

Polio Eradication Initiative Afghanistan

Current Situation of Polio Eradication in Afghanistan



**Independent Monitoring Board Meeting
29-30 April 2015, Abu Dhabi**

AFP cases Classification, Afghanistan

Year	2013	2014	2015
Reported AFP cases	1897	2,421	867
Confirmed	14	28	1
Compatible	4	6	0
VDPV2	3	0	0
Discarded	1876	2,387	717
Pending	0	0	*149

Total of 2,421 AFP cases reported in 2014 and 28 among them were confirmed Polio while 6 labelled as compatible Polio

There is one Polio case reported in 2015 as of 21 April 2015.

Region wise Wild Poliovirus Cases 2013-2014-2015, Afghanistan

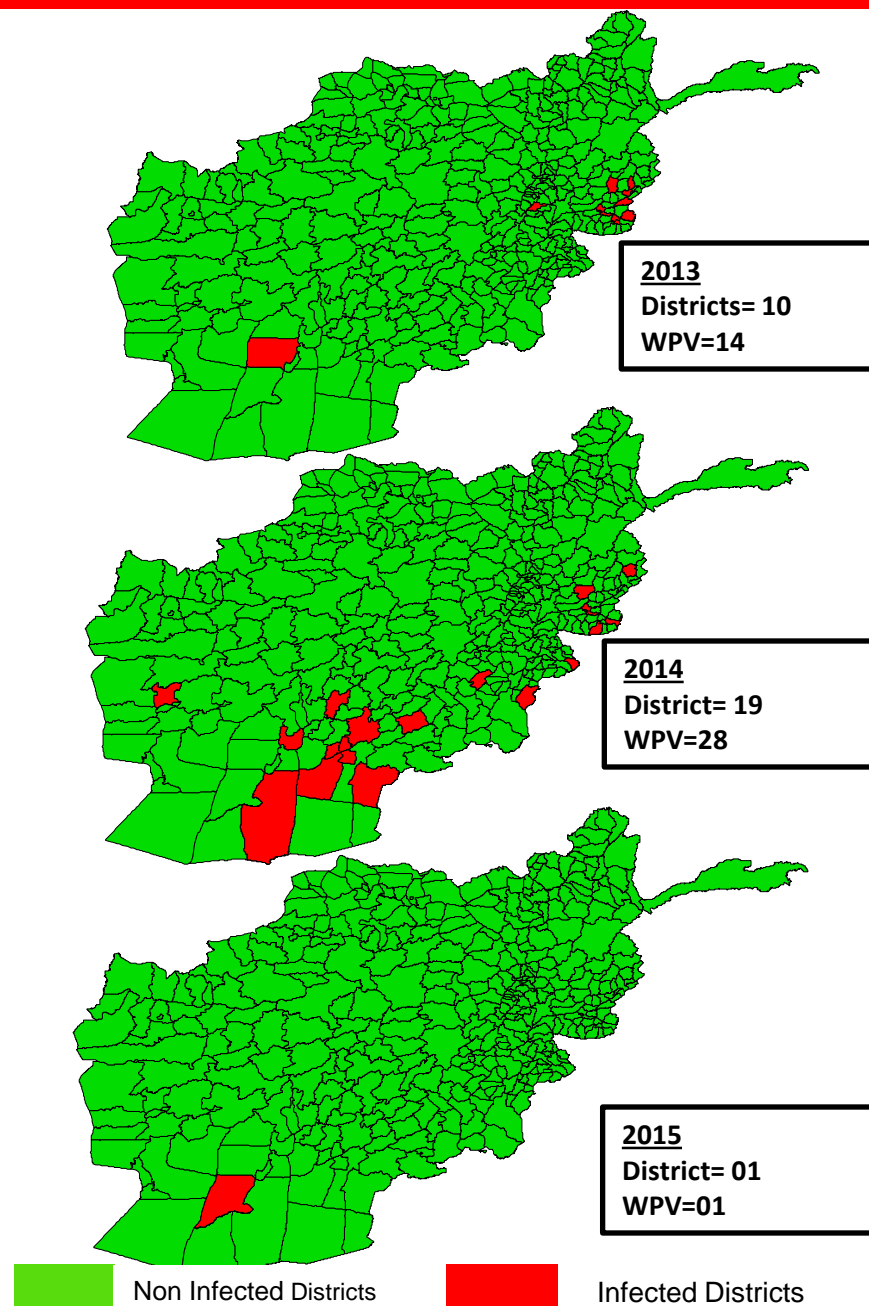
Region	Confirmed cases		
	2013	2014	2015
Central	1	0	0
East	12	6	0
South east	0	4	0
South	1	17	1
North	0	0	0
Northeast	0	0	0
West	0	1	0

Polio cases increased by 100% in 2014 compared to 2013. Infected districts increased from 10 to 19 in 2014.

There is a case surge in Southern Region while the Eastern Region halved the number of cases in comparison to 2013

Most of the infected districts were in South, East and South East region in 2014.

Helmand province reported a case in 2015 after a period of almost two months indicates continuation of low level circulation.



Characteristics of polio cases 2014, Afghanistan

- All the cases are of WPV1 type, 17/28 (60%) cases are reported from Southern region (Kandahar-13, Helmand-02, and 1 each from Uruzgan and Zabul Province).
- 06 cases are reported from Eastern region (Nangarhar- 3, Laghman- 2, Kunar- 1)
- 04 cases are reported from South eastern region (Paktika- 2, 1 each from Khost and Ghazni province. Three of the 4 cases were from displaced population and one from resident. All 4 cases were cross border infections
- One case is reported from Farah province of the Western region.
- Almost 86% of cases are up to 36 months with median age of 18 months
- Both, male and female are affected. Proportion of male cases is higher (54%) than the female cases (46%)
- The Median OPV dose is 6 (Range 0-23 Doses) while among non polio AFP cases it is 13
- 05 out of 28 cases did not received any OPV dose neither routine nor SIAs (18%). Nineteen (69%) of the cases did not receive routine OPV dose.

Summary of Laboratory data for Environmental Surveillance, Afghanistan, (Sep 2013 to date)

SN	Site Total Samples 2013- to date	Environmental samples collection by Month																							
		Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15					
Kandahar Province		45																							
Kandahar city																									
1	KDH-Khandak	19																							
2	KDH-Rarobat	19																							
3	KDH-(Chawnie)	7																							
Helmand Province		35																							
Helmand city																									
1	LSK-Bolan Br	14																							
2	LSK-Radio M	14																							
3	Nahr-e- Siraj-Zarat Bagh	7																							
Nangarhar Province		26																							
Jalalabad city																									
1	J-abad-Radar Br	13																							
2	J-abad-Sangi Qala	13																							
Kunar Province		4																							
Asadabad city																									
1	Mandacool	4																							
Kabul Province		30																							
Kabul city																									
1	Qila-e-Zaman K	10																							
2	Karta-e-Naw	10																							
3	Khawaja Bughra	10																							
Afghanistan		140	10					97										33							

Summary: Total sites= 11

Total samples collected= 140

Total samples with results available= 129

Total samples positive for WPV= 23

Total samples positive for SL or SL+NPEV = 83

Total samples positive for NPEV= 20

Total samples NVI= 3

Wild poliovirus type 1

SL and SL+NPEV

NPEV

No Virus Isolated

Under Process

AFP Surveillance Network , Afghanistan 2014

Region	AFP/ FP (Polio+ MSLS+ NNT)	Zero Report Sites	Active Surveillance sites by priority			
			<i>Weekly</i>	<i>Fortnightly</i>	<i>Monthly</i>	Total
BDK	24	154	5	15	32	52
CR	109	407	21	72	234	327
ER	65	155	9	9	72	90
NER	124	240	8	18	103	129
NR	54	211	24	32	97	153
SR	73	176	34	57	85	176
SER	72	64	8	20	44	72
WR	57	161	11	20	55	86
AFG	578	1,568	120	243	722	1,085

Afghanistan has a country-wide network of AFP surveillance. There are 578 AFP focal points, 1,568 health facilities submit Zero Reports and 1,085 are labelled as active surveillance sites.

AFP Surveillance Indicators by Regions, Afghanistan 2013-2014

Regions	Exp @2	Reported AFP Cases (2014)	NP AFP Rate (2014)	Stool ADEQ %		Detection within 7 days of paralysis		EV %		SL %	
				2013	2014	2013	2014	2013	2014	2013	2014
Badakhshan	11	52	9.47	95	98	78	90	20.9	15.3	6.45	19.23
Central	89	397	8.95	96	97	90	92	17.05	15.1	2.89	5.04
Eastern	38	301	15.72	94	91	88	85	23.30	25.5	7.39	10.30
North eastern	43	301	13.86	98	94	90	86	17.06	20.6	3.57	3.65
Northern	48	331	13.91	94	92	83	84	22.94	18.7	3.23	1.81
South eastern	38	204	10.74	95	98	92	93	21.01	21.5	7.56	9.31
Southern	68	442	13.05	84	82	76	76	24.04	26.2	9.79	9.73
Western	52	391	14.93	97	97	91	90	19.33	23.0	2.76	4.86
National	387	2419	12.50	94	93	86	86	20.51	21.4	5.06	6.57

National Level Major AFP Surveillance Indicators including Non Polio AFP rate, % Adequate samples, detection within 7 days, EV and SL% meet the global criteria
At Regional level Southern Region is slightly lacking behind the threshold of 80%

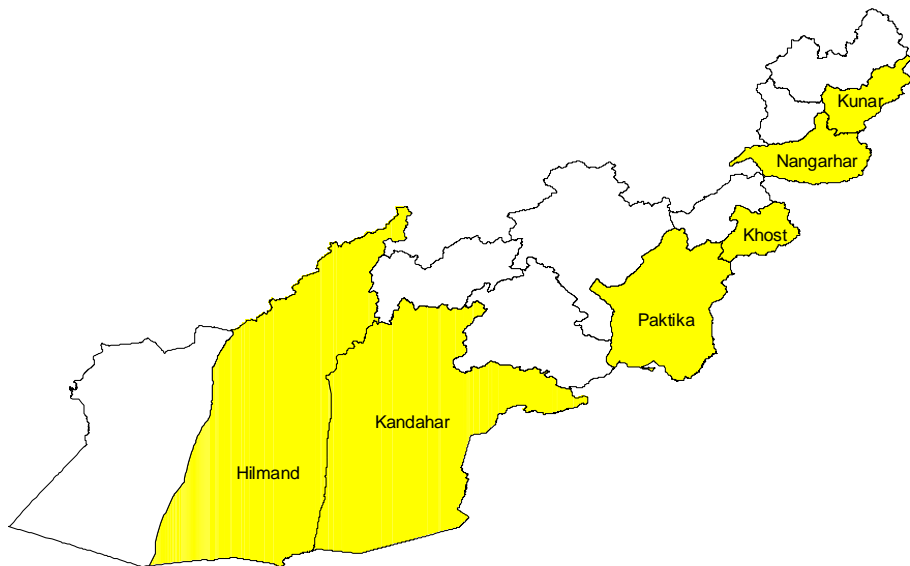
AFP surveillance indicators, in bordering provinces Afghanistan 2013-2014-2015

