How can I trust Polio Eradication Program? 
A Community Perspective

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Polio is a calamity and potentially fatal infectious disease. Globally, three Polio endemic countries included Pakistan, Afghanistan and Nigeria. The Global Polio Eradication Initiative (GPEI)¹ reported six new cases on 24th January 2014. Pakistan is one of the endemic countries for WPV and globally in January 2014 there were six cases reported. Out of these five cases were reported from Pakistan and only one in Afghanistan as shown in Fig 1.

Globally Polio Eradication Program has a threat from Pakistan. Globally, Polio eradication depends on the cooperation of all the communities nationwide. Polio eradication is a complex program including biological, social, political, religious, cultural and security problems particularly in Pakistan². Area of Union Council 4 Gadap Town, Karachi, is of great concern from which polio has previously been exported both nationally and internationally.

About 23% of children in the highest priority areas of Karachi could not be reached for immunization. The circulation of the polio virus in Pakistan has been reduced to Karachi, Quetta, Faisalabad, Hyderabad, and Peshawar. The most affected areas are in the northwest, Khyber Pakhtunkhwa and in Federally Administered Tribal Areas (FATA), particularly in Peshawar and Waziristan³.

Ethical issues in Polio eradication Program need to be revisited, redefined and rebooted. Parents need information they can trust. Polio eradication program officers are needed to build parents confidence through optimum communication regarding their worries⁴.

The Independent Monitoring Board of the Global Polio Eradication Initiative, 2013 reported parents perspective as "I saw vaccinators and asked them what polio was. The answers were not clear. Who can I trust?". Public Health Ethics (PHE) according to Centers for Disease Control and Prevention³ "involves a systematic process to clarify, prioritize and justify possible courses of public health action based on ethical principles, values and beliefs of stakeholders, and scientific and other information". PHE is a process of practical decision making that support public health. PHE identifies, analyzes and resolves ethical conflicts on mistrust in public (population, institutions and communities) particularly related to their health issues. In this regard, the major hurdle facing the polio vaccination programme is violence against polio vaccine workers and mistrust of the polio vaccination program by the general public and the parents of the children needing the polio vaccine. Low levels of education and health disparities leads to mistrust of public health policies⁶ and hence, the polio vaccination program. The hard paternalistic approach of public health managers and policy makers is facing resistance from some communities. Hence the PHE process may help public health managers in guiding...
and solving the resistance faced from communities in the polio eradication program.

Some other programs in Pakistan like family planning, flour fortification, and education of girls have also had resistance from community in terms of participation and ownership of the health programs being conducted. Similar resistance in the polio eradication program can be avoided by fresh training, advocacy and revisiting of the polio vaccine needs of the country.

Fig 1. Wild Poliovirus (WPV) cases as on 24th Jan 2014

Pakistan is a pluralistic society with the varied customs and languages in all the provinces and territories. Pakistan needs to infuse honesty and trust in the community. There is a need to enhance trust and build relationship in the community for their mobilization, ownership and participation to eradicate polio. Some observational and interventional studies are also required as evidence based medicine for scientific integrity and professional excellence.

Polio eradication is a major public health program which focuses on the moral interest at stake in particular conditions. Since Pakistani community is labelled as non-eradicated endemic polio, all stakeholders should be looped together for justification of public health actions. The polio eradication program has shown great risk and harm in the form of parents and community concerns especially mistrust, therefore, these concerns must be addressed in all future and ongoing programs of the polio eradication program of this country the next cycle. The professional code of ethics provides guidance for such ethical related issues. Hence, the balancing of individual choices and public health should be revisited and practical solutions offered keeping the health of the child a priority.

In conclusion, there are several public health ethics tools which can be utilized in particular situation of Pakistan such as the polio eradication program. These tools include a case based approach by discussion on risks, complications and future problems for polio victims, stakeholder analysis by all stakeholders particularly the parents and community concerns should be addressed at their level. Their perspective must include prioritizing values and beliefs of oral polio vaccines for each cycle to eradicate virus from the community, professional values and code of ethics for individual concerns versus public health benefit, must also be addressed to achieve a complete eradication of polio virus nationally.

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References