recognition: Showcased tangible achievements (case reduction, Bajaur, FLWs, surveillance) to motivate and demonstrate feasibility.
4. Challenges Framed: Clearly articulated persistent barriers (refusals, access, mobility, system weaknesses) as public health system failures needing to be addressed.
5. Equity & Systems: Emphasized the link between polio persistence and health inequities/weak systems, arguing for integration and strengthening.
6. Global Context: Reinforced Pakistan's role in global health security and interdependence.
7. Call to Action: Focused on concrete steps needed from political leaders, program managers, communities, and global partners.
8. Frontline Centric: Acknowledged the critical, often heroic, role of a vaccinator.



Professor Dr. Bahadar Shah is a senior academician of Management Studies in Pakistan. He did his master's in public administration from the University of Peshawar and earned a Doctorate in Legal Studies from the University of Warsaw, Poland. He remained the Chairman Department of Public Administration of Gomal University Pakistan as well as Chief Editor of the Gomal University Journal of Research. Later, in 2010, he joined Hazara University Garden Campus Mansehra and worked as Dean Faculty of Management Sciences and Law. Dr. Shah has also rich administrative experience. He worked as Registrar of the Hazara University Mansehra and Special Advisor to the Vice Chancellors of the University of Science and Technology Abbottabad and Havelian. Currently, he is the Director of Operations at Helping Hand Institute of Rehabilitation Sciences, Pakistan. He is a reputed researcher and supervised several Doctoral and Master's student research.

Dr. Bahadar Shah is available at: chiefeditor@mdpip.com



Professor Dr. Fahd M. Albejaidi is a well-known Saudi academician and researcher. He earned his master's degree in administrative sciences and a Doctorate in Quality Management from Monash University, Australia. He worked in the Ministry of Health as a Director; later, he joined Qassim University. He remained Dean of the College of Public Health and Health Informatics, Al-Bukayriyah, Qassim University, Kingdom of Saudi Arabia. Currently, he is a professor in the Health Informatics Department College of Applied Medical Sciences at Qassim University, Saudi Arabia. Dr. Albejaidi is an excellent researcher and speaker and works in several committees of the university. Dr. Albejaidi is regularly involved in research and has published several articles in indexed journals. Dr. Albejaidi is known for his expertise in Quality Management. he remained the President of the Saudi Specialty of Health Quality Management.

Dr. Fahd Albejaidi can be reached at: f.alonaizy@qu.edu.sa