Regions	Exp @2	Reported AFP Cases (2014)	NP AFP Rate (2014)	Stool ADEQ %			Detection within 7 days of paralysis			EV %			SL %		
				2013	2014	2015	2013	2014	2015	2013	2014	2015	2013	2014	2015
KUNAR	6	45	14.1	91	87	100	85	69	92	21	22	23	12	9	8
NANGARHAR	24	212	17.7	93	91	98	86	89	91	21	28	12	7	11	2
NURISTAN	2	9	9.9	80	78	100	60	44	100	20	11	20	0	22	0
KHOST	9	62	13.4	96	98	100	93	94	100	28	19	8	3	14	0
PAKTIKA	6	42	13.1	93	98	100	93	95	88	20	24	13	10	2	13
PAKTYA	7	43	11.7	93	93	100	86	93	88	14	23	0	7	12	0
HILMAND	29	135	9.3	88	81	98	74	72	72	28	29	23	9	16	15
KANDAHAR	22	192	17.7	83	81	90	77	75	76	21	25	12	9	10	14
ZABUL	8	45	11.3	84	84	89	76	82	79	24	24	16	8	1	11

Most of the Surveillance indicators in the bordering provinces are up to the required level. However, early detection rate in Kandahar, Helmand and Zabul is below the required level of 80%

PEI situation in key bordering Provinces, Afghanistan

Key bordering provinces Afghanistan with Pakistan



All bordering key provinces but Khost indicators show progress with reduction in number of zero doses AFP cases in 2014

Kunar

Zero Dose AFP cases (0-59 M) : Decreased from 8 cases in 2013 to 1 case in 2014

LPDS Priority 1= 3 Districts

Nangarhar

Zero Dose AFP cases (0-59 M) : Decreased from 2 cases in 2013 to Nil in 2014

LPDS Priority 1= 1

Khost

Zero Dose AFP cases (0-59 M) : Increased from 0 case in 2013 to 1 case in 2014

LPDS Priority 1= 0

Kandahar

Zero Dose AFP cases (0-59 M) : Decreased from 7 cases in 2013 to 3 cases in 2014

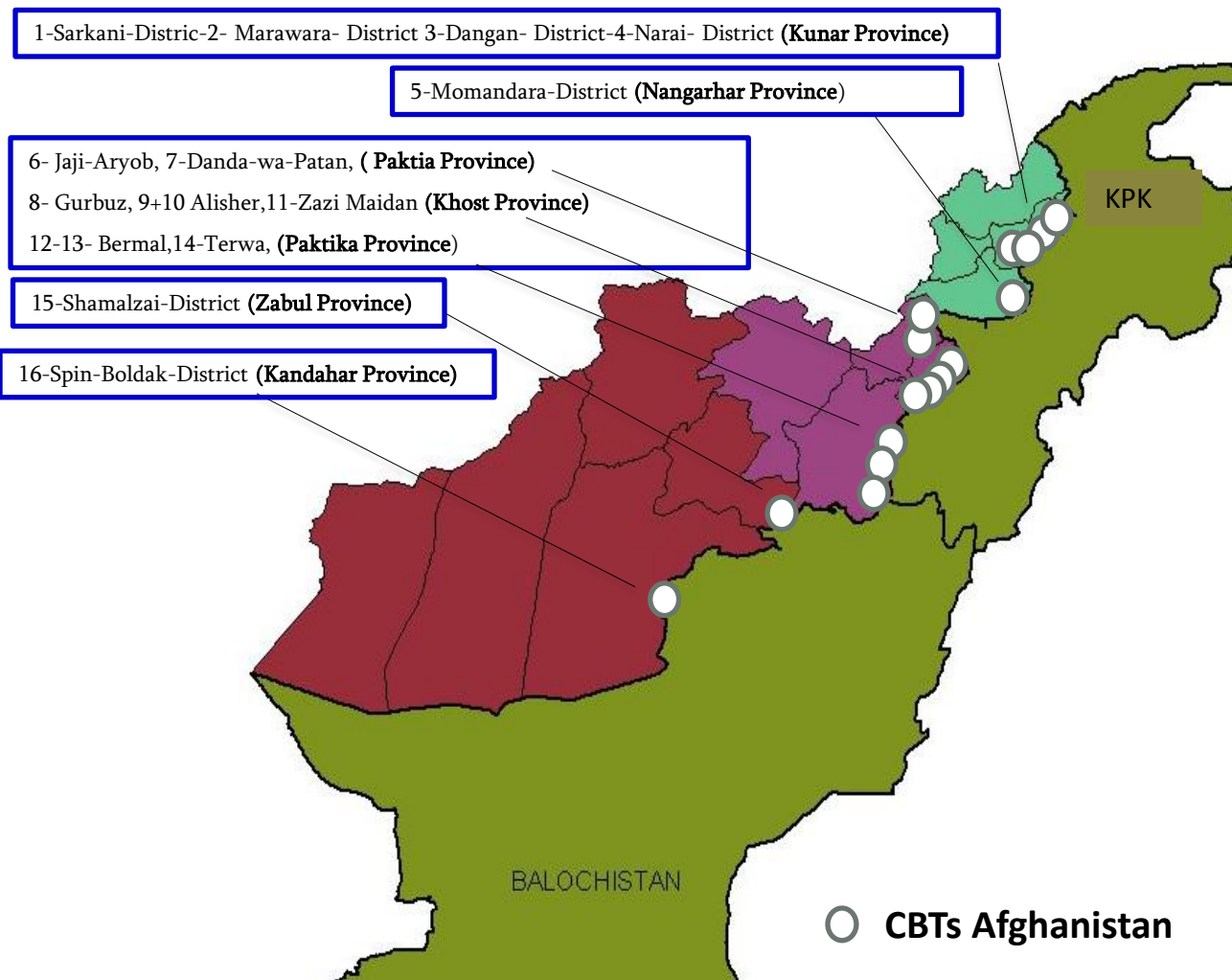
LPDS Priority 1= 12

Hilmand

Zero Dose AFP cases (0-59 M) : Decreased from 6 cases in 2013 to 3 cases in 2014

LPDS Priority 1= 8

Cross Border Districts and Vaccination Points



Total 16 Cross Border Vaccination Posts Afghanistan

Region	Province	District	Name of the post
E	Kunar	Sarkani	Nawapas
		Marawara	Ghakhai
		Dangam	Beenshahi
		Narrai	Dokalam
	Nangarhar	Momandara	Torkham
SE	Paktia	Jaji Aryob	Gomruk
		DandaPatan	Sokhta Tanah
	Khost	Gorbuz	Gulam Khan
		Alisher	Babrak Tanah
		Alisher	Battai
		ZaziMaidan	Sitywan
	Paktika	Barmal	Angor Ada
		Barmal	Lwara
		Terwa	Qamarden

The entire CBTs have vaccinated 1,43 Million target age children in 2013 and 1,61 Million in 2014. Among these, Torkham team has vaccinated 58% and Spin Boldak 37% respectively

No of children vaccinated by CBTs name, bordering area of Pakistan and direction of movement, 2014

Region	Province	District	CBT Name	Pakistan area bordering CBT	No of children vaccinated	Incomings	Outgoings
South	Kandahar	Boldak	Spin Boldak	Killabullah	571,557	349,674	221,883
	Zabul	Shamalazai	Shamalazai	Killasaifullah	3,512		
East	Nangarhar	Momandara	Torkham	Khybay	898,399	403,512	494,887
	Kunar	Dangam	Beenshahi	Dir	9,502		
		Nari	Dokalam	Chatral	12,065		
		Marawara	Ghakhai	Bajawar	8,971		
		Sarkani	Nawapas	Bajawar	3,559		
SE	Paktya	DandaPatan	Sokhta Tanah	Kurram Agency	4,112	2,071	2,041
		Jaji Aryob	Gomruk	Kurram Agency	3,265	1,593	1,672
	Khost	Alisher	Babrak Tanah	North Wazirestan	27,977	15,826	12,151
			Battai	North Wazirestan	10,158	4,688	5,470
	Khost	Gorbuz	Gulam Khan	North Wazirestan	15,959	8,819	7,140
		ZaziMaidan	Sitywan	North Wazirestan	4,134	1,579	2,555
	Paktika	Barmal	Angor Ada	South Wazirestan	3,992	2,656	1,336
		Barmal	Lwara	North Wazirestan	3,170	2,495	675
		Terwa	Qamarden	Zhob	2,728	1,843	885
West	Hirat	Kohsan	Islam Qala		11,933		

Cross Border PEI Communication

- Project with BBC Pashtu for increased and improved radio messaging will impact on the cross border areas between Pakistan and Afghanistan. Engagement with CDC funded VOA project to promote news / create awareness in border areas.
- The announcements in bordering villages through mega phone by social mobilizers
- The media engaged from National level has targeted the cross border areas. TV channels like Lemar, Shamshad, and Hewad are widely viewed in Spin Boldak, Torkham and across the border in Chaman
- FM Channels engaged by PEI Communication cover all the bordering areas of Afghanistan – Pakistan from Kunar (Bajaur) to Nimroz (Chagai) in every round
- Mobile phone Voice Messages being introduced to alert residents about vaccination campaigns or outbreaks
- New IEC material stressing need for vaccination every time and which better explains that polio has no cure.



Cross Border Social Mobilisation

- Mobilizers deployed with the vaccination teams to strengthen the activities at all cross border points
- The entire Spin Boldak district is covered with social mobilization activities. The mobilizers visit all houses located on the border line
- Cross border sports activities organized by PEI Communication and held at district level continue to be popular events
- Display of visibility materials (banners & Bill boards) on CB points at Torkham and Spin Boldak.



