

# Investment in polio eradication redeemed dividend in COVID-19 pandemic response - Lessons from CORE Group Polio Project India

Jitendra Awale, Dr. Roma Solomon, Manojkumar Choudhary and Rina Dey, CORE Group Polio Project, India

**Background:** Globally, polio eradication initiative has created a vast network of public health professionals for disease surveillance, cold chain, laboratories, community mobilizers, and local influencers. Across the globe, polio assets were deployed to respond to the pandemic. In India, the WHO's polio network supported surveillance and contact tracing. The CGPP, drawing from its core community engagement strengths and existing community-level assets (e.g., a network of community mobilizers and influencers), also responded by building confidence among community members to deal with the pandemic.

**Methods:** We reviewed CGPP India's COVID-19 response and its immediate outputs using the information available in project administrative records and reports (e.g., meeting notes, training reports, and weekly updates).

## Results/Outcomes:

CGPP designed a local context-specific dynamic risk communication package



CGPP Re-deployed and trained 700 community volunteers

Engaged about 5000 community influencers and formed 800 Community Action Groups



Supported Health workers in identification, counseling, and treatment and addressing stigma

In the first phase of pre-vaccine, the CGPP reached about 7,000 families, including 1,935 suspected or confirmed cases



As vaccination against COVID-19 began, CGPP could address rumors and misconceptions in the target community through various SBCC activities.

By July 2022, vaccination coverage among 18+ population reached to **97%** in CGPP areas.

**Conclusion:** An investment in polio eradication gave benefits far beyond it. It is an investment for a strong health system ready for emergency response that could be the need of time, and continued strengthening of polio eradication infrastructure will help countries develop systems and be prepared.

# Barriers and enablers of the world's largest COVID-19 vaccination program

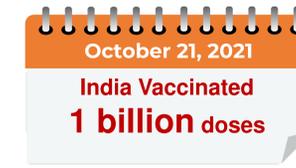
## A Case study of India

Jitendra Awale, Dr. Roma Solomon, Manojkumar Choudhary and Rina Dey  
CORE Group Polio Project, India

**Background:** India launched the world's largest COVID vaccination program in Jan. 2021 with targets of 300 million. Subsequently, the target group was expanded to include all 18+ age population, followed by children in the age group of 15-18 years, 12-15 and 05-12 years. By April 2022, 1,886,120,131 doses had been administered. This phenomenal journey was not without challenges. But strong enablers helped to mitigate every barrier. In this study, we listed the barriers and enablers of this success.

**Methods:** We reviewed available literature- media reports, journal articles, and government guidelines.

### Results/Outcomes:



### Barriers

- Initial differences between states and GoI regarding procurement policy
- Vaccine eagerness-driven gap between demand and supply
- Initial glitches in the digital platform – Co-WIN discouraged people and affected coverage.
- Vaccine hesitancy due to suspicion of fast-tracked development and licensing of vaccines. Fear of AEFI amplified by negative media.
- Health workers were overwhelmed by a sudden increase in workload.



### Enablers

- Political Commitment: Domestic vaccines and Free vaccines
- Strong UIP platform - covers 26 million children and 30 million pregnant women, 175 million in polio NID
- Functional cold chain points and a huge number of vaccinators in the public and private sectors
- Use of digital platform- CoWIN
- Flexible approaches: Health centers-based to House-to-House vaccination
- Use of cooperation models/structures from Polio Eradication
- Effective communication strategy creating awareness and addressing rumors

**Conclusion:** Government's will and ownership, strong health systems, locally available vaccines, and effective communication strategies helped India vaccinate a billion people in less than two years period. These learnings will be helpful not only for low & middle-income countries but some developed countries still struggling to vaccinate a reasonable proportion of their population.