

{besps}afghanistan/gallery/polio|inout=0|align=1|auto=0{/besps}

{besps_c}0|photo-1.jpg|Uruzgan province is one of three high-risk provinces for polio in the southern region: four districts of Uruzgan reported five cases of paralysis due to poliovirus in 2011. |Photo credit: dfdf|{/besps_c}

{besps_c}0|photo-2.jpg|The World Health Organization (WHO), in coordination with the Ministry of Public Health of Afghanistan and UNICEF have undertaken eight rounds of vaccination during campaigns in 2011, thanks to the support of AusAID. {/besps_c}

{besps_c}0|photo-3.jpg|As a consequences of intense efforts, no child has been reported as having paralysis due to poliomyelitis in Uruzgan this year, 2012. {/besps_c}

{besps_c}0|photo-4.jpg|In Uruzgan, polio vaccinators have reached almost 200 000 children below 5 years of age in each house-to-house vaccination round. More than 1300 service providers have been trained to conduct these campaigns. {/besps_c}

{besps_c}0|photo-5.jpg|WHO believes that the involvement of provincial governors, shuras and religious leaders of Uruzgan province, along with other provinces from the southern region, is essential in assisting and monitoring vaccination activities. {/besps_c}

{besps_c}0|photo-6.jpg|From September 2012 onwards, WHO and its partners will establish district polio management teams in Trin Kot, Dehrawood and Shaeed Hassas districts, thus reinforcing district level service delivery. {/besps_c}

{besps_c}0|photo-7.jpg|Starting in September 2012, WHO will launch a permanent polio team strategy through which local people will be trained to vaccinate children in their assigned areas on a regular basis. {/besps_c}

{besps_c}0|photo-8.jpg|Both district Polio Eradication Initiative management teams and permanent polio teams will work to accelerate and reinforce vaccination outreach capacity to further protect children from this paralysing disease.{/besps_c}

{besps_c}0|photo-9.jpg|There are a few remaining obstacles to reach the eradication target in Uruzgan province but community engagement and building grass-roots' support for poliomyelitis eradication is key. {/besps_c}

{besps_c}0|photo-10.jpg|WHO is committed to creating and promoting synergies with other vaccination programmes, such as the measles programme, in order to make the best use of the network of human and financial resources.{/besps_c}

{besps_c}0|photo-11.jpg|Although insecurity remains the major challenge, there is significant improvement in term of access, particularly in Tirinkot and Chora districts where three areas were missed for more than three years.{/besps_c}

{besps_c}0|photo-12.jpg|Local access negotiators and the International Committee of the Red Cross made it possible to access areas affected by insecurity. Previously unaccessible communities were reached in all vaccinations rounds from January to September 2012. {/besps_c}

{besps_c}0|photo-13.jpg|Although progress has been made in Uruzgan, the number of drop-outs among children remains high; this calls for the strengthening of community-based models of monitoring. {/besps_c}

{besps_c}0|photo-14.jpg|Ensuring continuity of the cold chain remains essential in Uruzgan: the progress achieved is being challenged by decreased funding and gaps in the resources necessary to accelerate eradication. {/besps_c}

{besps_c}0|photo-15.jpg|The polio programme needs to make sure that all vaccinators are safe during campaigns and post-vaccination rounds in Uruzgan province and elsewhere. {/besps_c}

{besps_c}0|photo-16.jpg|The progress achieved so far is being challenged by the progressive decreases in funding and by the gap in funding necessary to accelerate the eradication process. {/besps_c}

{besps_c}0|photo-17.jpg|In Afghanistan, the funding gap of the Polio Eradication Initiative emergency action plan is estimated at US\$ 2.5 million in 2012; and is projected to be US\$ 12.8 million in 2013. {/besps_c}

{besps_c}0|photo-18.jpg|WHO and its partners in polio call for security and peace in order that every child can be reached not only in Uruzgan province, but elsewhere. {/besps_c}

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