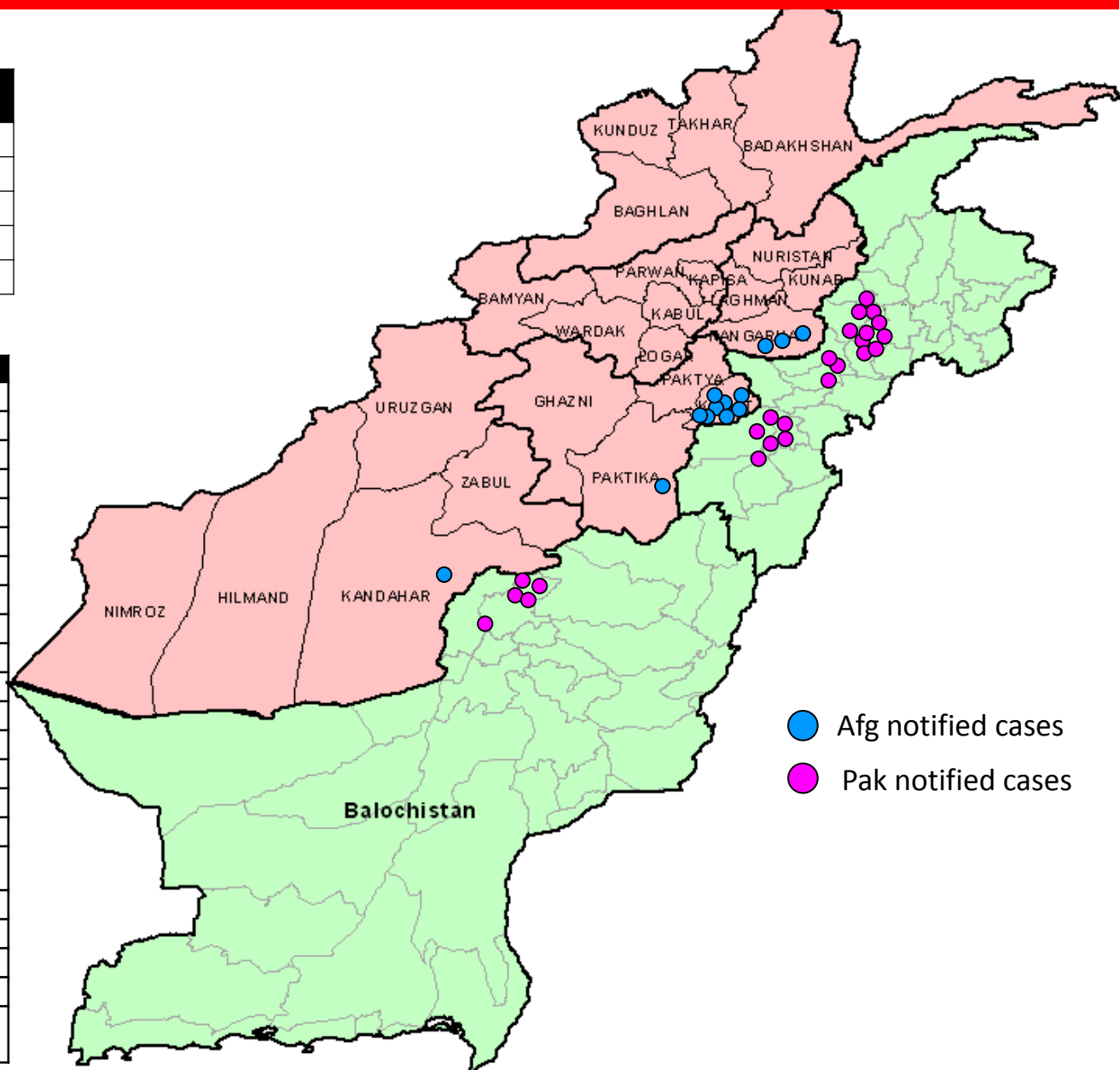
Cross Notified AFP Cases , 2014 - 2015

AFP cases cross notified from Afg to Pak

Notifying Province	District	2014	2015	Total
Nangarhar	Pes	2	1	3
Kandahar	Quetta	1	0	1
Khost	NW	8	0	8
Paktika	NW	1	0	1
Total		12	1	13

AFP cases cross notified from Pak to Afg

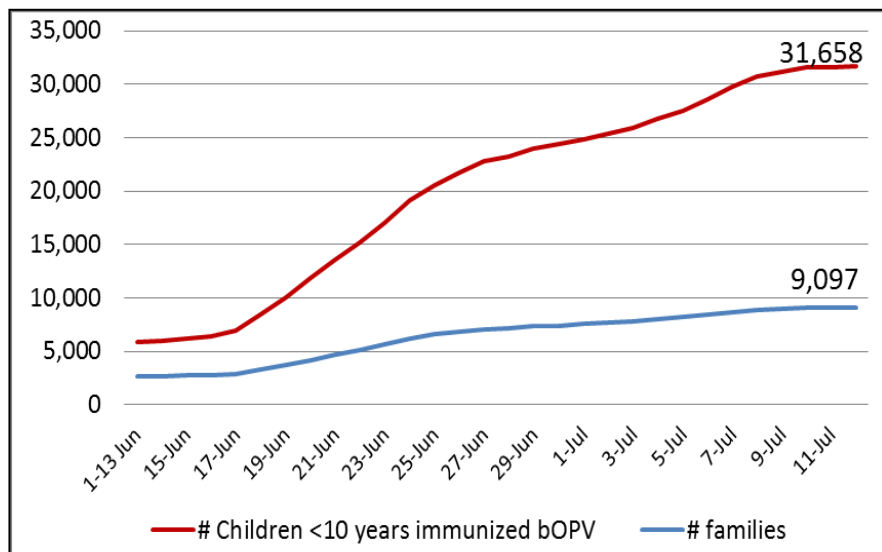
REG	PROVINCE	DISTRICT	2014	2015
C	KABUL	KABUL	1	1
		SUROBI	0	1
	LOGAR	MOHAMMADAGHA	1	-
E	NANGARHAR	ACHIN	1	-
		BATIKOT	1	-
		BEHSUD	2	-
		CHAPARHAR	1	-
		DEHBALA	1	-
		JALALABAD	1	-
		KAMA	1	-
		KUZKUNAR	2	-
		MUHMAND DARA	1	-
SE	GHAZNI	GHAZNI	1	-
	KHOST	TEREZAYI	2	-
	PAKTIKA	BERMEL	1	-
		AHMADABA	1	-
	PAKTYA	LIJA AHMAD KHEL	1	-
S	HILMAND	DEH-E-SHU	1	-
	KANDAHAR	SPINBOLDAK	2	-
	URUZGAN	DEHRAWUD	1	-
	ZABUL	SHOMULZAY	0	1
Total			23	3



Polio immunization coverage (bOPV) among Pakistan displaced children < 10 years - South Eastern region, 2014

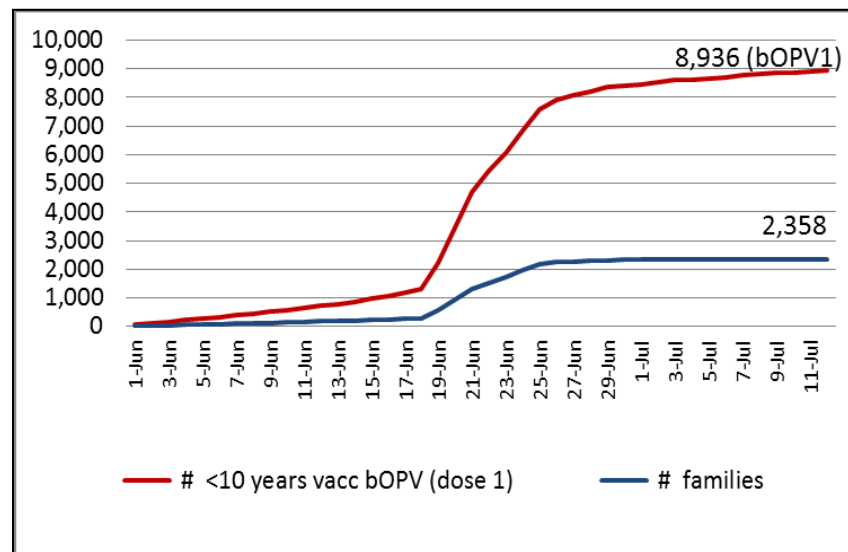
Khost province

Immunization activities from 8 cross border posts and 5 mobile teams including Gulan camp in Gurbuz



Paktika province

Immunization activities from 3 cross border posts, 3 permanent transit teams and 4 mobile teams



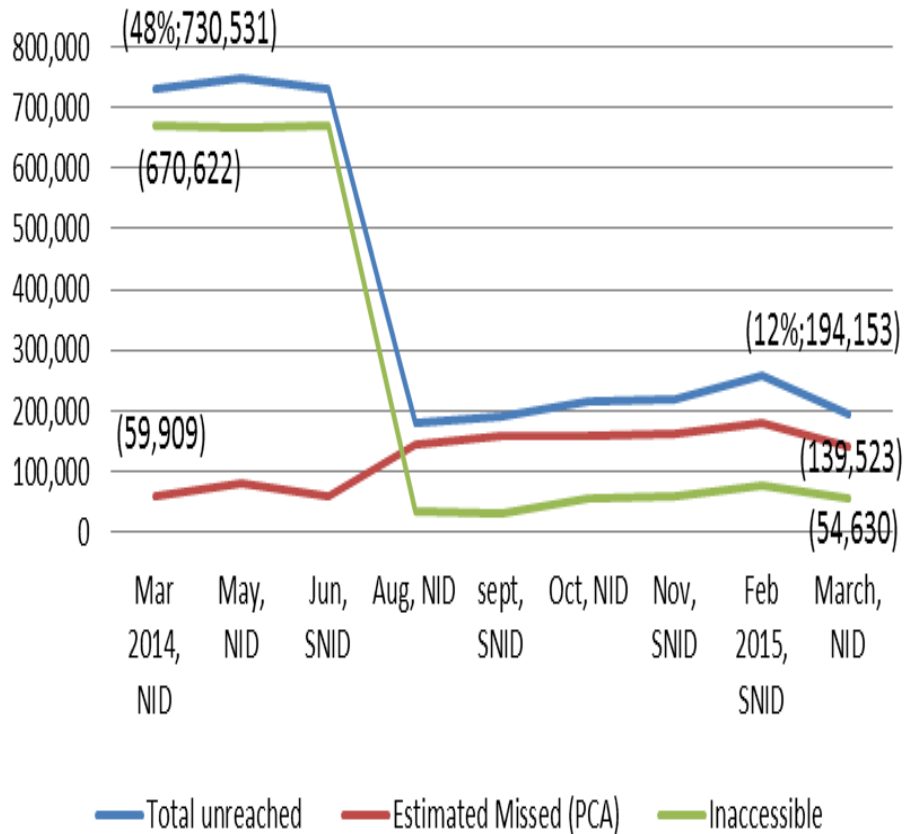
AFP surveillance among displaced population

- 24 AFP cases detected /reported in Khost among the displaced population from NW
- 05 AFP cases reported from Paktika province from the NW displaced population,

Estimated children missed during NID and SNID, March 14- March 15; Trend in two high-risk regions of Afghanistan

