Noncompliance in Polio Eradication: COMPASS Takes on the Cause

In launching the Global Polio Eradication Initiative in 1988, the World Health Assembly was poised to finish off polio as a world health problem. At that time, 1,000 children became paralyzed daily, and 125 countries were endemic. Today, only Nigeria, India, Afghanistan, and Pakistan are endemic, but the presence of the Wild Polio Virus (WPV) in these large populations threatens to re-infect neighboring countries, as well as their own children.

Fear of the Vaccine

In 2003, the governors of the northern Nigerian states of Kano, Kaduna, and Zamfara suspended polio immunization in their states in response to widespread rumors that the vaccines were contaminated and could carry HIV or cause sterility. Although the ban was lifted eight months later, fear and uncertainty had spread widely, and many families continue to shield their children from polio vaccinations today.

By 2004, 40 percent of new cases worldwide were in Nigeria. Soon thereafter, strains of the same virus appeared in several neighboring countries. While the Government of Nigeria made enormous efforts to expand the reach of Immunization Plus Days (IPDs), the number of noncompliant families in northern states remained high.

COMPASS Goes to the Community

In 2004, The Community Participation for Action in the Social Sector (COMPASS) Project was funded and launched by USAID. Led by Pathfinder International, this broad coalition of nine partner organizations has broken new ground in integrating health and education programs in challenging environments, and has become a key development player recognized by the Nigerian government. Its community-based approach organizes community and religious leaders, along with concerned men, women, and youth, into structured associations that bring their own money, pressure, and ideas to bear on chronic community problems. In many areas, they have revolutionized the relationship between people and government, inspiring the former to take steps on their own behalf, while urging and motivating government leaders to provide support and services.

Given the critical status of polio in northern Nigeria, COMPASS partners joined government efforts to expand polio immunization in eight northern high-risk states, under the technical leadership of Management Sciences for Health. To attack the polio epidemic and reach children who have never been vaccinated (zero-dose), COMPASS has blanketed communities with information. Among the Hausa people, the disease is named “Shan Inna” after a goddess thought to suck the blood from a victim’s limb as punishment for having offended the gods. If polio is the victim’s fault, it is not perceived as a disease, and its stigmatized victims are marginalized and invisible. With victims out of sight, the urgency is not felt. People need to believe that their children are at risk if they are to accept polio vaccinations. To establish that belief, people need credible information from trusted sources.

**Building Trust—Who Delivers the Message?**

In predominantly Muslim northern Nigeria, girls receive little education and women are generally confined to their compounds, making them difficult to reach. More than 500 languages are spoken in Nigeria, and tribes distrust one another—particularly between north and south. Information is only as valued and trusted as the person who delivers it, and people in small rural villages give greatest credence to their own authorities—especially religious leaders. COMPASS is responding to this reality.

The Federation of Muslim Women’s Associations of Nigeria (FOMWAN) is a powerful national group of more than 150 Muslim women’s associations that carries great respect and universal recognition. As a major Nigerian COMPASS partner, FOMWAN has mobilized their members to conduct door-to-door campaigns to dispel anti-immunization myths and bring non-compliant mothers to the IPDs (i.e., mothers who have refused to allow their children to be vaccinated). In 2006, their efforts resolved 67,812 out of 77,515 non-compliant cases and another 424,268 out of 524,966 non-compliant cases between January and September 2007. Unlike most strangers, they can enter homes and talk directly to women, speaking the local language and answering questions without a translator. This connection to the community is extremely important. As noted by Lola Mabogunje, COMPASS’s Director of Regional Field Activities, “We have to convince them that polio is a health issue, not a political one.” FOMWAN leaders ask Islamic scholars and Imams to set aside their resistance and use Tafsir (public lectures) during Ramadan and at religious events to inform the public and eradicate fear of the vaccine. Islamic school teachers and local preachers include polio eradication messages in their sermons. Civic and religious leaders are essential allies, and their opposition can be heightened if they feel insulted and left out.

