

**Feedback from the**  
***Technical Advisory Group on***  
***Polio Eradication in Afghanistan***

Dubai, 15-16 Jan 2019

# Conclusions and recommendations

## *General: Security*

- The TAG expresses deep regret regarding the unfortunate and tragic incidents in which polio workers lost their lives, were arrested, seriously injured or tortured in 2018.
- There is increase in security related incidence in 2018 as compared to 2017 , particularly so in the Southern region. *The country is at war.*
- This TAG meeting is being held in Dubai as Afghanistan is at critical stage and all partners need to be on same page to provide support needed for Afghanistan.

### Major incidents related to Polio workers

Area	Date	Incident
Paktika	Jan 2018	PTT vaccinator (Mr. Feda Mohammad, 20 years) kidnapped and killed
Nimroz	Mar 2018	Polio vaccinator (Mr Juma Khan) killed in a drone attack while doing house to house vaccination
Jawzan	Apr 2018	PPO (Dr Waris) arrested by IS and tortured
Uruzgan	Apr 2018	PPO (Dr Agha), arrested and tortured by AGEs
Kunar	May 2018	Cluster supervisor (Mr Amanullah) was shot at, luckily survived
Paktia	Aug 2018	PTT vaccinator (Mr Said Mohammad), abducted and killed
Kandahar	Aug 2018	PPO, DPO and DCO arrested and tortured for 7 days
Farah	Oct 2018	Social mobilizer (Mr Gul Mohammad) got caught in active fight and lost his life
Farah	Dec 2018	DST member (Mr Abdul Saboor) killed in a drone attack
Kunar	Dec 2018	Vaccinator (Mr Asadullah) killed in shelling

# Conclusions and recommendations

## *General*

- Polio eradication is global priority; TAG urges ***all stakeholders and partners*** to treat polio as emergency program and provide required facilitation to ensure eradication rather than expecting it to address long standing health system issues, which are the focus of other efforts.
- Polio should be raised to program criticality 1 for the UN system(currently PC2)
- With a strong NEAP including the Framework for change and the MOU with the BPHS NGOs, the program has a clear path to finish with polio. Now the focus should be to support the field, particularly Kandahar rather than debating internally at central level.
- One team approach to address the remaining challenges.
- Program needs to follow the basics, plug the remaining gaps and remain innovative for new challenges. There is no need to change whole strategy.

# Conclusions and recommendations

## *Ownership, governance and management*

- TAG appreciates the government ownership of program at national, regional and provincial level. TAG believes that new initiative from HE the President on monthly feedback from HE the Health Minister and WHO & UNICEF representatives will further strengthen the program.
- TAG regretted that HE the Health minister was not able to attend the meeting and Presidential focal point for Polio had to leave after opening session. Given the importance of polio eradication as public health emergency of international concern, it is important that Health Minister and Presidential focal point for polio receive the recommendations and assure full implementation.

# Conclusions and recommendations

## *Ownership, governance and management*

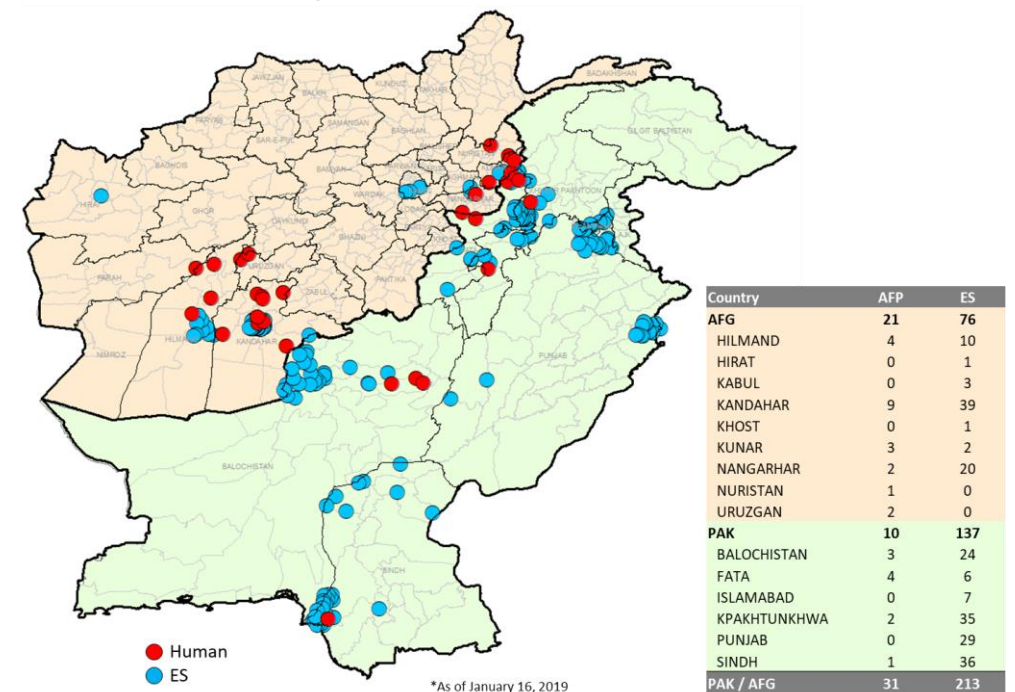
- Engagement of other line ministries is appreciated. TAG encourages program to document and present concrete outcome of the engagements in next TAG meeting.
- Government has established Polio executive committee, however, it has not met since last TAG. It is recommended that PEC should meet monthly for first 6 months of 2019.
- TAG appreciates smooth transition in EOC leadership and increased engagement of EPI. National EOC should be the main nodal point for coordinating all polio related activities, reports and information sharing.
- Revision of TORs and SOPs within National and regional EOCs is welcome move. TAG recommends to finalize this process before Mid Feb 2019, ensuring that it results in EOCs becoming more nimble and efforts of partners at all levels are better coordinated.

# Conclusions and recommendations

## *Overarching-Big picture*

- Current status of polio in AF-PAK epidemiological block is challenging with Kandahar and Peshawar as two driving engines.
- It is worth noting that in past, both these countries have interrupted transmission in their endemic zones, however, they have not been able to do it together at the same time.
- Both countries need to address remaining challenges in coordinated manner to interrupt transmission in this block.