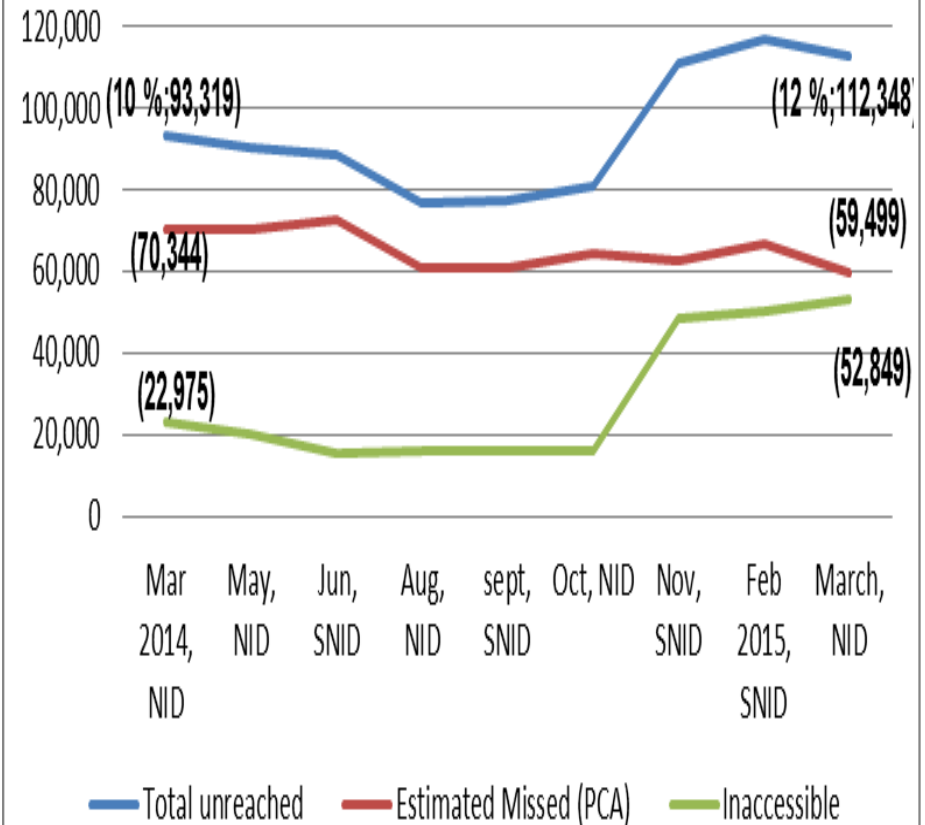
South-Estimated number of children missed by rounds (NID, SNID) 2014-2015

(Target 2014= 1,551,821 2015= 1,625,167)

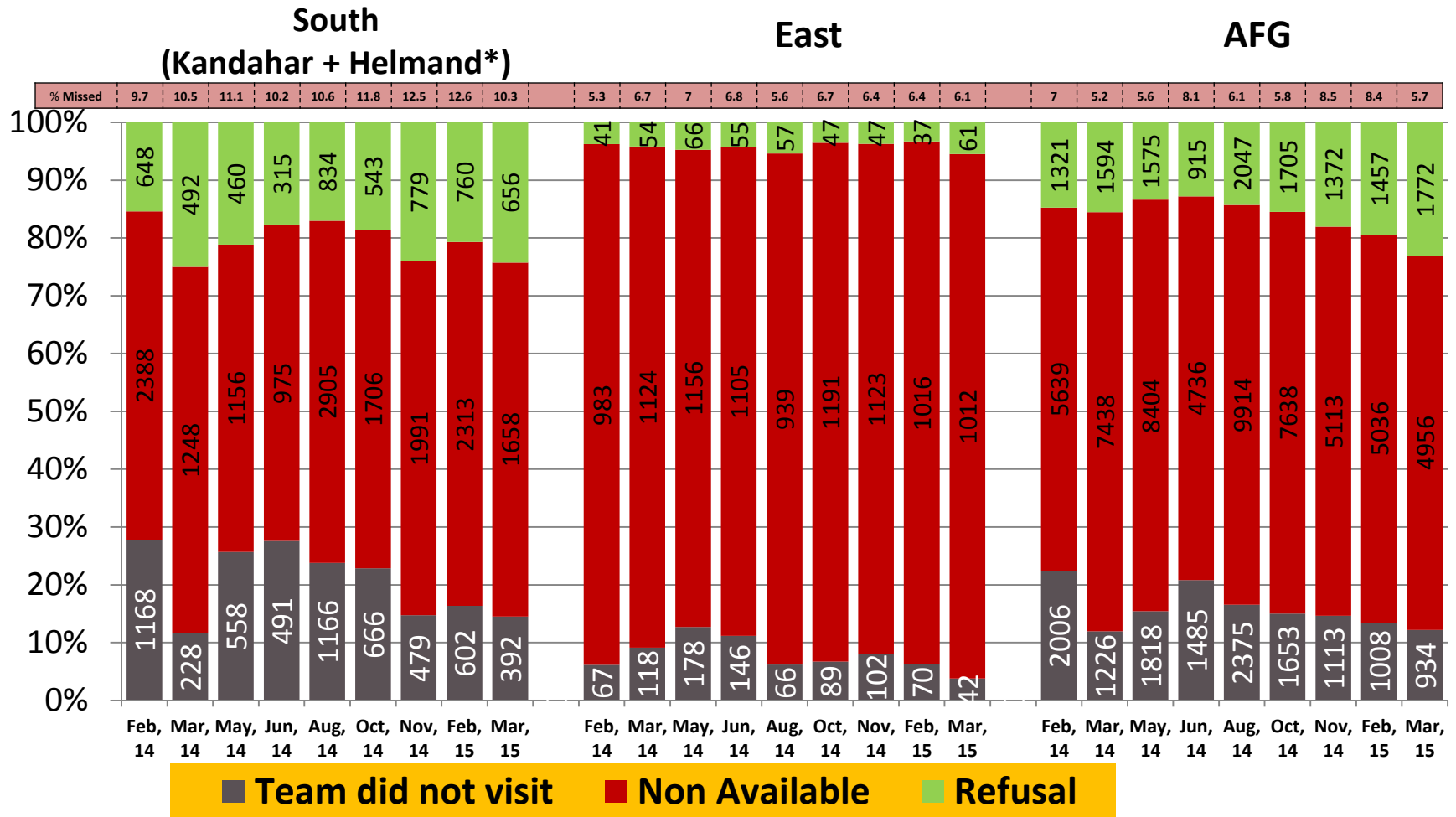


East-Estimated number of children missed by rounds (NID, SNID) 2014-2015

(Target 2014=936,664 2015= 966,261)



Reason for children being missed by regions, Afghanistan Feb 2014- Mar 15 (source: PCA)

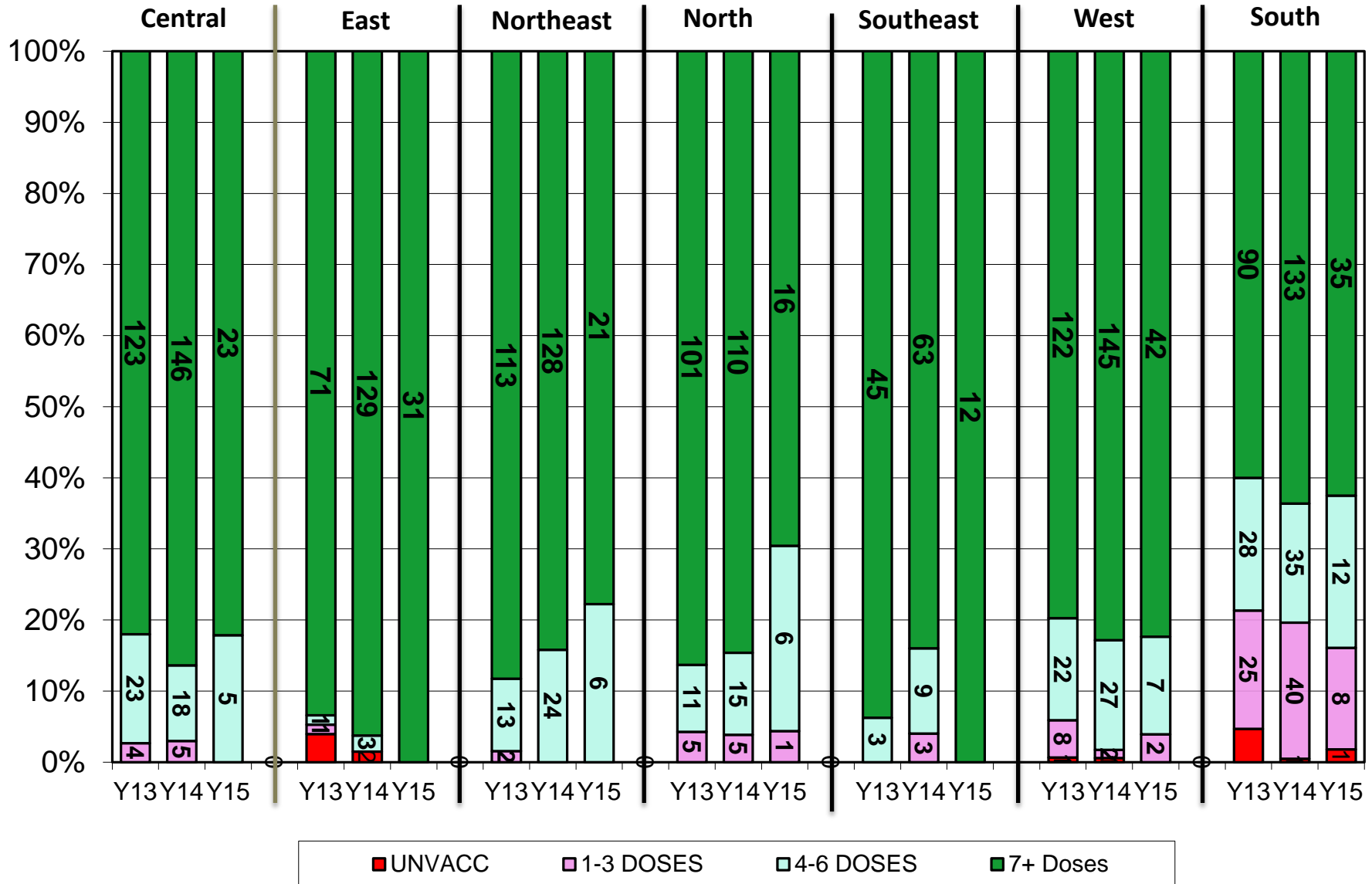


Refusal : Newborn Sick, Sleep, misperception, Decision maker not at home

Non Available : travel, Market/ Street, school/ Madrasa/ HF/ Others

* No campaign in Helmand in March, May and **June** 2014

Vaccination status of Non Polio AFP cases 6-35 Months by region 2013-2015 Afghanistan

