



Members of the Technical Advisory Group for polio eradication in Pakistan met in Islamabad on January 28-29 to review progress made in 2015 and to advise on what is needed to stop transmission in 2016. January 29, Islamabad: Pakistan's polio eradication initiative (PEI) has been put under the microscope by members of the Technical Advisory Group (TAG) in Islamabad this week as they review recent progress made in the fight to eradicate the disease from one of the world's last reservoirs.

The 2-day meeting drew polio experts from lead implementation partners World Health Organization (WHO) and United Nations Children's Fund (UNICEF), PEI leadership teams from provinces across Pakistan, senior representatives from across the Global Polio Eradication Initiative (GPEI) and key donors.

TAG Chair Jean Marc Olive said Pakistan colleagues presented TAG with a comprehensive picture of the epidemiological situation across the country, indicating that the initiatives and interventions that are being used show the country is on the right track to end transmission.

"In spite of this, we still have areas that could risk it all. Not only the Kyber-Peshawar-Nahangar corridor as highlighted by the IMB, but in Karachi we have another hub of transmission. We need to put the maximum energy into Karachi."

"If we increase our sensitivity, move closer to the ground with our interventions and focus more and more on the small scale, Pakistan will make it. I am confident of that."



Positive outlook for 2016 but risk remains

Dr Rana Muhammad Safdar, Coordinator of the National Emergency Operation Centre outlined the key areas of concern for the programme identifying the three remaining sanctuaries – the Khyber-Peshawar corridor, Karachi and the Quetta block. Dr Safdar said initiatives like Continuous Community Protected Vaccination (CCPV) targeted at the most difficult to reach children in the highest risk areas of Pakistan, an increase in use of LQAS to monitor performance of campaigns, the strategic shift to focus on tracking and vaccinating missed children and improvements to optimize the performance of supplementary immunization activities and strengthen surveillance has had a significant impact on the programme in 2015.

“CCPV has strengthened micro-planning and stabilized a local, overwhelmingly female workforce in these areas. This community-based workforce is now well motivated, trained and supervised, which is helping maintain access because they enjoy the trust of their communities.”

The programme has also implemented targeted IPV-OPV campaigns within high-risk areas to boost population immunity levels. The remaining 1.1 million doses of IPV will be strategically used in core reservoirs in the first quarter of 2016.

“We know that reaching ZERO in 2016 will require much more from us. We must maintain access to all children, immunize all accessible children, track the virus successfully, avoid

complacency to ultimately reach our goal of interrupting transmission,” Dr Rana said.

TAG concluded that the goal of interruption of transmission in 2016 is achievable, but at risk unless there is further reduction in the immunity gaps especially in the core reservoirs.

They cautioned that the most important risk to timely interruption of transmission of poliovirus in Pakistan is Karachi. The city remains a hub for population interactions across Pakistan and Afghanistan, and an amplifier of imported and indigenous virus.

TAG said that a failure to sustain the commitment to polio eradication by government and partners at all levels, a reduction of provision of adequate protection for polio teams and an inability to ensure full immunization of all children, especially in core reservoir areas will derail the attempts to eradicate in 2016.

TAG delivered 22 recommendations that the Pakistan programme focus on including:

- further strengthening the coordination and collaboration with Afghanistan around synchronised campaigns and with the tOPV-bOPV switch in 2016;
- intensifying political commitment, including greater involvement of Commissioners; strengthening the focus on core reservoirs and identifying specific Action-Plans for poorly performing districts;
- focusing efforts on delivering high-quality immunization activities in the next 4 months everywhere, with particular focus on areas with evidence of poliovirus transmission, especially Karachi, Killa Abdullah, Khyber, Peshawar and Sukkur;
- improved community surveillance and environmental surveillance will be important for the detection of transmission over the coming months;
- lessons learnt from the CCPV experience should be used to improve performance in non-CCPV areas;
- TAG asked that Pakistan begin preparations for the 2016-2017 National Emergency Action Plan (NEAP) in the coming months and be prepared to reconvene mid-2016 to review and track progress.

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