COMPASS has strategically approached other key members of communities who can approach women in their homes. With more than 85 percent of babies delivered at home in the North West region, where most of COMPASS polio work takes place, the Traditional Birth Attendant (TBA) is a key community figure who is known and trusted. COMPASS trained 1,500 TBAs in high-risk settlements on polio as an infectious disease. They were trained to send all newborns to local healthcare facilities for vaccination immediately after delivery. During IPDs for the period October-December 2007, TBAs referred 7,395 newborns for immunization.
Reaching Nomadic Families

Jigawa State supports a large population of Fulani herdsmen and traders, whose nomadic lifestyle means their children often miss out on immunizations. Before the March 2007 IPDs, COMPASS invited 15 Fulani Ardos (leaders) in the Gwaram Local Government Area (LGA) to a discussion, where they voiced their fears and assumptions about polio immunization and learned from trusted leaders about the realities. They became convinced of the importance of the campaign and, following their lead, 7,022 Fulani children were immunized, 261 of them were zero-dose. Similar efforts in 11 neighboring LGAs reached 29,627 children (1,049 of whom were zero-dose). In that Gwaram campaign alone, zero-dose cases dropped by 31.8 percent and immunization increased by 2.4 percent. Some members of the Fulani community have been trained as vaccinators and recorders, ensuring their continued commitment to the program. COMPASS continues now to apply this approach in other states.

The Polio Survivor—Part of the Solution

Polio survivors in Nigeria have been shunned and marginalized for generations. But COMPASS recognized the important role they could play in teaching the community about the realities of polio. The 2,000 member Kano Polio Victims Trust Association (KPVTA) was established ten years ago to promote the interests of polio victims. For most of those years, they had little impact, but in 2005, COMPASS managing partner, Pathfinder, received funding from the Leahy War Victims Fund to strengthen KPVTA, building their organizational strength and developing their income-earning abilities. With training in organizational management and communication, KPVTA members have developed powerful television and radio spots, portraying the reality of life with polio and speaking directly to families about the importance of immunization for every child. An estimated 3 million people in Kano have been reached by these messages, as have portions of neighboring states. Polio survivors often accompany the vaccinators on house-to-house visits, adding powerful credibility to the importance of immunization. The Polio Office reported that KPVTA’s efforts in the February/March 2007 IPDs contributed to an approximately 25 percent reduction in non-compliant cases in Kano.

In three short years, KPVTA leaders have become outstanding advocates for their members. One has become the Special Advisor to the Kano Government on matters concerning the handicapped, and two are now members of the Joint National Association of Persons with Disabilities. More than 270 members have gained income-generating skills in welding, sewing, tie-and-dye, carpentry, pomade (hairdressing), and detergent-making. Members receive micro-credit loans and scholarships to learn how to use computers; more than 150 have attended literacy classes. Younger children are getting financial support to stay in school, and 50 survivors have received tricycles to gain mobility and independence, as well as access to school or work.

With new advocacy skills, KPVTA members join COMPASS staff as they approach civic and religious leaders for polio funding and programming support.
Government Alliances and COMPASS Support

Permanent changes must be made in both public attitudes and the delivery of vaccinations to ensure polio eradication. Individuals in the community must trust and participate, but vaccinators must also develop and maintain efficient and reliable immunization systems. To this end, COMPASS Polio Eradication Officers contribute to the comprehensive data collection and analysis systems set up for the polio campaign. Beyond providing accurate data for surveillance, logistics, and planning, COMPASS staff focus on building community understanding of the need for this data and ownership of the program.

Working much of the time at the community level, the COMPASS polio staff engage with individual families and community and religious leaders, helping them to understand and overcome their distrust of the vaccines and value immunization for their children. When the government mandated immunization at all border crossings, COMPASS organized a meeting with immigration and customs officials in Jigawa and Katsina States, explaining the need and distributing educational materials so they could give the campaign their genuine support. This typifies the COMPASS approach to ensuring that local communities and government officials understand the reasons and trust the goals of all development efforts introduced by the project.

Long-Term Results

The effort to finally eliminate polio as a threat to children around the world has been massive, bringing together governments and many participating groups and individuals. Between December 2006 and December 2007, WPV decreased by 76.7 percent in Nigeria.\(^2\) COMPASS has been but one player among many, and no single group can take credit for the significant progress that has been achieved in recent years. However, it is widely acknowledged that the effective community access and mobilization that COMPASS has been able to achieve through its local partner organizations has made major inroads in those areas where families have resisted immunization for their children.

According to the WHO website, “Following resumption of polio immunization in Nigeria’s Kano state in mid-2004, Africa held the world’s largest series of immunization activities, synchronized across 23 African countries, reaching 80 million children. These campaigns have begun to rein in the epidemic. In northern Nigeria, independent monitoring shows that nearly 75 percent of children were vaccinated against polio, the highest numbers ever for the area.”\(^3\)

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\(^2\) WHO polio statistics, Week 52 2007.