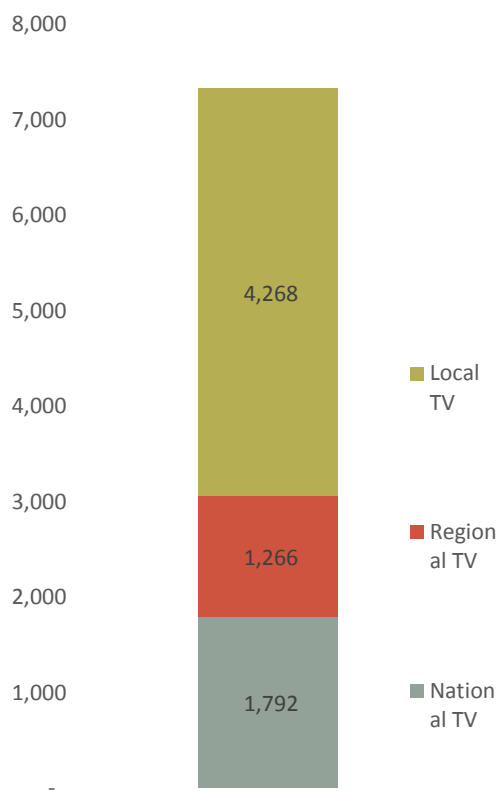


PEI Mass Media Communication 2012-2014

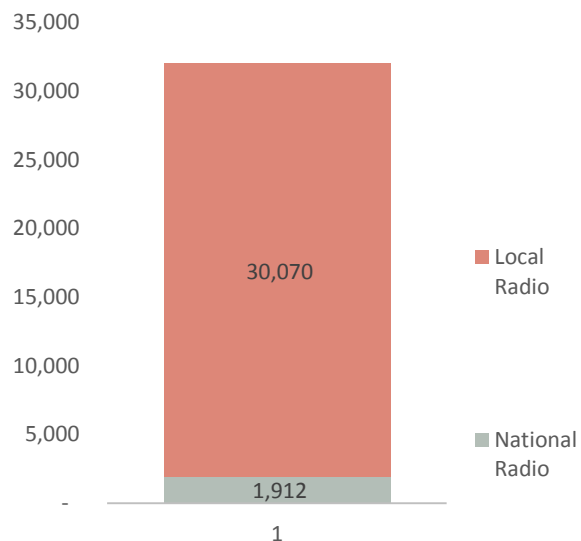
- Exclusive focus on “paid media” through ads
- Same 5 TV and radio ads repeated thousands of times
 - Benefit: Widespread awareness of term “polio”.
 - Drawback: Missed opportunity to convey other messages
- Distribution of same informational leaflets - regardless
- Nearly zero coverage of polio in Afghan “earned media” as a health story. Media focus on campaign launch ceremonies, not on why vaccination is important.
- Missed opportunity to create awareness about polio or debunk persistent negative rumors
- Limited mass media reach in remote border areas

Paid Media During Campaigns

Polio TV broadcast/spots:
March 2015 NIDs



POLIO RADIO
BROADCAST/SPOTS: MARCH
2015 NID



Polio Campaign
Broadcast Messages
During March 2015
NIDs: TV

National TV	1,792
Regional TV	1,266
Local TV	4,268
Total	7,326

Radio spots during
March 2015 NIDs

National Radio	1,912
Local Radio	30,070
Total	31982



2012-2014: the communication surge years



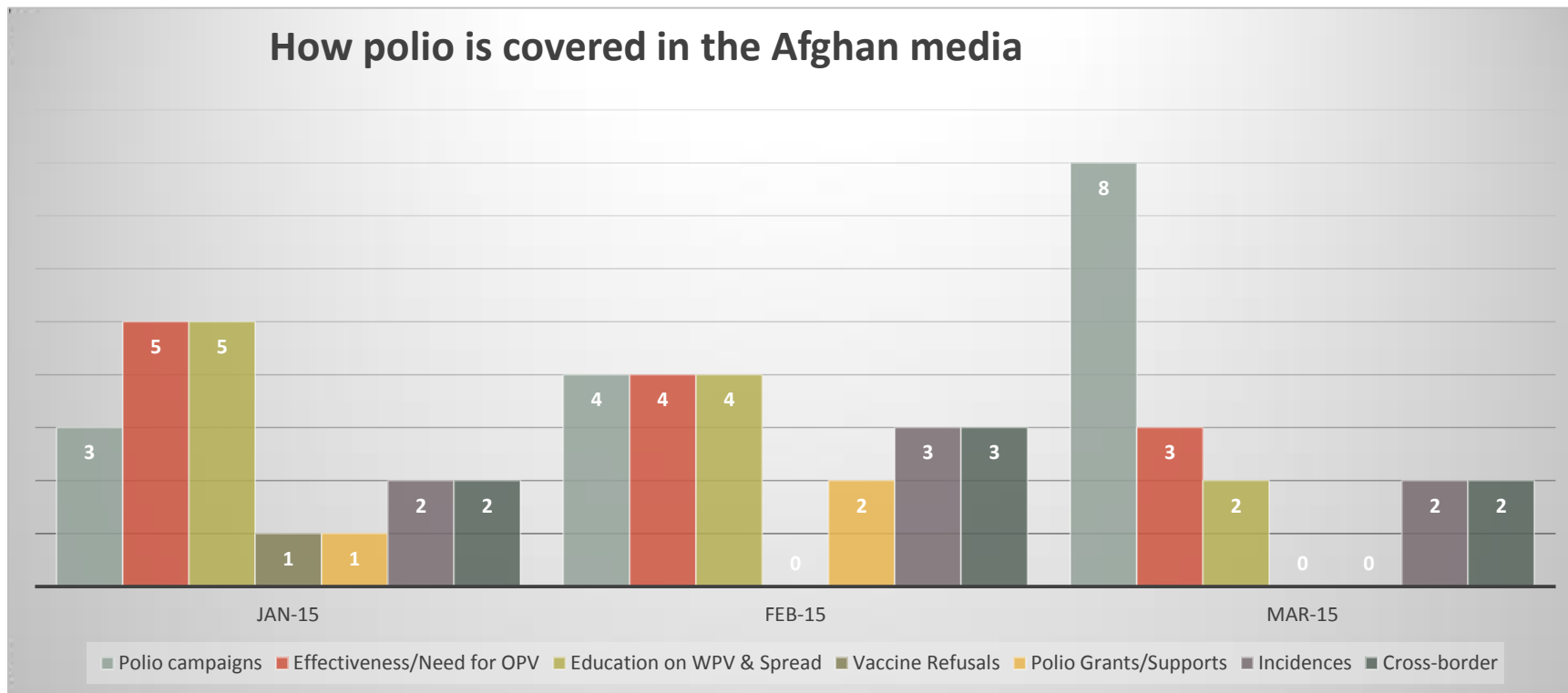
UNICEF has relied totally on a paid media strategy
The same 5 TV ads have been run for over 2 years

1. Government of Afghanistan	\$12,052,843
2. Etisalat	\$2,788,083
3. MTN	\$2,170,823
4. Salaam	\$1,683,132
5. Afghan Red Crescent	\$1,675,707
6. Memar Shahr Construction	\$1,434,322
7. Azizi Bank	\$1,288,907
8. Afghan Telecom	\$1,172,770
9. Roshan	\$1,150,284
10. Urdu Milli	\$888,620
11. UNICEF	\$865,758
12. Samsung	\$595,204

Source: Ipsos Polling, 2014



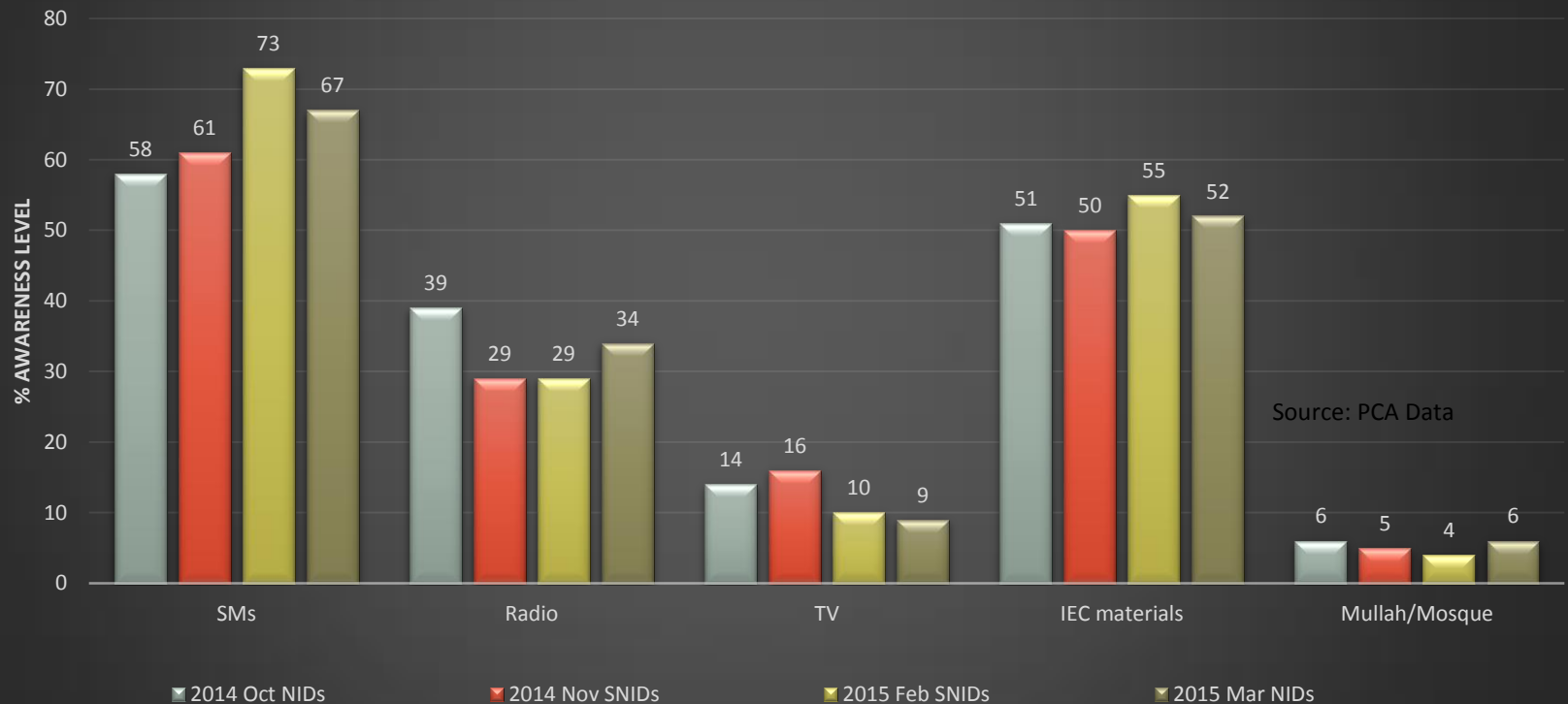
How polio is covered in the Afghan media



- In the first quarter of 2015, nearly 77% of stories in the Afghan media were neutral.
- Polio was mostly covered as an event, and only sometimes as a public health issue.
- 23% of stories covered polio as a political event.

