

Abstract Details

Title: Addressing inequity by reaching marginalised groups to improve immunization coverage - Lessons from India Polio Eradication Program for health system strengthening and universal coverage.

Learning Objectives: Participants will be able to describe strategies to address inequity in the immunization program by reaching marginalised/underserved groups such as nomads, migrant workers and improve the immunization systems.

Background: The India Polio Program has identified migrants, construction workers, nomads, brick kiln workers, as **High-Risk Groups (HRGs)**. As per epidemiological data, HRGs shared a dis-proportionately higher burden of polio cases to their population because they remain outside of any service delivery mechanism like immunization. Also, poor sanitation and hygiene conditions are added causative factors to the same.

CORE Group Polio Project (CGPP) India formed the Social Mobilisation Network in Uttar Pradesh state along with UNICEF, to reach out to these HRGs through many innovative ways:

Developing a network of key influencers and informers such as labour contractors, shopkeepers, barbers and partnering with brass/brick manufacturing units was the prelude to the major strategy used. CGPP mobilisers, along with immunization workers and WHO volunteers engaged in identification of HRG sites and groups to incorporate the information in their micro plans, thus ensuring service delivery with strong advocacy and monitoring.

Design/Methods: This paper is based on the process documentation of Polio Eradication Program in India. It uses the available program data from WHO-National Surveillance Project as presented at the India Expert Advisory Group (IEAG) meetings and CGPP reports.

Results/Outcomes: The program identified 257,000 migrant sites and about 154,000 High-risk (HR) areas across the country. Bringing these marginalised populations under the ambit of health services was critical for making and maintaining a polio-free India. Due to improvement in the micro plans, social mobilisation and service delivery the immunization coverage improved, ultimately resulting in improved immunity and reduction in polio cases.

Conclusion: The successful strategies and activities of the India polio program implemented at a large scale can be replicated to reduce inequity and improve universal coverage of health services like immunization, DOTS for TB, sanitation, etc.

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