AFGHANISTAN

National Emergency Action Plan for Polio Eradication

July 2015 – June 2016

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PREFACE

Nearly every month of the year sees thousands of health care workers operating in every corner of Afghanistan to engage in one of the largest public health undertakings in the country: the vaccination of millions of children against polio. Their work is a reflection of Afghanistan's commitment to the goal of interrupting transmission of the wild polio virus from this country during the 2015-2016 period for which this revision of the National Emergency Action Plan (NEAP) has been developed.

As we near the achievement of interrupting wild polio virus in Afghanistan, the Ministry of Public Health is fully cognizant of the significance of this historic achievement on a global scale and also for the sustained development of improved public health in Afghanistan. Accordingly, the 2015-2016 revision of the NEAP is a significant document for guiding the coordinated efforts of all polio eradication partners to achieve the end goal. This document articulates exactly how we intend to reverse setbacks, measure results, create an enabling environment, learn from past mistakes, and create meaningful oversight. The largest challenges that remain are identifying and vaccinating missed children. While the number of missed children has decreased slightly these numbers remain too high and they have resulted in immunity gaps.

This revision of the NEAP outlines numerous programmatic modifications but one element that has not changed is the polio programme's neutrality. This is a cornerstone to successful polio eradication. The engagement and commitment of all partners to achieve the goal is critical as we continue to exert extraordinary efforts to vaccinate every child in the country and particularly in the hard-to-reach areas where the virus continues to circulate.

During this 2015-2016 timeframe, and particularly during the low transmission season of the winter months, we join with all PEI partners to achieve the noble goal of eliminating this debilitating and life-threatening virus once and for all. Afghanistan's fight against polio is at a critical moment and intensified polio eradication activities in the next few months will determine if eradication of the poliovirus will be successful by next year. I am optimistic Afghanistan will succeed.

Afghanistan is grateful for the support of the international community in these efforts. The Ministry of Public Health recognizes that this global effort, with major global implications, requires the intensification of all efforts during this revised NEAP period. Together we will achieve the goal of eradication that the world seeks.

Sincerely,

Dr. Ferozzuden Feroz,
The Minister of Public Health — Afghanistan

EXECUTIVE SUMMARY

The National Polio Eradication Emergency Action Plan (NEAP) provides the backbone for Polio Eradication Initiative activities in Afghanistan. It is updated regularly according to the changing epidemiological situation and aims to position the polio programme to respond efficiently, effectively and in a timely manner to changing requirements.

Afghanistan has come close to stopping the circulation of wild poliovirus; however, periodic setbacks have occurred due to persistent immunity gaps, especially in the regions of the country where the poliovirus has always found 'sanctuaries' to replicate and survive.

It is now more important than ever for Afghanistan to strengthen all efforts to reach each and every child in all parts of the country. The focus should be on the infected locations in order to interrupt virus transmission by mid-2016 at the latest.

There are several important components of the polio programme that the NEAP should emphasize. First and foremost is the management and oversight of all eradication activities, taking into account the need to strictly preserve the neutrality of the programme throughout the initiative. Strong and good governance will be key to guaranteeing the quality of all immunization activities, especially the quality of all Supplementary Immunization Activities (SIAs). It is envisaged that this updated NEAP will further strengthen the ongoing coordination among all polio eradication partners and stakeholders nationally and internationally, in order to optimally synergize and synchronize different components of the programme.

The updated NEAP will provide a framework for PEI activities in Afghanistan and should convey a sense of emergency and urgency to all stakeholders. Regional and provincial workplans, derived from the updated NEAP, will serve as road maps for effective field implementation of eradication strategies in order to achieve the set objectives, reach the final goal of stopping the circulation of wild poliovirus in Afghanistan and contribute to global eradication of poliomyelitis.

BACKGROUND

The Polio Eradication Initiative in Afghanistan began more than 20 years ago. Polio was declared a public health emergency by the Government of Afghanistan in 2012, when the first NEAP was developed as part of that commitment. The current updated NEAP covers the period of July 2015 through June 2016.

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I: Goal

To stop wild poliovirus (WPV) transmission in Afghanistan by the end of June 2016, with zero WPV cases for at least the first six months of 2016 (January to June, low transmission season).

II: Objectives

1. To interrupt the circulation of indigenous WPV in the Southern Region of Afghanistan by the end of June 2016 (zero cases caused by indigenous/orphan WPV for at least six months, from January to June 2016);
2. To interrupt WPV1 circulation in the Southern, Eastern and South-Eastern Regions and Farah Province of the Western Region of Afghanistan by the end of June 2016 (zero WPV1 cases for at least six months, from January to June 2016);
3. To rapidly and effectively respond to any cross border importation of WPV1 into any region of Afghanistan and to prevent the re-establishment of WPV1 circulation (initiate a series of at least three rounds of case response campaigns within two weeks of detection); and
4. To maintain the polio-free status of non-infected areas with quality SIAs and rapid response to any WPV1 importation into polio-free areas of the country, through initiating a series of at least three rounds of case response campaigns within two weeks of detection.