PCA Data Tells Us

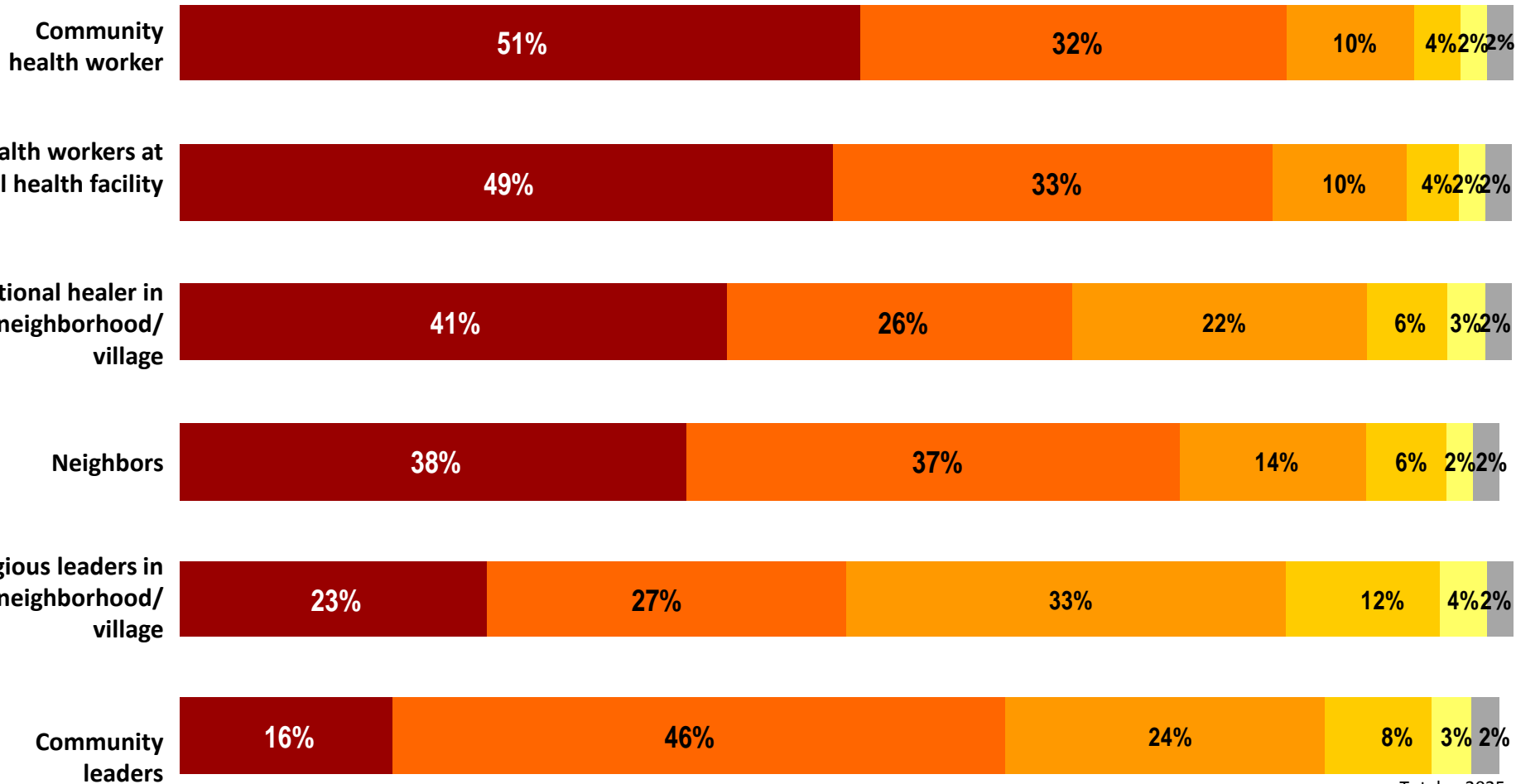
Key Sources of Polio Information:
11 LPDs



Harvard Data Tells Us

% caregivers saying they get information about polio drops from each community member...

■ Very frequently ■ Somewhat frequently ■ Not very frequently ■ Never ■ Don't know ■ Have not heard of polio



Total n=2025

2015: Rebooting PEI Communication

- --“Ending Polio Is My Responsibility” had narrow focus on vaccination as individual choice, a choice caregivers could sometimes neglect. It overlooked collective benefit to general population of vaccinations.
- -- Time for a new slogan and new branding emphasis on vaccinations as beneficial for the child, the population, and the nation.

2015: Rebooting PEI Communication

- Increased focus on front line vaccinator and social mobilizer. Better training + better information = better coverage results
- Increased emphasis in mass media on collective effort.
- Reaching new audiences in LPD districts. Collaborations with BBC Afghan Service and VOA to produce weekly shows about polio and health.
- New, more targeted mass media advertising. Local TV and radio ads address local perceptions.

BBC Media Action Project

BBC Pashtu

1. **Weekly 30 minute radio show on BBC Afghan Service about polio and health news. Shows will be rebroadcast on 67 other local radio stations with coverage in LPDs**
2. **Polio themes will become part of popular radio soap opera storyline**
3. **Radio debates featuring leading health authorities**
4. **Training for reporters on covering polio and technical support to four radio stations operating in LPDs.**



IEC MATERIALS in 2014

پوليو يا فلج ستاسی د کوچیانو دشمن دی!



<ul style="list-style-type: none"> • خپلو ۲ تر ۵ کالو کوچیانو ته مو د کمپاین په ملي ورځو کې د واکسین له رضاکارانو څخه د چينجو ضد گولي هم وغواړئ. • د چينجو ضد گولي ستاسي د کوچیانو د کلمو چينجي له منځه وړي او په دي توگه د ويني د کمښت مخنيوي کوي او د کوچیانو د سالمې ودې سبب گرځي. 	<ul style="list-style-type: none"> • پوليو د درملنې وړ نه ده- د دي ناروغۍ له کبله کوچيان په تل پاتې فلج اخته او حتي مړه کېږي. • له نيکه مرغه پوليو د مخنيوي وړ ده- د کمپاین په هره دوره کې د پوليو د څاڅکو په ورکولو سره د پوليو مخنيوي کېدای شي. • د واکسيناسيون د مهالویش سره سم په روغتيايي مرکز کې د نورو ټولو واکسينونو بشپړول ډير اړين دي ځکه چې ديلايلو وژونکو ناروغيو څخه مخنيوي کوي.
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که خدای مه کره کوم کوچني مو د کمپاین په لړ کې د واکسين اخيستلو نه پاتې شو نو په بېره يې نږدې روغتيايي مرکز ته د واکسين لپاره يوسي او يا هم په دغو ۰۷۲۹۹۷۵۵۵۷ - ۰۷۰۳۱۳۰۰۱۵ شمېرواړيکه ونيسي تر څو د واکسينيدولپاره يې سلاسي کړي ترسره شي.

د پوليو د ناروغۍ له منځه وړل زما دنده

خوښه ستاسو ده! د خپل ماشوم راتلونکی څنگه غواړی؟



**د پوليو درملنه ناشوني ده
د پوليو د واکسين دوه څاڅکې ستاسو ماشومان تل پاتې
معيوبت څخه ژغورې
د پوليو د واکسين دوه څاڅکې هر ماشوم ته هر ځلي**



د پوليو له منځه وړل
زما دنده ده



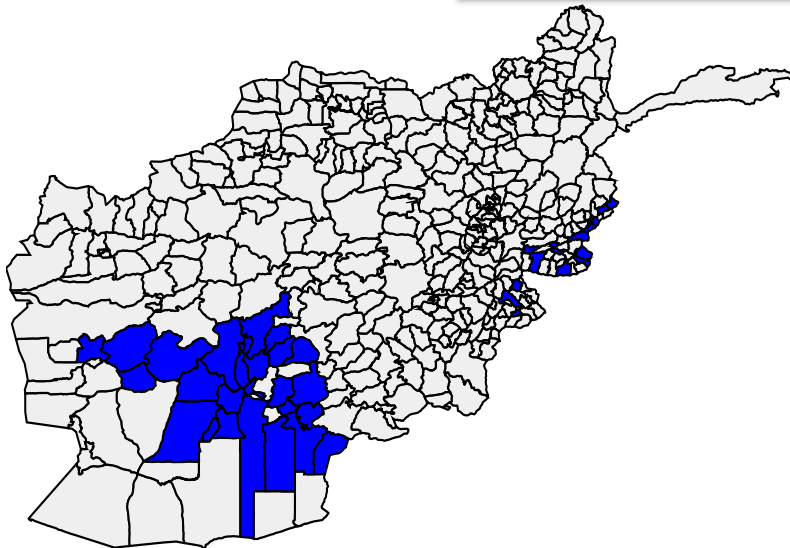
- -- 20,250 banners distributed.
- -- 291,000 posters
- -- over 3 million leaflets/flyers were distributed in 2014.
- -- The slogan of these products was “Polio Is My Responsibility”.