WPV Isolates, PAK/AFG, 2018\*

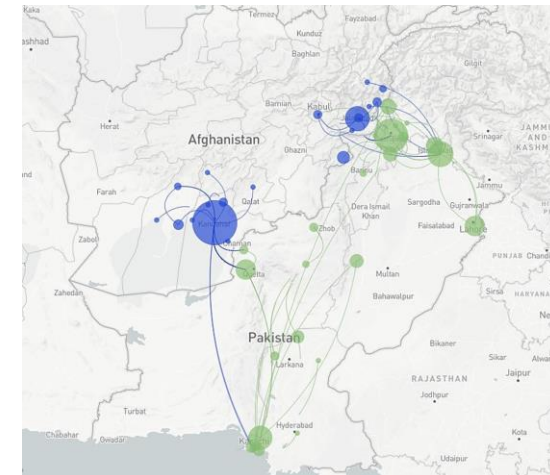
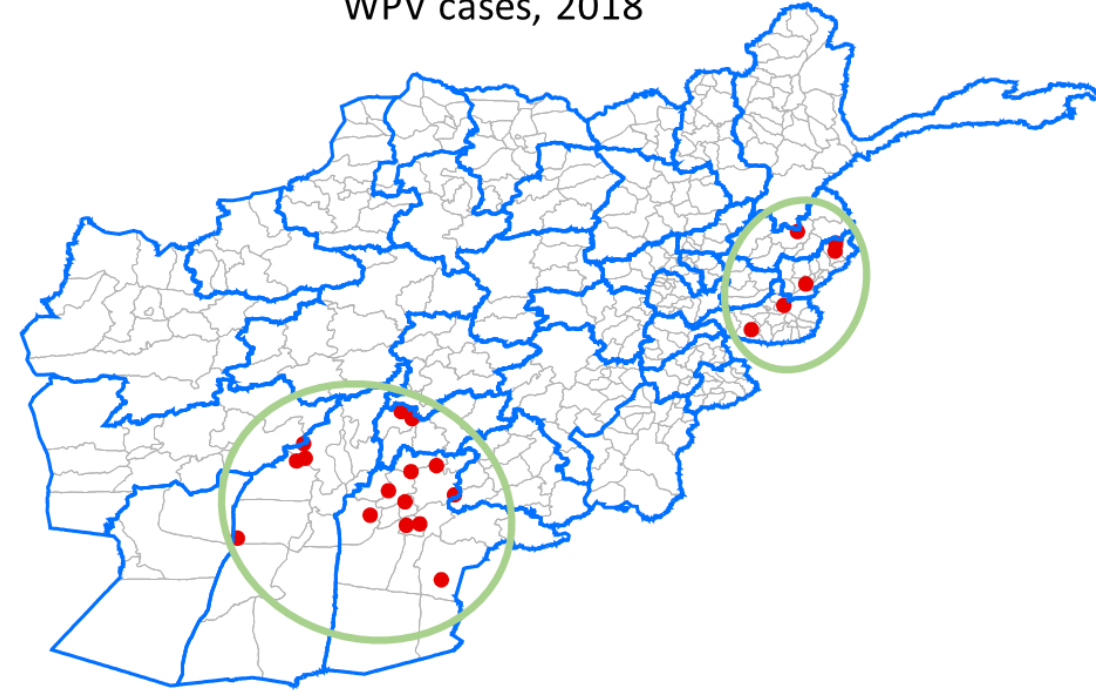


# Conclusions and recommendations

## *Overarching-Big picture*

- Despite high number of polio cases in 2018, the transmission in Afghanistan is geographically limited to South and East region.
- Kandahar province is engine for transmission in Southern corridor. Furthermore, detection of transmission in Helmand and Uruzgan poses a strong risk as seen in past.
- Transmission in the East region is part of northern corridor transmission.

WPV cases, 2018






# Conclusions and recommendations

## *Overarching-Big picture*

- Country program has identified the key remaining challenges and developed framework of change to address those. Interventions outlined in Framework of change are incorporated in National Emergency Action Plan 2019.

Islamic Republic of Afghanistan  
Ministry of Public Health



د افغانستان اسلامي جمهوریت  
د عامې روغتیا وزارت

مرکز ملی عملیات اضطراری برای محو پولیو  
National Emergency Operation Center

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### Framework for change: fast-track to zero polio cases

27 October 2018

**Context and background:**

Afghanistan has 16 polio cases in 2018 of which 5 are from Eastern region (3 Kunar and 2 Nangarhar) and 11 are from the Southern region (8 from Kandahar; 2 from Helmand and 1 from Uruzgan).

Despite this setback, it is worth noting that 29 out of 34 provinces have not reported polio case in 2018 demonstrating that the strategies outlined in National Emergency Action Plan (NEAP) for Polio are successful in most of the areas.

In Afghanistan the implementation of NEAP is coordinated through the Emergency Operations Centers (EOCs) led by MoPH with support of implementing partners (UNICEF and WHO) and donor partners (BMGF, Rotary and US CDC).

In coordination with Pakistan, joint Northern and Southern Corridor action plans have been developed to focus on South and East region of Afghanistan and corresponding areas of Pakistan. However, the continued transmission in these corridors underlines need to relook at strategy to focus on addressing remaining and new emerging challenges in Eastern region and Southern region. Key feature of ongoing transmission in Afghanistan is as below.

**Southern region:**

1. Transmission of 2014-2016 was stopped in April 2016, highlighting the feasibility of stopping polio even in challenging contexts. However, transmission re-established in 2017 with epicenter in Kandahar. Key reasons for continued transmission are access related challenges (particularly in Northern Kandahar, Helmand and Uruzgan) and refusals especially in and around Kandahar city.
2. The most significant risk to the program is the continued ban on house-to-house campaigns in major parts of Southern region. Since May 2018, the ban on the house-to-house strategy in major parts of Helmand, Kandahar and Uruzgan. Out of a total target of 1.5 million children in these three provinces, the programme has not reached 790,000 children during that period.

**Eastern region:**

1. Repeated environmental samples positive along with 5 polio cases.

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# Conclusions and recommendations

## *Overarching-Big picture*

- For next 6 months, country should focus on stopping transmission in Kandahar which is the engine of transmission in southern corridor. Strong effort should be put for:
  - Intensify presence of best international and national people (with capacity to work in field)
  - ***Address quality gaps in all accessible areas***
    - Analyze the missed children (due to absent or refusals) to identify geographical pockets and reasons and take corrective action.
    - Prepare Cluster profiles including all element of the program, Remaining miss children, SIA, Surveillance, communication efforts and EPI to reduce missed children
  - ***Ensuring maximum reach in inaccessible area***
    - Along with implementing and strengthening alternate strategies (i.e. site to site, PTT and IPV+OPV) for inaccessible areas, the efforts to gain access should be intensified including raising this at highest level, even up to UN Security Council.
    - Conduct SIADs (3 passages) of H2H/S2S campaign in areas where allowed

# Conclusions and recommendations

## *Overarching-Big picture*

- While recognizing that the transmission in Eastern region is shared one with Pakistan in Northern corridor. Program should focus on
  - In coordination with Pakistan, review implementation of HRMP strategies by end Q1 to ensure that all such population groups (including long distance travelers, returnee and IDPs) have been identified and reached
    - Face to face meeting of northern corridor field level staff to review and update Northern corridor action plan
  - Fully implement the three identified alternate strategies in chronic inaccessible areas and present the progress in next TAG meeting
  - Continue to focus on reducing missed children in accessible areas