III: Governance and Coordination

The updated NEAP strongly emphasizes the importance of the governance of the Polio Eradication Initiative (PEI) in Afghanistan, with clearly defined roles and responzsibilities.

Data-driven and evidence-based coordination and timely communication is expected to lead to informed decision-making within the existing PEI governance structure.

1. National Level

- The President of the Islamic Republic of Afghanistan has already declared his full commitment to polio eradication, thereby designating the eradication of

polio as one of the top-level national priorities.

- The Chief Executive Officer (CEO) has mentioned his full support for the PEI.
- The Ministry of Public Health (MoPH) plays a lead role, with an overall responsibility to coordinate and communicate with all partners. Recently, His Excellency the Minister of Public Health has appointed a Senior Advisor to the MoPH as Focal Point (FP) for the PEI, who will lead the overall management of the programme on behalf of the Government of the Islamic Republic of Afghanistan. This is in line with the most recent recommendations of the GPEI's Independent Monitoring Board (IMB).
- Given the emergency character and urgency for the programme to stop WPV transmission within a short and limited period of time, the structure of the PEI in Afghanistan needs to be simple and straightforward to facilitate rapid decision-making and action-taking, protected from bureaucratic processes which cause delays.
- The PEI programme is establishing a National Emergency Operations Center (EOC) for polio eradication, taking into account specific recommendations of the IMB and the Afghanistan PEI Technical Advisory Group (TAG). While considering the experience with existing polio eradication EOCs in Nigeria and in Pakistan, a country-specific EOC approach is being developed to bring added value to the PEI in Afghanistan. In addition to enhancing day-to-day PEI operations, the EOC is expected to facilitate the management of the programme through improved coordination and communication and to strengthen the links and accountabilities between and within the central and regional polio teams.
- The Afghanistan EOCs are being designed to achieve the following objectives:
    1. To instill a sense of emergency in the implementation of polio eradication activities.
    2. To ensure that the capacity of the national health system is simultaneously built up for efficient immunization service delivery.
    3. To make data-driven decisions that will address persistent programme implementation gaps at all levels by bringing together key government and partners' staff.
    4. To provide a setting where all senior polio staff can work together in the same physical location with the aim of:
        - Improving decision-making;
        - Information sharing; and
        - Conducting joint planning and programming.

5. To coordinate the implementation of new approaches to increase the effectiveness of the programme.

- It is critical to note that the functions and day-to-day operations of the EOC should by no means jeopardize the neutrality of the programme.
- A document will be developed by the end of July or early August 2015 to lay out the functions and structure of the National EOC in detail. This should allow the EOC to become functional during the high transmission season.
- Various existing PEI coordination, communication and decision-making groups and forums, with well-defined responsibilities, will continue to function, including:
    - *Polio High Council:* Chaired by the Presidential Focal Person for Polio Eradication (PFPPE), the Council will bring together other line ministries with MoPH and PEI partners to ensure optimal intersectoral coordination and cooperation. The Office of the PFPPE (OPFPPE) will also be in communication with Provincial Governors to garner their support for polio and EPI. The Provincial Governors send standardized monthly reports of their relevant activities to the OPFPPE, where the reports are analysed, summarized and shared with the members of the Polio High Council. The line ministries of the Polio High Council communicate with their provincial and district offices to support the polio and EPI programmes. The PFPPE will submit a monthly report to H.E. the President concerning the progress of the PEI and the roles played by Central Government and Provincial Governors.
    - *Polio Policy Dialogue:* Chaired by the Minister of Public Health, this group will continue to convene quarterly meetings to inform, discuss and make decisions responding to programme developments, and to facilitate future actions.
    - *PEI Coordination Meetings:* Chaired by the Polio Focal Person, these meetings will be held weekly with the participation of all polio partners. This is a more operational body tasked with taking immediate and urgent actions. Ad-hoc PEI Coordination Meetings will also be called when needed.
- The updated NEAP and associated workplans are expected to provide the overarching framework for the optimal functioning of the new EOCs in coordination with all existing PEI coordination forums and groups.

2. Regional/Provincial Level

- A regional PEI Emergency Operations Center (EOC) for the Eastern Region will be established in Jalalabad, Nangarhar Province. Similarly, a regional EOC will be established in Kandahar for the Southern Region and in Herat for the Western Region.

- The establishment and functioning of Polio Control Rooms will be reviewed and confirmed to ensure connection with the newly emerging EOCs.
- A structured reporting mechanism will be introduced between the National and Regional EOCs and the Polio Control Rooms.

3. EOC basic principles

- EOCs will effectively coordinate the efforts of Government and all PEI partners and stakeholders to fully implement PEI activities within the overall framework of the NEAP and associated workplans.
- EOCs will efficiently communicate internally and externally on all issues related to the PEI.
- EOCs will centrally consolidate all PEI programme data, in order to optimally utilize these data for informed decision-making.

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IV: Key Strategies

The polio programme targets all children younger than 5 years of age during vaccination campaigns or Supplementary Immunization Activities (SIAs). It is of utmost importance that every eligible child receives a polio vaccine during SIAs in order to build up sufficient levels of individual and population immunity against poliovirus infection.