Immunization Communication Networks

2015

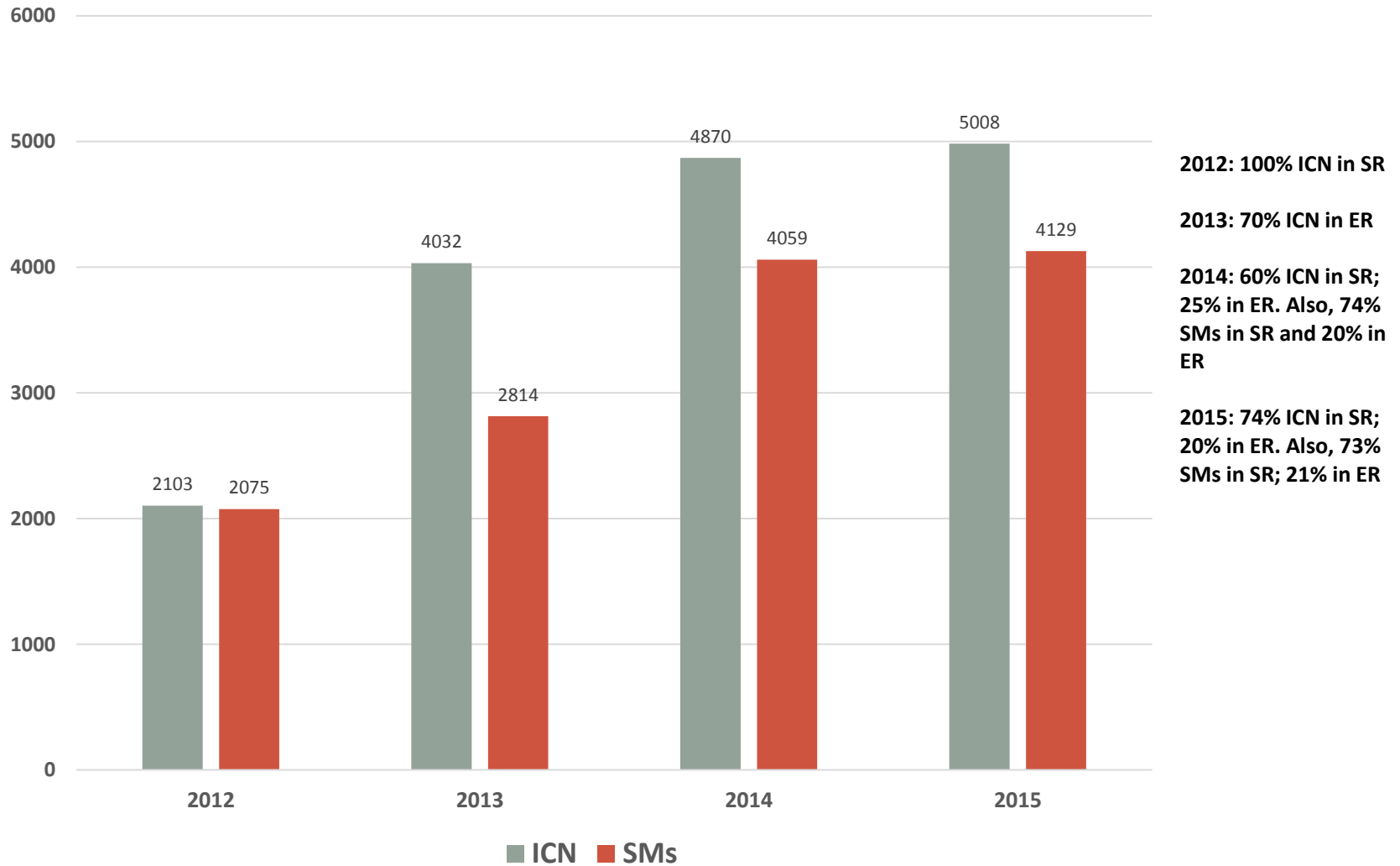
Total ICN Personnel:
5008

Region	Community level	Cluster level	District and Provincial level
South	Engaged only for campaigns – 8 days; SM assigned to each vaccination team	Engaged only for campaign – 8 days	Full time; some facilitate access
East, South-East and West	Engaged only for campaigns – 4 - 7 days; SM assigned to each vaccination team except in ER	Campaign Based	Full time; most DCOs in Kunar (7/10) facilitate access



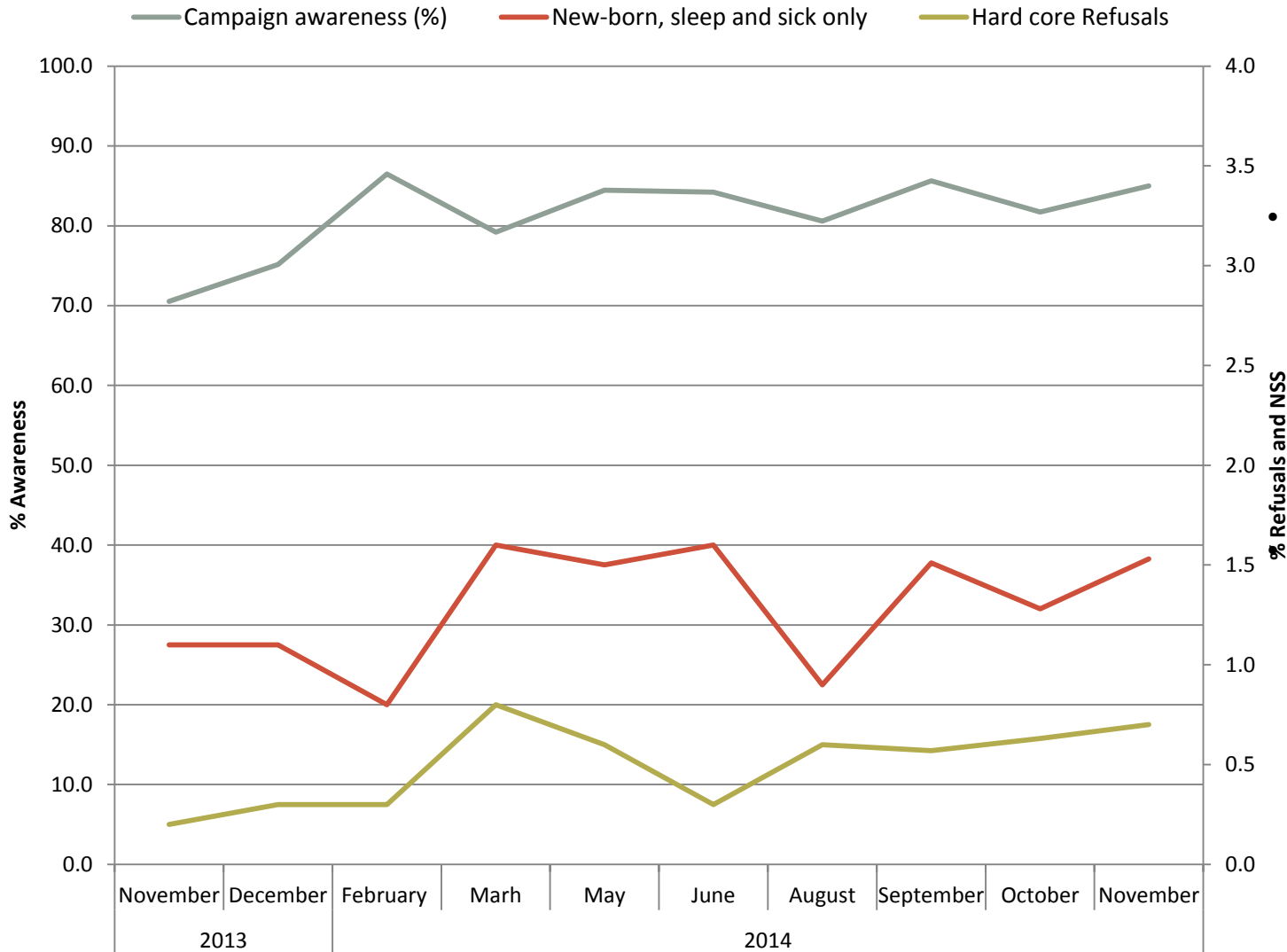
- 83% LPDs covered by ICN
- 86% of planned SMs in place in all LPDs
- 556 Female Social Mobilizers (13.7% of total)

SMs versus Total ICN Personnel 2012 – 2015



Status of key Indicators

Campaign awareness and Refusals 11 LPDs South Region Afghanistan



- Campaign awareness increased since November 2013 through November 2014.

- Possible correlation between campaign awareness levels and refusal rates in general.

74% of the recorded refusals were resolved/vaccinated by the efforts of ICN members (November 2014 campaign report).

Source – WHO PCA data

Vaccine & Cold Chain Procurement

- 2014: 82.6 million potent OPV doses delivered on time
- 2015: 91.2 million doses planned pending funding

Cold Chain equipment	2014 Delivered	2015 Planned
Vaccine carriers	9000	4,300
Ice pack freezer	47	52
Deep freezer	39	78
Solar Refrigerators		4
Ice pack	110,000	50,900
Cold boxes	60	2112

2015-OPV requirement for PEI SIAs in Afghanistan

Proposed Dates	Type of SIAs	Target	OPV doses required	OPV vials required	Type of OPV	Remarks
1 st Quarter	SIAs	14,910,384	7,892,464	894,623	bOPV/tOPV	tOPV only in March NID
5-7 April	SIAD (Focus LPD)	1,326,429	1591715	79,586	bOPV	Delivered/campaign implemented
19-21 April	SIAD (Focus LPD)	1,326,429	1591715	79,586	bOPV	Delivered/campaign implemented
10-12 May	May NID	9,065,374	10,878,449	543,922	bOPV	Delivery by end April
14-16 June	SNID	3,667,376	4,400,852	220,043	bOPV	Delivery by early June
3 rd / 4 th Quarter*	SIAs (Sub NID, focus LPDs) CB, TT, PPT/Buffer	42,935,593	54,911,560	2,745,578	bOPV	Funding Gap
2015 Totals		73,231,585	91,266,760	4,563,338	bOPV	

Afghanistan OPV Requirements & Estimated Costs

Type of vaccine	Vials required for 2015	Vials Utilized	Available stock	Vials due	Vials to procure	Rate	Cost	Funded	US\$ Funding Gap**
mOPV	142,832	108,701	34,131	-	-	-	-	-	-
bOPV	3,766,801	242,000	15,258	763,965	2,745,578	2.6	7,138,503	800,565	6,337,938
tOPV*	653,705	543,922	28,980	-	80,802	2.6	210,088	-	210,088
IPV	51,059	888	68,255	-	-	10.25	-	-	-
Totals					2,826,380		7,348,591	800,565	6,548,026

* tOPV as buffer to be used in the event of CVDPV case response.

** \$3m currently under negotiation.

EVM 2014

Objectives of conducting 2014 EVM:

1. Follow up on the status of implementations of the previous 2011 recommendations
2. Identify strengths and remaining gaps in the vaccine supply chain management;
3. Update the improvement plan in order to achieve and maintain high quality management of EPI vaccines.