# Conclusions and recommendations

## *Overarching-Big picture*

- ***increased risk in Southeast region***
  - Recent virus detection in central corridor
  - History of large 2016 outbreak,
  - High population movement across the borders and high proportion of refusals
  - TAG is concerned and recommends addressing identified gaps-refusals, HRMP
- **Areas outside South and East**
  - ES positives outside endemic zones were not sustained and did not give any secondary infection showing high population immunity and good response capacity of the program.
  - While focusing efforts in South and East region, program should maintain high population immunity by quality SIAs and improving EPI in non SNID areas

ES positive outside endemic areas, 2018



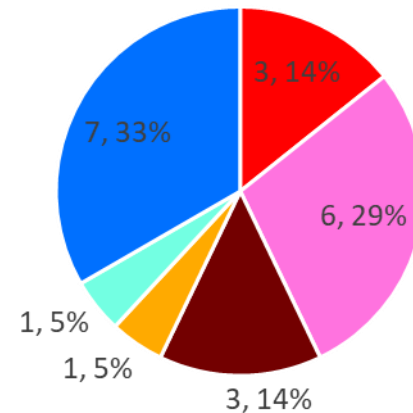
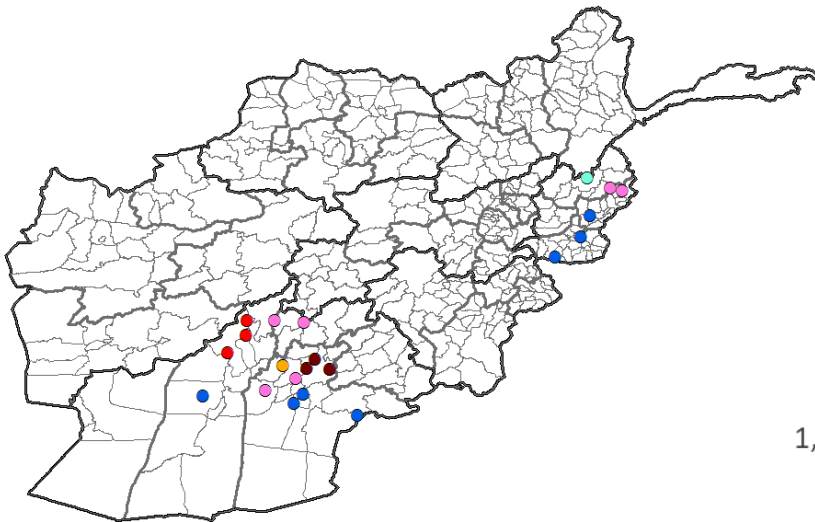
Site	Date	Response	Outcome
Kabul	26 Feb	3 SIAs	No secondary in Kabul
	26 June	3 SIAs	No secondary in Kabul
Herat	25 June	3 SIAs, IDPs	No secondary isolate
Khost	25 Sep	3 SIAs	No secondary isolate

# Conclusions and recommendations

## *Overarching-Big picture*

- TAG appreciated the data presented on reasons of under immunized AFP cases as well as findings for detail investigation of polio cases. TAG encourages country program to continue and further fine tune this analysis and use the findings for corrective actions in documented manner.

## Investigation results of polio cases (2018)



- Inaccessible
- Chronic Refusal
- Chronic Refusal / Inaccessible
- Program issue / Inaccessible
- Immunized as per age and # of SIAs conducted
- Adequately immunized (≥7 SIA doses)

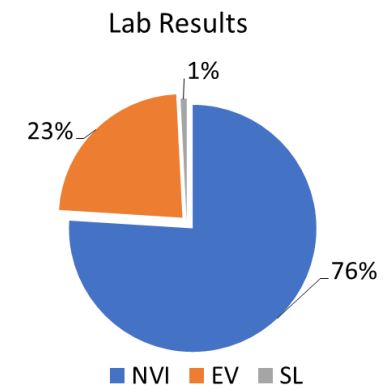
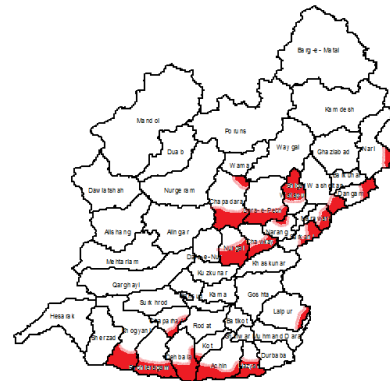
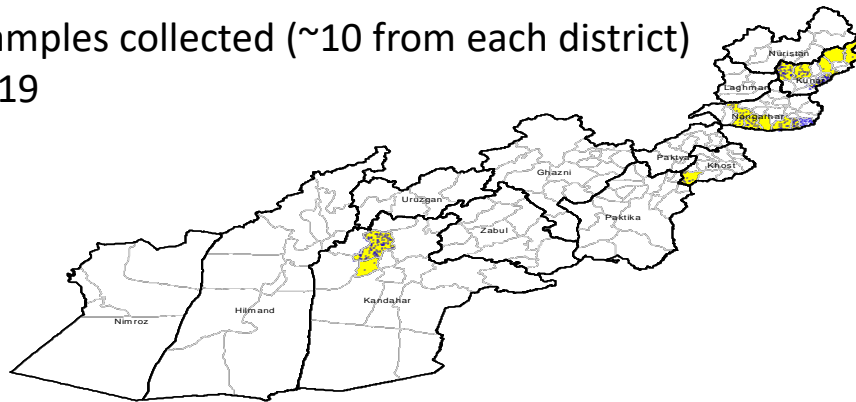
# Conclusions and recommendations

## *Surveillance*

- Sensitive surveillance is maintained across the access categories. TAG notes the initiative of healthy children sampling and internal surveillance review. Targeted healthy children sampling from chronically inaccessible areas should be repeated in every quarter.

## Healthy children sampling in chronic inaccessible areas

- 132 samples collected (~10 from each district)
- Q4 2019



# Conclusions and recommendations

## *NEAP 2019*

- TAG appreciates the 'bottom up approach' and 'problem solving approach' used for developing NEAP 2019. TAG endorses this NEAP, provided the recommendation from this TAG meeting are incorporated.
- Risk categorization of districts by program is still valid. Cases outside the identified high risk areas do not warrant expansion of high risk district list. Further expansion of HR areas may dilute the efforts for high risk areas. TAG recommends continued focus on identified VHRDs and HRDs with flexibility to include additional districts, if new and significant risk factors emerge.

