

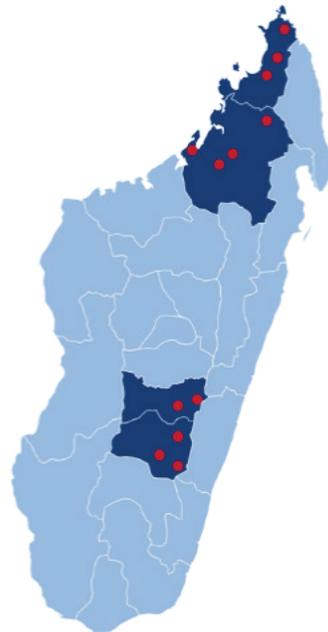
Polio Eradication through Community Approaches

November 2018

MCSP's Role in Eradicating Polio in Madagascar

Since mid-2015, MCSP has provided technical assistance for polio campaigns, OBRAs, and routine immunization strengthening with the Ministry of Health, EPI, and partners at the national level and in 12 districts (red dots on map) in the following four regions where USAID provided support via MCSP and the USAID bilateral program, USAID Community Capacity for Health Program (locally known as Mahefa Miaraka): Diana, Sofia, Haute Matsiatra, and Amoron'i Mania (dark blue on the map).

Technical assistance focused on the planning, supervision, independent review, and validation of national polio campaigns, as well as on building capacity at the district and health facility levels to conduct acute flaccid paralysis (AFP) and community based vaccine-preventable disease (VPD) surveillance. MCSP also targeted efforts to improve birth dose and routine oral polio vaccine (OPV) coverage in USG-supported areas by strengthening routine immunization strategies, including the Reaching Every Child (REC) approach and identification of target populations and missed children.



■ = Regions that received MCSP support
● = High-risk districts that received MCSP support

Introduction

Between 2014 and 2015, Madagascar had 11 confirmed cases of vaccine-derived poliovirus (cVDPV),¹ signifying challenges with the routine immunization system that urgently needed attention.

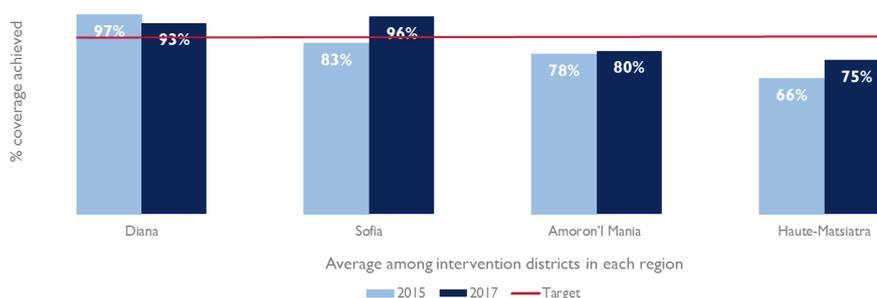
In response to this polio outbreak, the national Expanded Program on Immunization (EPI) and partners implemented 13 national and subnational supplemental polio immunization campaigns and conducted a series of five external outbreak response assessments (OBRAs) to identify and help the country address weaknesses in the immunization system.

As a result of these efforts and increased community and EPI polio surveillance activities, Madagascar has not had further cVDPV cases and the country achieved Certification of Polio Eradication on June 21, 2018.

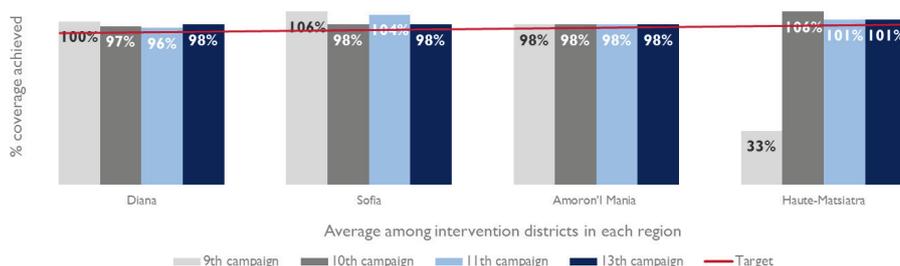
¹ World Health Organization, 2015. Statement on the Seventh IHR Emergency Committee meeting regarding the international spread of poliovirus. <http://www.who.int/mediacentre/news/statements/2015/ibr-ec-poliovirus/en/> Accessed August 27, 2018.