Sampling using EVM site selection tool version 1.7

Two days intensive training of field assessors and one day field test :

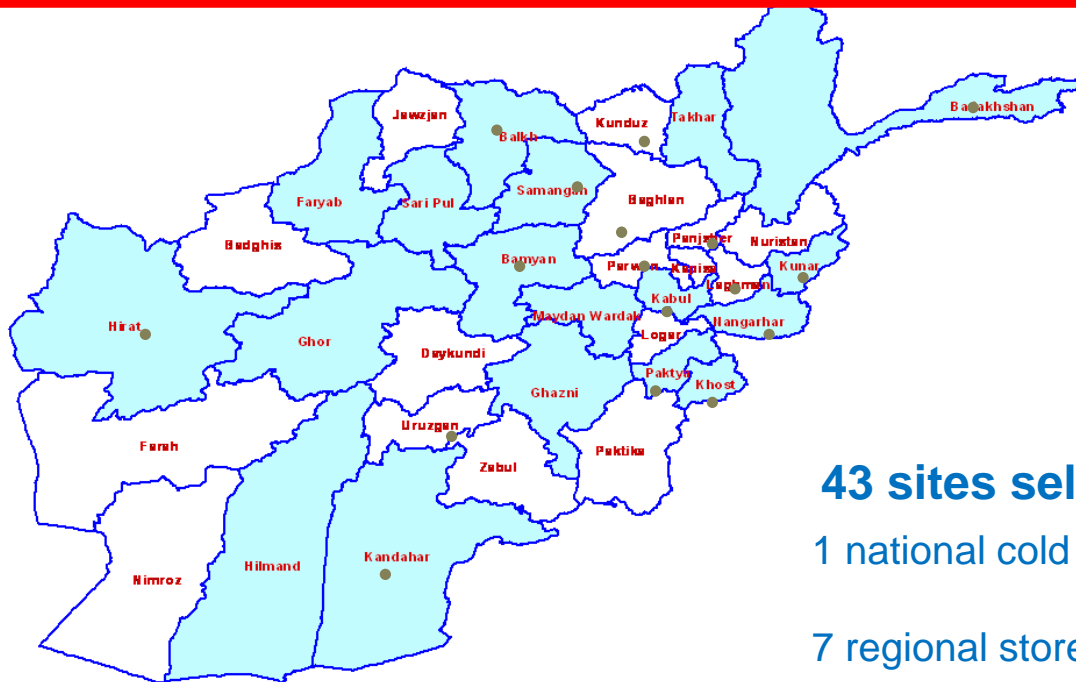
- 30 Governmental staff and 4 consultant from WHO/ EMRO participated in the training
- 17 teams: 2 person / team distributed to the field for data collection

Assessment period agreed for one year (1st Nov 2013- – 31st Oct 2014) using :

- EVM Review Questionnaire v2
- Interview and observations

Data entry and analysis using EVM Assessment Tool Version 1.1.0

Selected Sites



43 sites selected including:

1 national cold store

7 regional stores

10 provincial stores (random selection, 90% and 10% precision)

25 Health centers

EVM Conclusions

- The overall average score is 77% comparing to 88% in 2011;
- There is excellent improvement in the central store performance vs 2011 because most of the central store recommendations were implemented.
- Most of the 2011 recommendations were not implemented, so still there are many areas in the system needs to be improved.
- Most of these were mainly management issues, and with slight effort the country can achieve the required scores of 80% in each criteria.

EVM Vaccine Management (E8) Recommendations

- Conduct continuous training for all health workers on proper vaccine management practices.
- Develop and distribute to all stores visual posters/ pamphlets for VVM and shake test.
- Establish a system to collect data and calculate vaccine and diluents wastage and use it for program management.

Improving Vaccine and Cold Chain Management for PEI = PEI Resources for EPI

- Increasing field monitoring and supervision of cold chain system at NEPI, REMTs and PEMTs
- Conducting an inventory of all cold chain equipment from National EPI up to the PEMTs
- Capacity building of cold chain officers and technicians in effective vaccine management, including a mechanism to report on unused OPV after every SIA campaign.
- Improve coordination with PEI partners to monitor OPV and cold chain equipment during their supervisory visits and share the field report for action
- Appropriate utilization and maintenance of available cold chain equipment.
- Gradual replacement of traditional cold chain equipment with standardised items.

Challenges in VM & CCL Systems

- Vaccine requirement forecasts (annual) continue to be adjusted upwards during the year.
- Micro-plans for vaccine calculations are not followed. Ad hoc increase revisions are done according to claimed coverage of the previous SIA.
- Vaccine utilization reports at the end of each SIA from the REMTs/PEMTs are incomplete. Systemic deficiencies in calculating and reporting the amount of vaccine utilized and the balance in stock.
- Monitoring and supervision of cold chain capacity is limited at district level.
- Significant differences in the operational target for SIAs (denominator) and official population figures at the country level can create difficulties in determining the precise target populations and immunization coverage.

Population Estimate Variations

Comparison of total population from different sources - Afghanistan

Provinces	Polio Programme 2015	Routine Immunization EPI (2014)	Central Statistics Organization (CSO) 2014-15
Nangarhar	3,138,430	1,818,461	1,489,001
Kunar	749,236	570,671	443,000
Khost	1,217,506	467,250	565,000
Helmand	3,557,901	1,194,158	909,000
Kandahar	2,615,673	1,371,233	1,201,000
South Region	11,278,747	5,421,772	4,607,002
Afghanistan	45,326,868	31,514,533	26,556,001
Variations as compared to Polio		30.47	41.41

PEI-Achievements

- **Management & Oversight:**
 - Polio Policy Dialogue has been established and regularly met
 - Inauguration of NIDs by the President and senior leadership
 - High level visits to regions/provinces for advocacy
 - Technical Advisory Group meetings once a year
 - Polio Partners/Donors regular quarterly meeting are held
- **Financial Accountability:**
 - Direct Disbursement Mechanisms are established to ensure the transparency and timeliness of payments to SIAs field workers
 - Provincial and District Financial Committees are set up to supervise the financial disbursements
 - Realignment of activity management, supervision, funding and accountability to respective lead agency
 - Detailed review of coordinated FRR costing
- **Program Planning:**
 - National Emergency Action Plan has been developed and regularly revised/updated
 - Annual Reports are produced and widely disseminated
- **Epidemiology:**
 - Steady progress has been made to bring down the polio cases relatively to small numbers after the large outbreak in 2011
 - Despite the large outbreak in neighboring Pakistan and multiple cross border infections no large outbreaks in Afghanistan
- **Surveillance:**
 - All AFP Surveillance indicators are at internationally required levels as a result of widespread network
 - Community based system
 - Environmental surveillance is taking place in Kandahar, Helmand, Nangarhar, Kunar and Kabul
 - External AFP Surveillance review was conducted

PEI-Achievements

- **Communication:**
 - 5,000+ Immunization Communication Network (ICN) Personnel in 44 LPDs create demand for OPV
 - From available data, 74% of the recorded refusals were resolved/vaccinated by the efforts of ICN members (November 2014 campaign report).
 - IEC materials (leaflets, posters, banners) have continued to be produced and made available for every campaign
 - 14 TV and Radio channels are engaged
- **Supplementary Immunization Activities (SIAs):**
 - 4 rounds of NIDs covering the whole country
 - 4 SNIDs targeting the Southern, South-Eastern, Eastern and Farah Province of the Western Regions have been conducted every year.
 - In addition 4 rounds of Short Interval Additional Doses (SIADs) in Low Performing Districts (LPDs) carried out.
 - Program responded to confirmed cases with at least 3 rounds of case response campaigns
 - IPV was introduced in Low Performing Districts
- **Complementary Immunization Activities:**
 - Cross Border Teams are established to vaccinate children crossing the borders
 - Permanent Transit Teams are vaccinating children on the move from one location to another
 - Travelers to India are being vaccinated as per the visa requirements imposed by India
- **Innovative Approaches:**
 - Polio Control Rooms are established at national level and in LPDs.
 - Permanent Polio Teams are functional in and around security compromised areas

Challenges

- **Epidemiology:**
 - 2 indigenous cases; one in Uruzgan and the other in Helmand genetically belonging to orphan cluster is evidence of continuous circulation in the Southern Region
 - Multiple cross border infections with child to child transmission in the East and in the South.
 - 4 cross border infections in the Southern Region; three among the displaced population from North Waziristan and 1 from residents indicate multiple cross border infections and circulation of imported virus
- **AFP surveillance:**
 - Presence of orphan virus points to some probable weaknesses in some locations despite all quality and quantity indicators mark high performance

Challenges

- **Missed children and inaccessibility due to security**
 - Quality of campaigns require critical analysis at lower levels to reveal any sub-groups of missed children
 - Insecurity remains a major challenge to gaining access to children in the Eastern Region particularly in most districts of Kunar
 - Increasing security concerns in Southern Region, particularly in Kandahar and Helmand-no campaigns in Helmand twice; first six months and the second for two months
 - The overall situation remains fragile; complex security related issues
 - Nangarhar; In Ganikhel/Shinwar no campaign since November 2014 as a result of ban on vaccination campaigns

Challenges

- **External Factors:**
 - Ongoing large outbreak in Pakistan and continuous cross border population movement; recent confirmed cases and positive environmental samples in Quetta, Killa Abdullah
- **Weak routine immunization:**
 - EPI Survey revealed low coverage especially in high risk provinces
 - In 2014 there were 19 polio cases out of 28 with zero dose routine immunization
 - In 2014 there were 356 non-polio AFP cases with zero dose routine immunization, majority of them from high risk areas
 - In 2015 already 6 AFP cases with zero dose routine immunization, 4 of which were from the Southern Region

Way Forward

- **Advocacy and Political Commitment:**
 - Maintaining polio program neutrality
 - Regular briefing to HE President and HE CEO
 - Once in two months meetings of Polio Policy Dialogue
 - Engagement of Provincial/District Governors
 - Visits to the regions/provinces by MoPH leadership
- **Keep focus on Low Performing districts with evidence of wild polio virus circulation and significant immunity gaps**
- **Critical and in-depth analysis of missed children in accessible areas:**
 - Update micro-plans for any sub-population groups continuously missed during the campaigns
 - Review and improve Re-visit strategy for children not home/refusals
 - Additional transit teams to vaccinate children on the move during and in between SIAs

Way Forward

- **Gain access to children in security compromised areas:**
 - Non-traditional SIAs workers such as CHWs, ARCS, Teacher and Mullahs should fully engage in PEI
 - Low profile access negotiations at local level
 - Enhance Involvement of ICRC
 - Active participation of local influencers, elders
- **Stop the circulation of polio virus during low transmission season-1st Half of 2015:**
 - 2 rounds of NIDs, 2 rounds of SNIDs and 4 rounds of SIADs to be conducted
 - IPV campaign in selected districts at high risk
- **Reboot PEI Communication :**
 - Revisit branding / slogans
 - Mass media utilization (paid/earned)
 - IEC material redevelopment tailored for specific contexts
 - Engaging CHWs
 - Orienting communication to support FLWs / Health Workers
 - Revising Training for FLWs

Way Forward

- **Assure the quality of monitoring:**
 - Intra Campaign Monitoring
 - Through the engagement of independent third party
 - Triangulation by separate methods such as LQAS
 - External monitors to support the monitoring and oversight in the East, South East and specifically in the South
- **Strengthen AFP surveillance system through:**
 - Real time management by using mobile technologies and expand environmental surveillance
 - Active case search
 - Focus on silent districts, security affected locations and bordering districts with Pakistan
- **Using PEI assets to strengthen Routine Immunization**

Way Forward

- **Conduct complementary immunization activities:**
 - Enhance cross border teams
 - Increase number and performance of permanent transit teams to catch up with children on the move
 - Targeted campaigns for underserved population groups such as Nomads, agricultural seasonal migrants/workers
- **Coordination with other key actors**
 - NGOs
 - Inter-Ministerial
- **Enhance cross border coordination:**
 - Regional cross border meeting between KP/FATA/Peshawar and Eastern, South Eastern Teams
 - One Regional meeting between Baluchistan/Quetta and Southern Teams
 - One National level cross border team between country teams of Pakistan and Afghanistan
- **Secure funds in order to continue the activities without interruption**

Thanks