# Conclusions and recommendations

## *NEAP 2019*

- SIAs plan for 2019
  - First half of 2019, which is low transmission season, should be used to build immunity. It recommends to conduct 2 NIDs and 3 SNIDs in this period. Number of campaign in high transmission season i.e. July to Dec should be reduced to 4.
  - Scope of SNID should be expanded to include major clusters of HRMPs outside endemic areas. Country team is expected to assess the additional resource requirement and share with the GPEI
- Use of mOPV1 and IPV
  - TAG endorses the plan presented by the country for IPV
  - TAG endorses use of mOPV1 in Jan and March SIAs, even if it is site-to-site approach.
- Expanded age:
  - For Pakistan, TAG has recommended assessing the impact of expanding age group SIAs (<10 years) in persistent transmission areas of Peshawar. Results of this will have implication in whole northern corridor
  - TAG recommends Afghanistan to conduct preliminary analysis of communication and operational implications

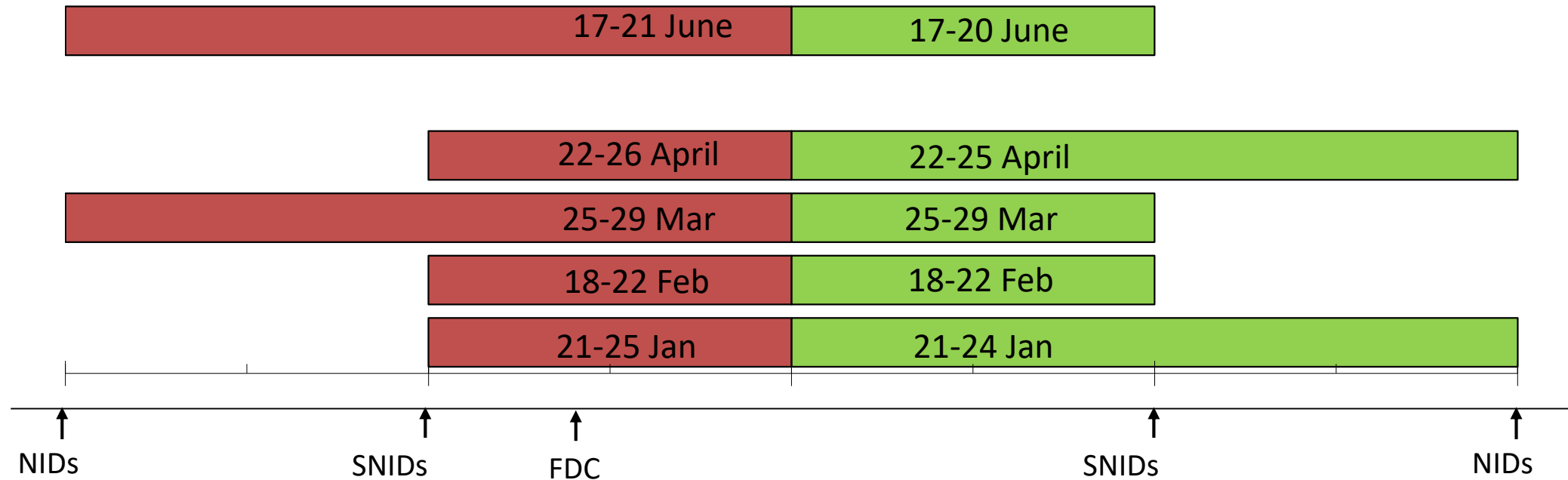


# SIA schedule AFG & PAK, Jan to June 2019

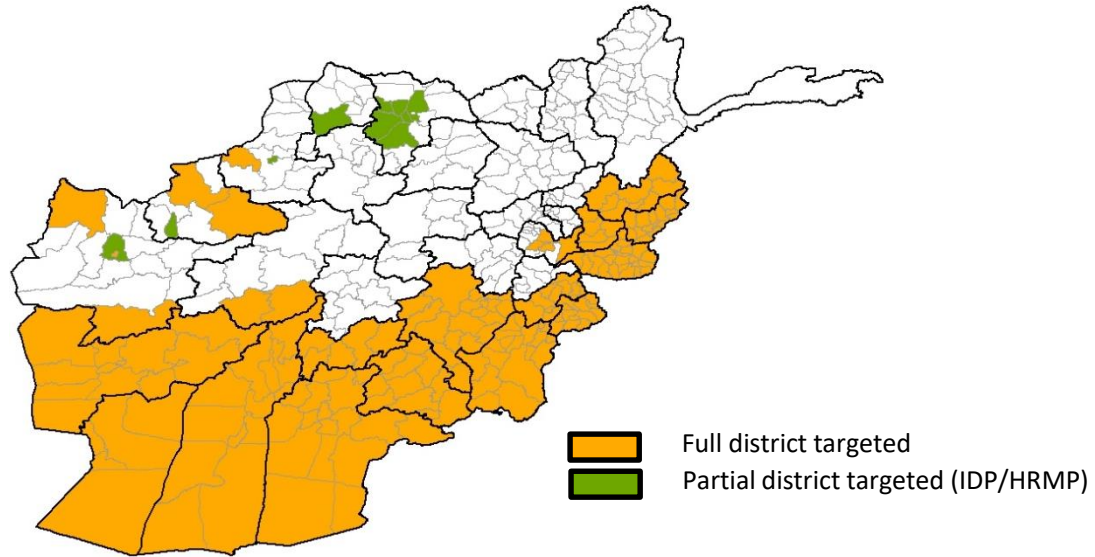


AFGHANISTAN

PAKISTAN

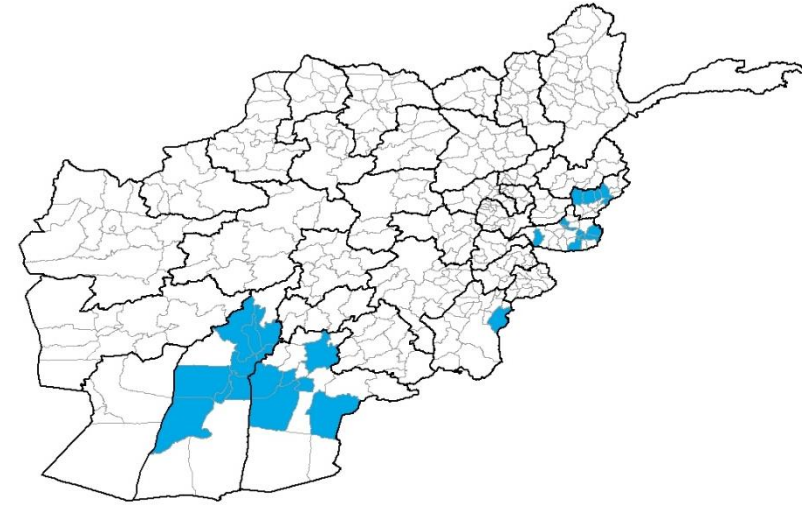


