

Afghanistan is closer than ever to eradicating polio. WHO, together with partners in the Polio Eradication Initiative, is stepping up efforts to reach every single child with polio vaccines and to trace and stop every last poliovirus. Through this photo essay, see how polio workers and new interventions across Afghanistan are making a difference, bringing Afghanistan closer to the finish line for polio eradication.

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Credit: WHO Afghanistan/S.Ramo

1) Introducing a new a revisit strategy

More children are reached during vaccination campaigns due to a modified and expanded revisit strategy. In line with the new strategy, vaccination teams revisit households where one or more children were missed from vaccination during the first team visit during the campaign week. Vaccination campaigns run from Mondays to Wednesdays, with a re-visit day on Friday when vaccinators go to households and public places like parks and markets to find children who have not yet been vaccinated. In this photo, Zahra marks the pinky finger of a child after vaccinating her during a picnic in a women's garden in Kabul on a Friday re-visit.

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Credit: WHO Afghanistan/S.Ramo

2) Stepping up surveillance for acute flaccid paralysis

Afghanistan maintains a sensitive surveillance system, including in insecure areas suffering from active conflict. The acute flaccid paralysis (AFP) reporting network now comprises over 28 000 reporting volunteers and focal points, including health workers, teachers, religious leaders and traditional healers. Reporting volunteers detect and report children showing signs of polio, such as floppy or weakened limbs with rapid-onset of paralysis. In last year alone, over 400 new AFP surveillance reporting sites were introduced and the AFP reporting volunteer network expanded by 18%.

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Credit: WHO Afghanistan/S.Ramo

3) Expanding environmental surveillance

Afghanistan continues to step up environmental surveillance: currently 20 environmental sampling sites are operational in nine provinces. Four new environmental sampling sites have been established in 2017 and sampling frequency has been doubled in high-risk areas in the south. Environmental surveillance, the collection of sewage samples and testing them for poliovirus in the laboratory, ensures that all strains of wild or circulating vaccine-derived poliovirus in the sewage system are detected, helping to determine possible routes of transmission and enabling a swift response to stop further spread of the virus. In 2017, from the 218 sewage samples collected from all sites, eight have tested positive for wild poliovirus.

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Credit: WHO Afghanistan/S.Ramo

4) Vaccinating children on the move

Afghanistan has deployed 42 vaccination teams at 18 border crossing points with Pakistan and Islamic Republic of Iran. Every month, these teams vaccinate on average more than 105 000 children under 10 years of age crossing the border. In 2016 alone, the teams vaccinated over a million children against polio.

WHO also supports the vaccination of Afghan returnees crossing the border to Afghanistan. Since January, over 42 000 returnee children have received OPV and 18 000 children have been vaccinated with IPV at UNHCR and IOM reception sites near the border. In addition to vaccination, teams collect information on returnees' final settlement destination to ensure returnees are included in micro plans and planned vaccination campaign activities.

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Credit: WHO Afghanistan/J.Jalali

5) Reaching children in inaccessible areas

Permanent transit teams (PTTs) help to reach children in inaccessible areas with vaccines. Currently 387 permanent transit teams, up from 163 in 2016, are stationed in strategically selected locations such as informal border crossings, busy transport hubs, major market places, health facilities and entry/exit points of inaccessible areas. The teams vaccinated over 10 million children in 2016. The number of PTTs is constantly modified according to the evolving security and access situation.

The successful prevention of secondary cases and possible further transmission in Kunduz province in 2017 can be attributed to the 66 permanent transit teams placed around and inside the inaccessible areas of the province after house-to-house vaccination campaigns were banned.

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Credit: WHO Afghanistan/S.Ramo

6) Training frontline health workers and engaging women

WHO and partners revised the training package for polio frontline workers based on the recommendations of a thorough training needs assessment. All polio frontline workers, over 65 000 Afghan men and women, were trained on the new curriculum founded on adult learning principles. The polio programme reinforced efforts to engage female frontline workers and is tracking progress over the vaccination campaign rounds. The countrywide proportion of female vaccinators is 12%; however, in the urban areas the proportion of female polio workers has already reached 45%.

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Credit: WHO WHO Afghanistan/R.Akbar

7) Validating and revising microplans

Comprehensive microplans are at the core of successful vaccination campaigns, mapping where communities and households are located in each area and how many target-age children live in a given location. WHO supports the updating of microplans of all districts repeatedly ahead of each campaign to include any new settlements. In addition to this regular pre-campaign microplan revision, in 2016 a thorough field validation with the use of geographic information system maps and subsequent revision of microplans was carried out in 41 very high-risk districts. This process resulted in finding previously unreached villages and children as well as in streamlining workloads of vaccination teams, supervisors and district coordinators.

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Credit: WHO Afghanistan

8) Reaching nomadic groups

Special strategies are in place across the country targeting nomadic groups based in Afghanistan as well as nomads who enter Afghanistan from Pakistan and move widely in the country before returning to Pakistan. Their routes, seasonality and places of settlements are known and the dates of special campaigns targeting the children of nomadic groups are adjusted accordingly. Special Permanent Transit Teams are deployed along the major movement routes in the Southern and Western regions, and nomadic settlements are included in supplementary immunization activity (SIA) microplans across the country.

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Credit: WHO Afghanistan/J.Jalali

9) Engaging religious leaders

Religious leaders have become increasingly involved in polio eradication efforts in Afghanistan in the last years, spreading messages about the benefits of polio vaccines during Friday sermons and convincing caregivers in their communities to vaccinate children. So called “mobile mullahs” in the South and East support vaccination efforts by visiting refusal families and talking about Islam’s support to vaccines. A national Ulama conference on polio eradication was held in Kabul in February 2016, resulting in an official joint statement in which the Ulama highlight their support to the polio eradication programme, urging all caregivers to vaccinate their children. Similar conferences have so far been held in Nangarhar, Kunar, Farah and Kandahar provinces to engage more religious leaders in the battle to end polio.

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Credit: WHO Afghanistan/J.Jalali

10) Stepping up cross-border collaboration

Afghanistan and Pakistan form one epidemiological block, making cross-border coordination and tracking of population movements crucial. The polio programmes in both countries have intensified coordination, with more regular communication and information sharing about population movements. Regular face-to-face meetings and video calls are taking place at national and subnational levels to enhance coordination. Vaccination campaign schedules continue to be synchronized and cross-notification of acute flaccid paralysis (AFP) cases as well as information-sharing of polio cases is regularly taking place.

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