

Contents lists available at [ScienceDirect](#)

Vaccine

journal homepage: www.elsevier.com/locate/vaccine

Coordination as a best practice from the polio eradication initiative: Experiences from five member states in the African region of the World Health Organization

Joseph Okeibunor^{a,*}, Peter Nsubuga^b, Mbaye Salla^a, Richard Mihigo^a, Pascal Mkanda^a

^a World Health Organization, Regional Office for Africa, Brazzaville, Congo

^b Global Public Health Solutions, Atlanta, GA, USA

ARTICLE INFO

Article history:
Available online xxx

Keywords:
PEI
Coordination
Public health interventions
Resources

ABSTRACT

Background: As part of the efforts to eradicate polioviruses in the African Region, structures were put in place to ensure coordinated mobilization and deployment of resources within the framework of the global polio eradication initiative (PEI). The successes of these structures made them not only attractive to other public health interventions, but also caused them to be deployed to the response efforts of other diseases interventions, without any systematic documentation. This article documents the contributions of PEI coordination units to other public health interventions in the African Region of World Health Organization

Methods: We reviewed the contributions of PEI coordination units to other public health interventions in five countries in the African Region.

Results: The analysis identified significant involvement of PEI coordination structures in the implementation of routine immunization programs in all the countries analyzed. Similarly, maternal and child health programs were planned, implemented, monitored and evaluation the Inter-Agency Coordination Committees of the PEI programs in the different countries. The hubs system used in PEI in Chad facilitated the efficient coordination of resources for immunization and other public health interventions in Chad. Similarly, in the Democratic Republic of Congo PEI led coordination activities benefited other public health programs like disease control and the national nutrition program, the national malaria control program, and the tuberculosis control program. In Nigeria, the polio Expert Review Committee effectively deployed the Emergency Operation Center for the implementation of prioritized strategies and activities of the National Polio Eradication Emergency Plan, and it was utilized in the response to Ebola Virus Disease outbreak in the country.

Conclusions: The PEI-led coordination systems are thus recognized as having made significant contribution to the coordination and delivery of other public health interventions in the African Region.

© 2016 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

1. Introduction

The goal of the Global Polio Eradication Initiative (GPEI) is to complete the eradication and containment of all wild, vaccine-related and Sabin polioviruses, such that no child ever again suffers paralytic poliomyelitis. With the adoption of these goals, by the World Health Assembly, the World Health Organization (WHO) and its partners made good efforts to accelerate the interruption of polio viruses [1–3]. Attainment of the goal of eradication rested on four pillars of the GPEI strategy, namely strengthening immunization systems to ensure high coverage with polio vaccines

through routine childhood immunization, robust surveillance for AFP, supplementary immunization, and “mop-up” immunizations [4,5]. Enormous human, financial and material resources were mobilized and committed to efforts at interrupting transmission of polio viruses and eventual eradication of poliomyelitis in the world.

Coordination of the resources and efforts was undertaken centrally by the Global Polio Eradication Initiative (GPEI). Thus, a Secretariat, based in Geneva coordinates the GPEI activities including policy development and support to countries through the WHO Regional Offices. An independent polio monitoring board monitored the use of resources and implementation of programs to eradicate polioviruses in the countries. The WHO Regional Office

* Corresponding author.

E-mail address: okeibunorj@who.int (J. Okeibunor).

<http://dx.doi.org/10.1016/j.vaccine.2016.05.066>

0264-410X/© 2016 The Authors. Published by Elsevier Ltd.

This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

coordinated the disbursement of resources and technical assistance to the countries as well as outbreak response.

At the country level, the coordination of polio eradication activities was taken up by different Inter-Agency Coordinating Committee (ICCs). The WHO Regional Committee for Africa endorsed the global eradication goal at its 39th session in 1989, while the national governments unanimously adopted a resolution urging them to initiate the implementation of specific eradication strategies in 1995 [6]. In addition to the standard ICCs, countries took initiatives to put together other coordinating bodies to address the peculiarity of the polio problem in the countries. In Nigeria, for instance, there was the Expert Review Committee (ERC) which provided guidance on the implementation of the polio eradication activities in the countries through a polio Emergency Operations Center (EOC).