## SNID options 2019



Increase in target from 5.25 million to 5.82 million

## IPV Plan 2019



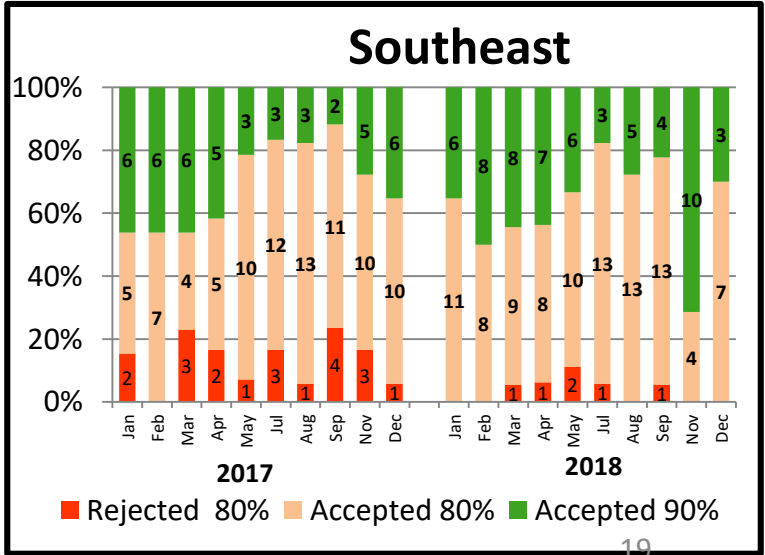
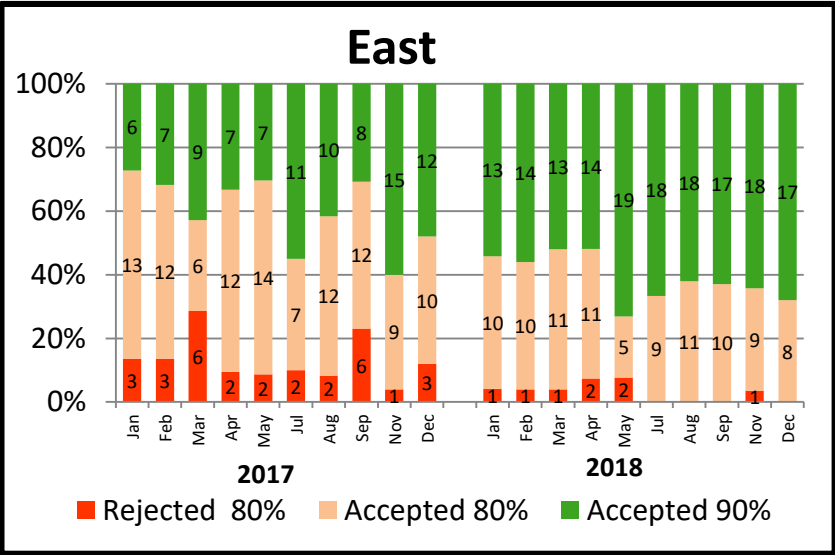
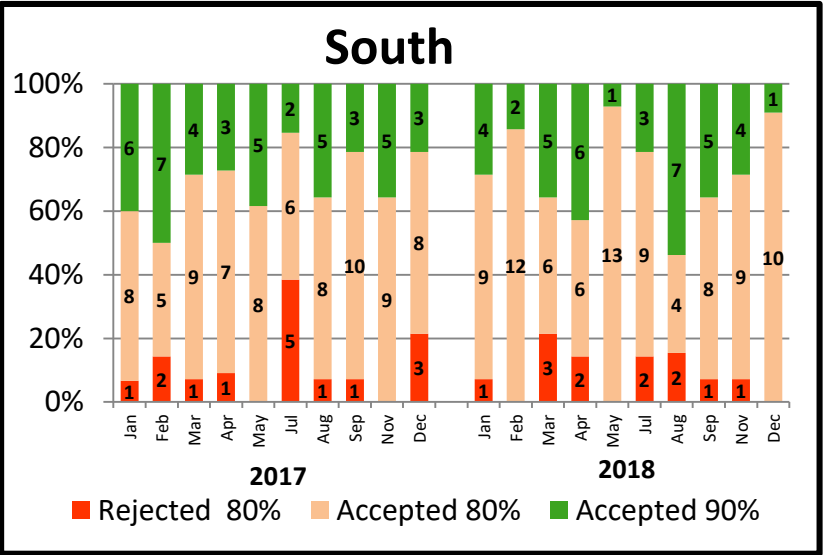
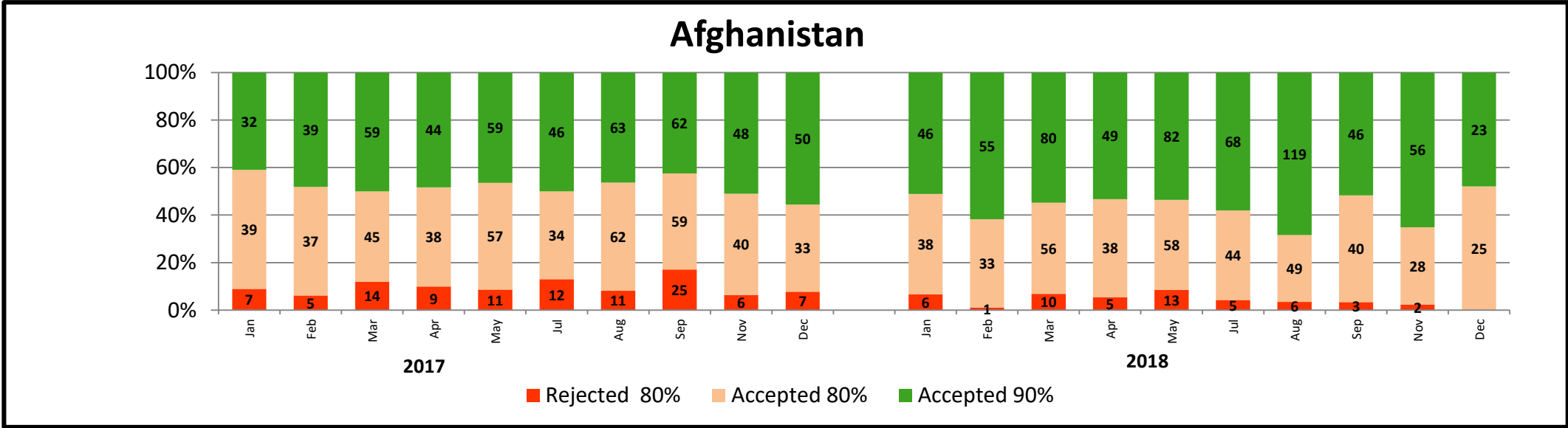
Province	Target (4-59 mths)
Helmand	625,844
Kandahar	416,024
Kunar	53,131
Nangarhar	366,830
Paktika	28,212
Grand Total	1,490,041

# Conclusions and recommendations

## *Addressing missed children*

- TAG appreciated analysis of data by accessible and inaccessible areas and encourages to continue and further fine tune.
- Program collects impressive amount of data on SIAs, HRMP and missed children, however TAG is not confident that the data is used optimally for improving program performance at sub-national level. TAG recommends that
  - Capacity of regional and provincial team of South and East region should be built for analysis and use of the data for intervention
  - Program should review the data streams being collected and modify
- Improvement in quality of SIAs in fully accessible areas over the years is appreciated. However, around 5% children are still being missed even in high risk provinces. While LQAS in east region shows good progress, 80% of lots failed in Southern region at 90%.