Results^{2,3}

Immunization coverage (OPV3) in 2015 and 2017



Percentage of children immunized with OPV (0 to 59 months) in polio supplementary immunization campaigns (2016–2018)



Approach

- Optimize capacity of regional, district, and health facility managers to prevent poliovirus outbreaks and monitor AFP cases through:
 - Participation in active AFP and VPD surveillance, with facility staff and community-based efforts, to better identify and classify villages as medium- or high-risk for polio outbreaks
 - Monitoring community immunization results and sharing them with local authorities to encourage accountability
 - Monitoring AFP surveillance activities and polio eradication indicators
- Develop and use immunization job aids to train and support health workers and community agents implementing the REC approach, a key component of community engagement and accountability for immunization services
- Organize formative supervision visits with central, regional, and district health teams and partners to ensure integration of routine immunization performance with and between polio campaigns, as well as active community-based and facility surveillance and data quality self-assessments
- Collaborate with partners in the field (e.g., Mahefa Miaraka project) to ensure complementary engagement with the community on AFP and VPD surveillance efforts



Students at l'École La Colombe receive the polio vaccine during a campaign in Ambanja district

² Data from the 12th polio campaign is not included in the graph on the left; the 12th campaign was subnational and MCSP provided support only in Haute Matsiatra and Sofia regions.

³ Part of MCSP technical support is to improve routine immunization administrative reporting, including for routine OPV. Diana district is an example of inconsistencies, where one district in 2015 reported 104% coverage whereas all of the MCSP-supported districts in Diana in 2017 reported above 90% OPV3.

Lessons Learned: Linkages between Communities and Service Delivery

Local leaders and community members' active involvement and ownership are of paramount importance to ensure that every child is vaccinated and that the country surveillance system can detect AFP and other VPD cases. To maintain and scale up capacity building of community actors to participate in polio eradication efforts and routine immunization, the following strategies were found useful and are recommended:

- Encourage effective participation and local management by community leaders, religious leaders, and influential members of civil society in polio eradication and routine immunization activities, including support for vaccine transportation and generating community demand for vaccination
- Strengthen the capacity of health workers responsible for immunization to advocate for community engagement in immunization microplanning and accountability
- Develop special strategies (and adapt REC and other approaches) to reach remote and urban communities facing gaps in access and utilization of immunization services, to improve equity and reduce coverage gaps

On June 21, 2018, Madagascar received its Certification of Polio Eradication from the AFRO Regional Certification Commission (RCC). USAID support played a pivotal role, including technical assistance from MCSP with the EPI and partners in pre-paring the required documentation. MCSP assisted with analysis of the polio eradication indicators and provided strategic insight into country plans post-certification, with continuing efforts to strengthen routine immunization through the implementation of REC. The certification by the RCC is a major milestone for the country and region.

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Success Story

AFP surveillance is fundamental to eradicating polio. It helps to identify children who may have symptoms of polio and can assist health teams in determining if additional campaign or immunization strengthening efforts are needed. Countries depend on networks of community members who are in close proximity to and trusted by the people—including health workers, local leaders, teachers, and parents—to identify at-risk communities and children showing signs of paralysis.

However, in Antsatsaka commune, Dr. Lucie—the head of the community health center—had not been previously engaged in AFP surveillance. “I didn’t really care about surveillance; I didn’t understand how important it was,” she explained. And she wasn’t the only one.

In recognition of this gap and based on the OBRA recommendations, MCSP implemented a series of capacity-building workshops on VPD surveillance, in collaboration with regional and district immunization focal points and partners. The training included key components, such as how to identify an AFP case, the steps to follow to take stool samples for testing, and the overarching purpose of AFP surveillance.

Since the training, Dr. Lucie has been active with surveillance, including reporting a suspected AFP case to the district level in April 2018. She followed the necessary steps to ensure the stool samples arrived in good condition for testing at the Institute Pasteur of Madagascar and remained engaged with the family until the test results were available, which showed that the case was negative for vaccine-derived polio virus.

“Before the training, I did not take the time to identify AFP cases. After learning how important the AFP surveillance component is to make Madagascar a polio-free country, I am motivated to actively search for cases.”



Dr. Lucie, head of CSB II Antsatsaka, explains why she feels proud to contribute to national polio eradication efforts. Ambanja district, Diana region