However, anecdotal evidence point to the fact that these coordination units set up for the purpose of pursuing polio eradication also served for other public health interventions. The case of Ebola Disease outbreak is a case in point. The polio EOC in Nigeria coordinated response to the Ebola Virus Disease outbreak in Nigeria [7]. Unfortunately, the contribution of these polio coordination bodies and activities to other public health programs in the Region has not been articulated and documented. This paper reviews the coordination activities put together for polio eradication in the African Region with a view to highlighting their contribution to other public health programs in the Region. It also highlights best practices in coordination of public health interventions that could be borrowed by yet to be benefitted programs.

2. Methods

Coordination as a PEI best practice was identified and documented in five of the eight countries that were part of the documentation exercise. How coordination was practiced in each country had both common and unique elements. Table 1 describes how coordination as a best practice was described in each of the five countries.

2.1. Implementation in of PEI coordination in Angola

The ICC started in 1996 when PEI started. The membership of included the Minister of Health, WHO and United Nations Children Fund (UNICEF) representatives, Red Cross and CORE group (a non-governmental organization) directors, US Agency for International Development (USAID) country representative, delegates from the Angola Pediatric Society, public health authorities, technicians and other invited partners.

The ICC coordinated maternal and child health programs with the following objectives: (1) systematically coordinate Expanded

Program on Immunization (EPI) and other maternal and child activities between the government and partners, (2) harmonize and secure the complementarity of the budgets of different partners, (3) follow up and monitor the implementation of planned activities, and (4) maintain the priority of maternal and child health (MCH) programs. Over time the ICC was used to support or strengthen other priority public health programs. At the beginning the ICC were used only for PEI after was expanded for EPI and subsequently was constituted in forum for discussion other maternal and child plans and support the revitalization of municipal system as part of national police of decentralization of health system.

2.2. Implementation of PEI coordination in Cote d'Ivoire

A Vaccination Thematic Group in Côte d'Ivoire (VTG) was created by Order 106 MSP/CAB of 21 March 2001 amended by Order 104/MSHP/CAB of 21 April 2009 creating within the VTG an Extended Thematic Group or Inter Agency Coordination Committee chaired by the Minister of Health and a Restricted Thematic Group or Technical Group chaired by the Director-General of Health.

The objective was to create a consensual framework (state and partners) in order to identify and resolve public health priority issues and to improve the health system.

Funds were allocated for improving the entire health system, making it possible to carry out various activities such as strengthening the capacities of the stakeholders and acquiring some infrastructure to improve the health system. They included the purchase of computer equipment for the health districts, the construction of incinerators and the purchase of motorcycles and cars.

Various structures of the Ministry of Health and AIDS Control and the technical and financial partners contributed to and collaborated in the conduct of these activities. They include: The Directorate-General for Health; the Department of Information, Planning and Evaluation; the Teaching Hospitals (CHU); the Regional Hospitals (CHR); the Districts Health Centers; the First Contact Health Establishments and Development Partners (WHO, UNICEF, GAVI, ROTARY).

2.3. Implementation of PEI coordination in Chad

To promote coordination and effective decision making health sector decision-making meetings which include PEI and EPI issues were implemented are held at the regional level before the 20th of each month. These meetings are chaired by the Regional Governor. Health sector decision-making meetings are held at the central level on the 24th of each month. These meetings are chaired by the Head of State himself, or in his absence, by the Prime Minister.

Table 1

Description of coordination as a Polio Eradication Initiative best practice in five countries in the WHO African Region, 2014–2015.

Angola	Cote d'Ivoire	Chad	DRC	Nigeria
PEI promoted the development of a systematic coordination mechanism and follow up of immunization and maternal and child health programs, between Government and agencies (Interagency Coordination Committee)	The PEI interagency coordination mechanism is used to cover other health issues	PEI led to the establishment of monthly high-level decision making meetings that currently cover the entire health sector	The original Inter-agency Coordination Committee (ICC) for polio was expanded into a National Coordination Committee for disease control	Establishment of the national and state polio emergency operations centers (EOCs)
PEI has supported Health Promotion coordinated activities		PEI initiated the creation of hubs that currently contribute effectively to coordinating and facilitating immunization activities in the field and serve as a catalyst for health activities at the peripheral level		

Download English Version:

<https://daneshyari.com/en/article/5536756>

Download Persian Version:

<https://daneshyari.com/article/5536756>

[Daneshyari.com](https://daneshyari.com)