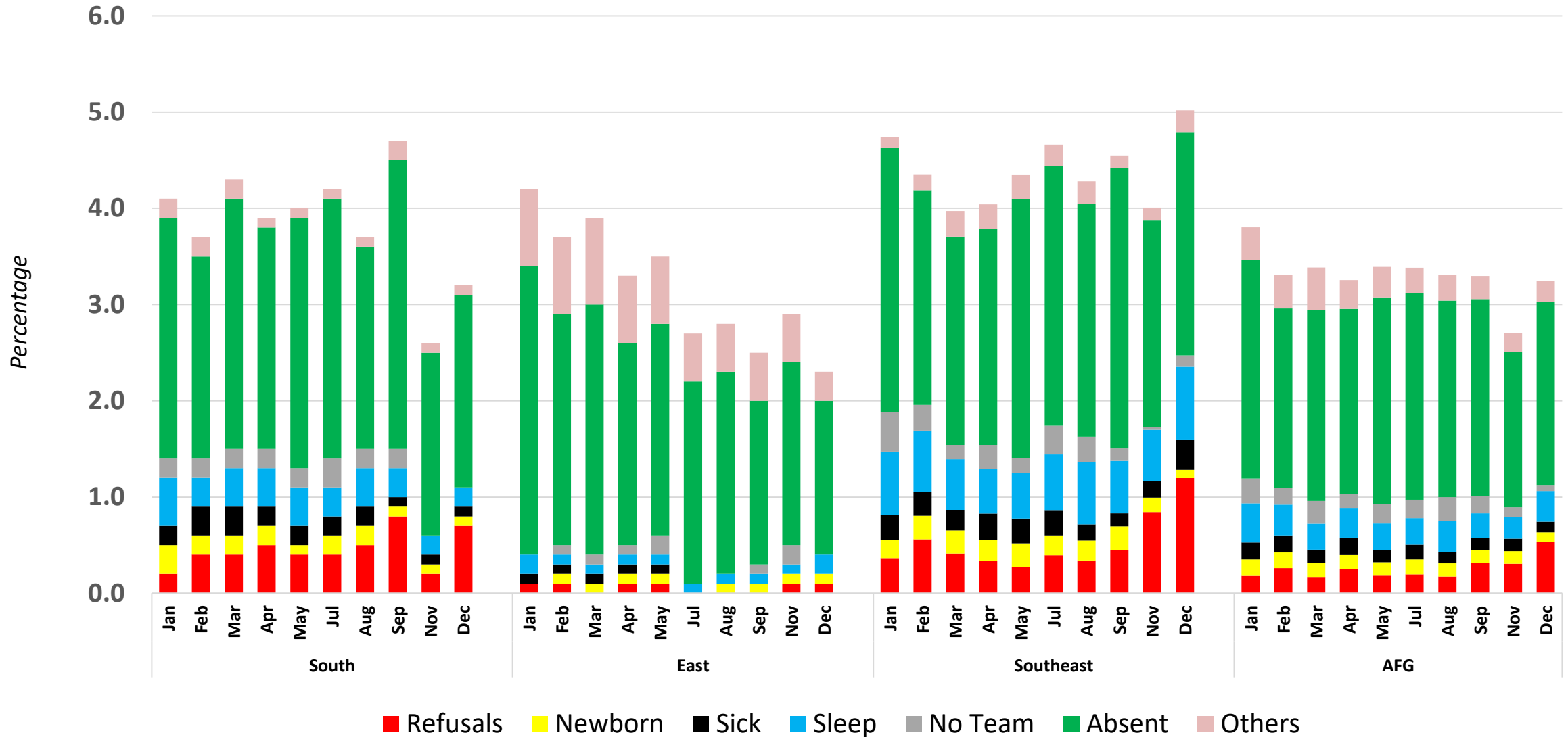
# LQAS results, AFG 2017-2018 (only accessible areas)



Scope of Dec SNID was smaller than other SNIDs

# Missed children by reasons, Jan to Dec-2018

## (only accessible areas)



# Conclusions and recommendations

## *Addressing missed children: accessible*

- For LQAS, program should use 90% as cut off for pass rather than 80%
- Target should be to reduce and sustain proportion of missed children to less than 5% at district and cluster level in high risk areas
- Disaggregated analysis of data at cluster level for important high risk districts to identify the focused areas with issues and see the trend, reasons, and impact of interventions. Program is encouraged to develop profile of clusters with high proportion of missed children to identify the core issues and address.
- Children missed due to absent and refusals form two largest group of missed children. In ICN areas, program should track missed children including chronic absentee and refusals.
- Program should not be obsessed with refusals where it is not a significant problem. Children missed due to any reasons are important and program should take appropriate actions to address. Particular attention should be paid to newborn and infants during house visit so that they are not missed.

# Conclusions and recommendations

## *Addressing missed children: Accessible*

- Program should focus on improving revisits, both daily revisits and 5<sup>th</sup> day revisits: analyze the monitoring and coverage data of revisits in disaggregated manner to identify and address gaps
- TAG appreciates focus on training being given and suggests that training modality should be reviewed to strengthen it further
- Process indicators like team composition, team performance, supervision indicators, revisits should be analyzed, tracked and used for improvement following good example of West
- The cultural environment do not facilitate the recruitment of lady frontline workers but along corridor impressive progress have been made. So all possible efforts should be made to progressively increase the % of female worker, particularly in Kandahar city
- Explore options of engaging qualified third party for monitoring in some area as pilot and present the experience in next TAG



# Conclusions and recommendations

## *Addressing missed children: Accessible*

- Although overall proportion of refusal is very low in Afghanistan, it is noted that in certain clusters, the proportion of refusals as reason of missed children is high. Program has planned some new interventions in NEAP 2019 including formation of refusal oversight committee, integrated refusal resolution plan, strengthening influencers engagement and enhanced engagement of religious leaders and medical fraternity.
- TAG recommends
  - Mapping of geographical and subsequent analysis of reason for clustering should guide prioritization and resolution strategies
  - Results of activities for addressing refusals should be closely tracked
  - Analysis should be done on the proportion of refusals resolved by different level to assess the effectiveness of triage system and reducing the number of knocks on the doors. ICN-SM should not be responsible for resolution of chronic refusals.

