The polio program has provided tangible physical assets which have been beneficial to the primary health care system of the country.

The polio program formed sustainable relationships in communities where the eradication exercise was implemented: these relationships have been useful for other health programs.

There is a deliberate action to transit assets and lessons learnt from the polio program to other initiative that benefited from the program. This will ensure that such polio leveraged projects achieve their goals.

Since the Global Polio Eradication Initiative (GPEI) was initiated in 1988, it has invested more than one billion dollars annually; This is operated through thousands of staff and millions of volunteers in hundreds of communities in Nigeria. After over a decade of being the only endemic country in Africa, Nigeria was declared free of the polio virus in the last quarter of 2020. Post-polio, the crucial question is what should happen to the assets, capabilities, and lessons of the GPEI? What will become of the tools and functions that are currently funded by the GPEI?

Most importantly, what will become of other programs and health priorities: which to varying degrees, have become reliant on GPEI-funded infrastructure for support? The aim of this brief is to identify key areas in which the polio program has supported other health programs and recommend concrete plans for leveraging these opportunities for other health programs.

This brief is based on information from key informant interviews with local (frontline workers), state, and national polio health workers along with members of the Nigerian polio partner organizations.

Physical infrastructures developed by the polio program which have benefited other health programs

A frontline health worker elaborated on the use of health camps during polio programs to promote healthy behavior in the community:

“Yes, people are now conscious of so many health issues because in Kano state they use the strategy of health camps. Prior to the health camp strategy the town announcer announces that people are coming to give immunization and other health advice. When the health workers reach such facilities, people will gather where the health workers are camped and receive a lot of health talks not only on polio, so I think this is a good idea” (Frontline health worker, Kano)

“I hope that the Emergency Operations Centers’ scope of work will now be expanded for any emergency outbreak, health-related or development-related issue, so that these systems will be there and will continue working and will help us to react quickly whenever there are outbreaks like Lassa and other diseases” (National Level Worker, Abuja)

Physical infrastructure such as the Emergency Operation Center, (EOC) polio laboratories were identified to have contributed significantly to other programs and also have the potential to contribute even more. An Interviewee from an international partner agency reflected:

“We have the polio labs which can be transformed to do any other diseases, we can start testing for Ebola, we can start testing for Measles, Yellow Fever, Lassa fever.” (National Level Worker, Abuja)

Social infrastructures that have evolved through the polio program

In areas of social network, the polio program has developed an extensive social structure from the community to the national level which engages the members of the community, religious leaders and traditional leaders. This social structure was identified as very likely to be useful for other health programs. An interviewee from a partner organization noted:

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“So, due to our experience from working with the polio program, we applied the same method in the maternal and child health week to get more coverage. We made announcements in the churches, the mosques and had the community dialogue.” (Frontline health worker, Nasarawa)

Another stakeholder spoke about how the implementation of polio strategies improved response to epidemics

“So, remember it was a polio group that responded to Ebola outbreaks because they already have a systematic way of responding to outbreaks” (Sub National Level, Abuja)

“We used it (polio structures) a lot for measles, so all those people that you see at the measles (campaign), they are learning straight up from here - how we do microplans, going to the field, community engagement, and work a lot with traditional leaders” (National Level, Abuja)

### Policy recommendations

- **Disseminate the lessons from the polio program**

  All lessons from the polio program should be documented and recommended to other health programs for adoption.

  The guidelines, standard operating procedures and manuals developed by the PEI for high risk communities should be used as reference documents.

  These lessons should be shared through seminars, workshops and stakeholders engagement for other health lessons learnt into programs.

- **Integrate the PHC**

  The ministries of health should endeavor to integrate the polio into the primary health care (PHC) system. Thus infrastructures developed by the polio program is useful not just for the routine immunization services but for other health programs.

  This should be a systematic integration of health workers, community social structures and infrastructure to ease access of community members to PHC under one roof. This will reduce duplication and wastage of resources.

- **Intensify transitioning efforts by the polio transition team**

  The efforts of the polio transition team to map and translate assets of the polio program to other health programs should be consolidated.

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