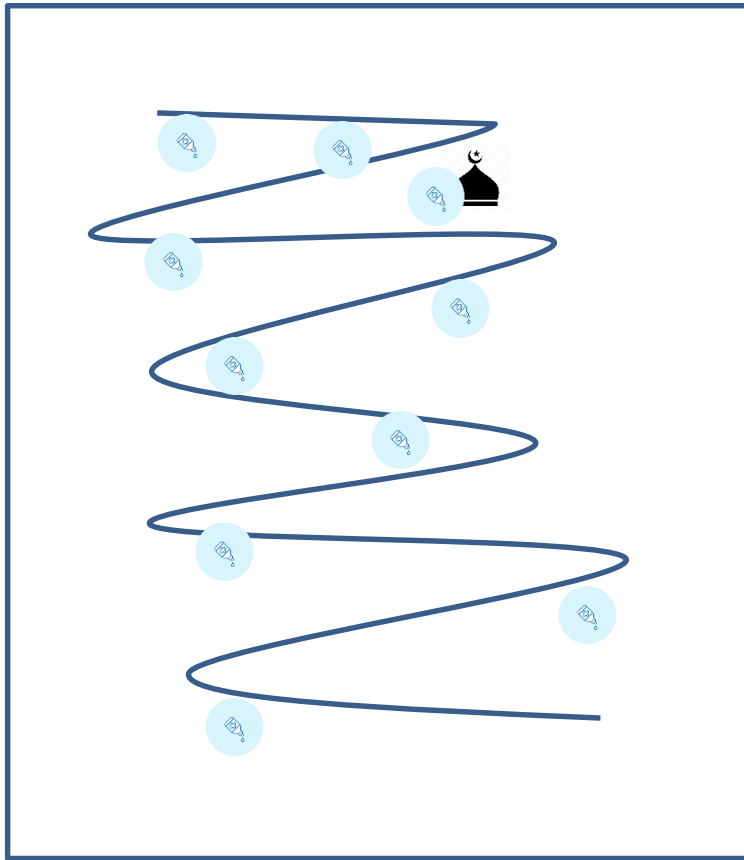
# Conclusions and recommendations

## *Addressing missed children: inaccessible*

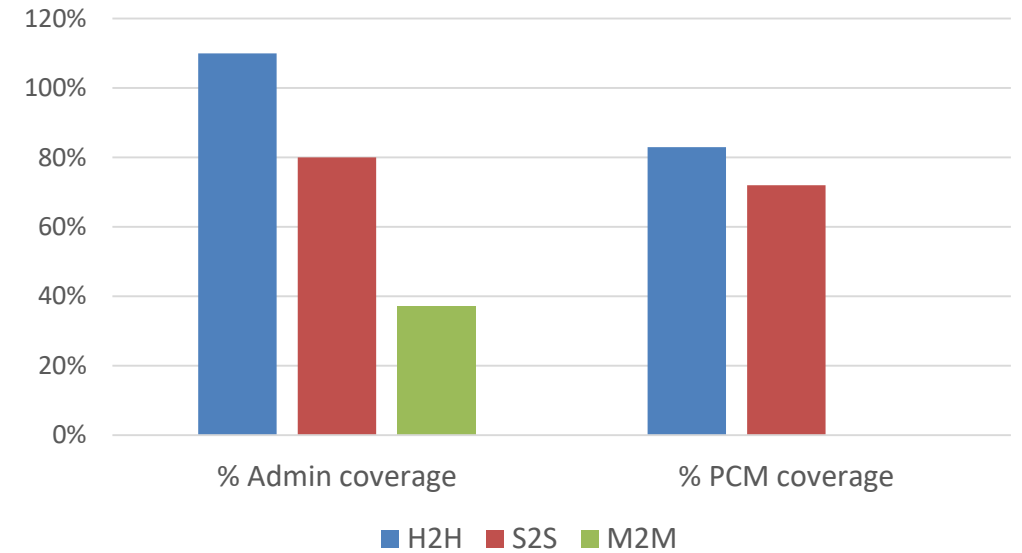
- It is noted that inaccessibility in South has not been resolved since May 2018 and the region is missing more than 800,000 children. TAG appreciates site to site strategy started along with other efforts like OPV along with Measles SIAs, enhancing PTT and EPI. However, TAG emphasizes that:
  - Site to site is just **a contingency plan** and should not be taken as replacement of the required house to house strategy. Efforts should continue to gain access for house to house strategy
  - For site to site campaigns, wherever it is conducted, there should be enhanced planning, mobilization and monitoring to achieve the maximum quality. SOP for site to site should be further strengthened using the lessons learnt from Kandahar
  - Any site to site campaign should disaggregate data by total children vaccinated and infant.
  - Program should consider developing a matrix for decision making for using site to site approach
- For chronic inaccessibility of East region, local negotiations seems to be giving results. TAG encourage program to increase emphasis on local negotiations along with implementing alternate strategies like PTT

# Site to site Vs House to house

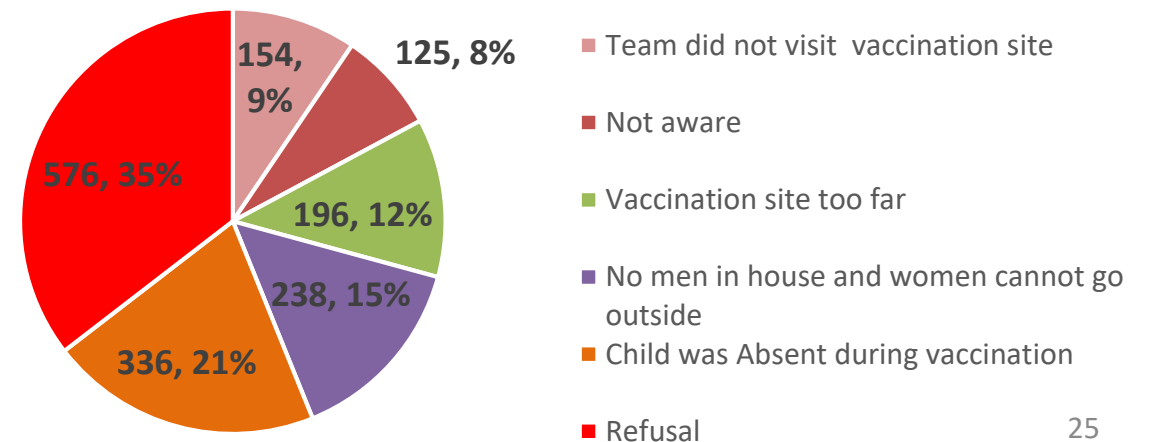
## Vaccination modalities



### Comparison of coverage in H2H, S2S & Measles (~M2M)



Reason of missed children



# Conclusions and recommendations

## *Communication*

- The TAG notes the completion of a timely communication review and looks forward to the recommendations being integrated with the 2019 NEAP, in particular focusing on missed children.
- TAG notes the work done towards rebranding the program but feels the main emphasis should be on the structuring and coherence of messages.
- TAG recognizes the ICN as a valuable resource for polio which should stay focused on, and be measured on reduction of missed children during campaigns and in catch-up activities, based on robust analysis of all reasons for missed children, including but not limited to refusal.

# Conclusions and recommendations

## *Communication*

- Operations and communication need to fully integrated, particularly at frontline level (ICN and vaccinator teams) but also at strategic planning levels.
- TAG feels the present communication sections of the NEAP need to be revised to focus on overall reasons for missed children rather than refusal.
- TAG does not feel it is feasible at this time to retrain and repurpose ICN to deliver RI antigens.
- TAG also noted emerging and critical needs such as site-to-site vaccination and urges the programme to develop supportive communication tools and strategies.

# Conclusions and recommendations

## *HRMP*

- TAG appreciates the progress in identifying and vaccinating HRMPs. However, noting the continued importance of HRMP overall and in particular in Northern corridor and evidence of suboptimal reach to nomads and recommends:
  - Do a HRMP survey in Kandahar city
  - Focus on new IDPs, particularly those coming from and/or residing in endemic zones
  - Urgently review implementation of nomadic strategy in South and Southeast.
  - Expand the vaccination at Torkham border to all ages. TAG recognizes the challenges in expanding the age at Friendship gate and as of now does not recommend expanding age group there
  - HRMP in non-endemic zone with linkage to endemic zone to be included as part of SNIDs

# Conclusions and recommendations

## *EPI*

- TAG is concerned with low EPI coverage in polio high risk areas of South region and appreciates initiative of developing 'routine immunization intensification framework'. TAG urges global community to support mobilization of financial resources to implement 'routine immunization intensification framework' and urges EPI program to prioritize Kandahar province for EPI interventions.
- The MOU and Accountability framework for NGO, EPI and PEI collaboration is welcome initiative. TAG recommends that these interventions should be led by EPI team and implemented as supplementary support to polio, without diverting resources from polio.



# Conclusions and recommendations

## *Residual Risks*

- Looking at dynamic security and access situation, TAG cautions of limitation posed to the polio eradication due to any deterioration in access situation.
- Afghanistan and Pakistan are one epidemiological block; both countries need to finish together.

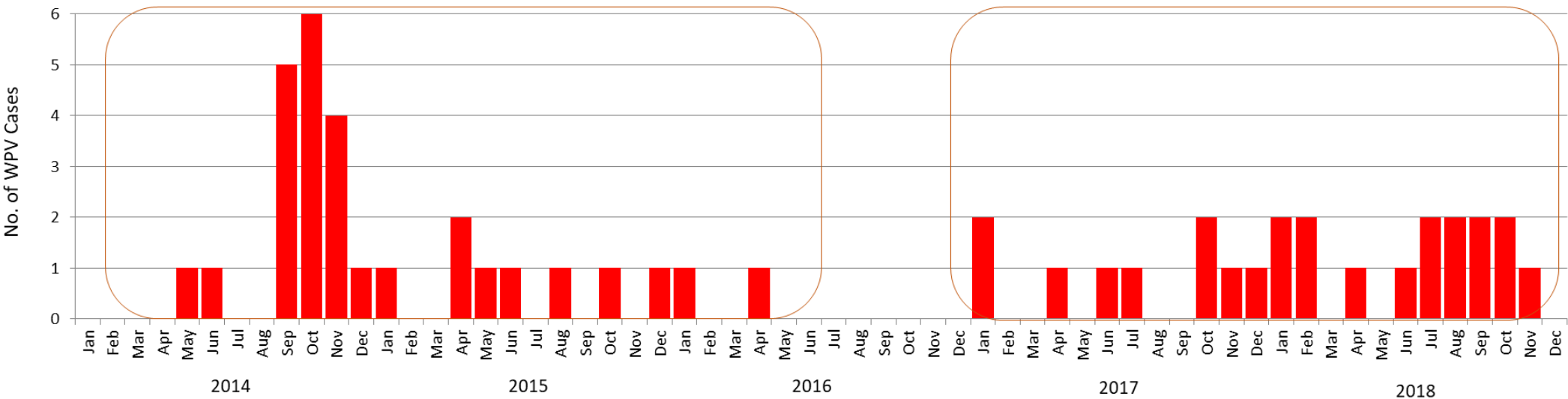
# Conclusions and recommendations

## *Focus*

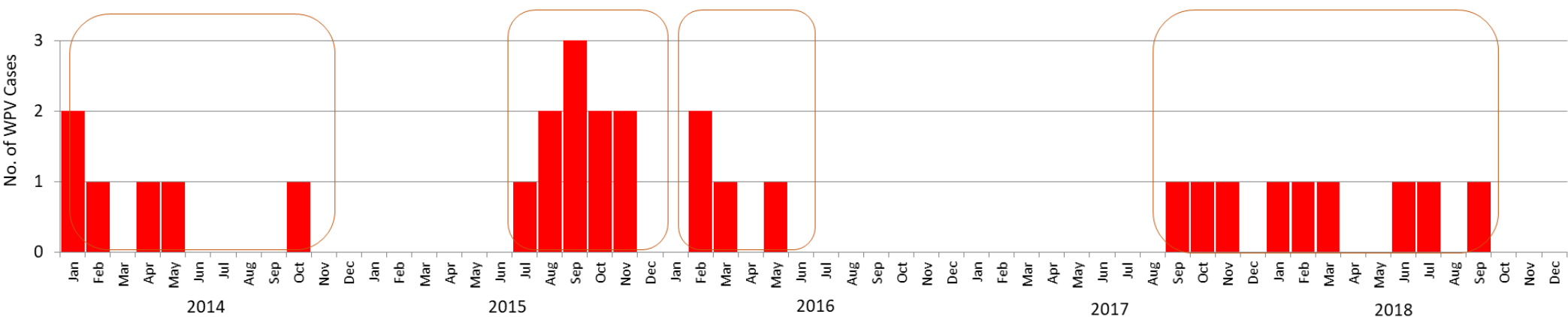
- Emergency
- Kandahar
- Access
- Missed children
- Front line workers
- One team

# Afghanistan has done in past and can do again

## South



## East



**One Team approach for whole epidemiological block  
remains the best recipe for success**

**THANK YOU!**