In Afghanistan, SIAs include National Immunization Days (NIDs), Sub-National Immunization Days (SNIDs), Short Interval Additional Dose (SIAD)/Focus Campaigns for Low-Performing Districts (LPDs) and Case Response Campaigns when a new polio case is confirmed.

NIDs target all <5 year olds nationally, while SNIDs focus on currently and recently infected regions such as the Southern, Eastern and South-Eastern Regions and Farah Province of the Western Region. SIAD/Focus Campaigns are planned to target Low-Performing Districts, which are reservoirs for WPV. Case Response Campaigns are triggered following the confirmation of cases due to WPV, circulating vaccine-derived poliovirus (cVDPV) or isolation of such viruses from environmental samples.

There also are Complementary Immunization Activities, not conducted as campaigns, but consisting of ongoing vaccination of eligible children with additional doses of oral polio vaccine (OPV) through three categories of special vaccination teams: Permanent Polio Teams – PPTs, Permanent Transit Teams – PTTs, and Cross Border Teams – CBTs (see details below).

1. Reaching Every Eligible Child

a) Focus on Low-Performing Districts (LPDs)

- The PEI Afghanistan will continue to focus on Low-Performing Districts (LPDs), as they are the main 'sanctuaries' for wild poliovirus. LPDs are identified through an exercise using major programme indicators, such as confirmed polio cases, AFP cases that never received OPV before ('zero dose' 6non-polio AFP cases), access status (i.e., the presence of areas that are inaccessible during SIAs), results of post-SIA quality evaluation (Post-Campaign Assessment – PCA - and Lot-Quality Assurance Sampling – LQAS surveys), level of awareness of polio eradication among the population and proximity to other LPDs.
- Currently, the programme has designated 28 LPDs in 8 provinces from 4 regions as First Priority LPDs. In addition, 23 Second Priority LPDs have been identified in 11 provinces from 5 regions (see list of LPDs in Annex III).
- All key PEI strategic activities will have a special focus on LPDs.
- Based on changes in the indicators used to establish LPD status and on other emerging trends, the next LPD assessment update will be conducted by the end of December 2015.

b) Improving the Quality of Immunization Activities and Reducing Missed Children

Pre-Campaign Phase:

i. Pre-Campaign Coordination Meetings and Pre-Campaign Monitoring

- Prior to a vaccination campaign, coordination meetings will be held at the regional and provincial level, with participation from polio partners, the provincial health office and BPHS NGOs.
- Depending on the frequency of campaigns, the coordination meeting will be conducted between two and four weeks prior to campaign launch and chaired by the REMT/PEMT. During the meeting, lessons learned during

the evaluation of the previous campaign will be reviewed and considered in order to fine-tune preparations for the upcoming SIA.

- National, regional and provincial PEI staff will continue to conduct supportive visits to monitor the quality, status and timely progress of preparations for the SIA (campaign preparedness/readiness), particularly in priority provinces and regions. Findings of pre-SIA missions to assess campaign preparedness will be documented using standardized checklists and shared with the higher levels of the PEI.

ii. Revision of Microplans.

- All SIA microplans will be revised to include new settlements and to reflect recent population movements.
- While microplans should be revised everywhere, specific focus during the second half of 2015 will be on LPDs in the Southern and Western Regions, where microplan updating will be enhanced through GIS mapping of all settlements. Field surveys will be conducted to identify previously missed and improperly covered areas. Based on the additional GIS and survey information, microplans will then be updated through desk reviews and field visits.
- Districts to be included in the first stage of this exercise are:
  - » Nahre Saraj, Musa Qala, Lashkargah/Bust, Kajaki, Washir, Nade Ali/Marja, Nawa Barakzai and Sarban Qala in Helmand Province;
  - » Kandahar/Dand, Spin Boldak, Maiwand, Zerhai, Shahwalikot, Mianishin, Panjwai, Daman, Arghandab, Nesh, Ghorak and Khakrez in Kandahar Province; and
  - » Khshrod of Nimroz Province and Bakwa, Balabuluk, Gulistan and Khake Safid in Farah Province.
- Based on the experience of the first stage, the second stage of GIS-enhanced updating of microplans will occur in the LPDs of the Eastern Region.

iii. Improving Selection and Capacity of Front-Line Workers (FLWs)

- Front-Line Workers (FLWs) are the key polio field staff who actually deliver polio immunization services. FLWs need to be carefully selected using a transparent and criteria-based approach and equipped with the appropriate skills, information and materials to optimally perform their job. To assure the best possible levels of SIA implementation during 2015/16, the programme will pay particular attention to the FLW selection process and to FLW training and capacity building (see separate section below on maximizing the impact of FLWs) recent population movements.

iv. Communication and Social Mobilization

- The previous focus on public service announcements advising the population on pending campaigns will be replaced with the revised approach to Communication for PEI. This will focus on increasing correct knowledge about polio to address misperceptions and false rumours, and it will provide authoritative facts on polio and PEI activities.
- In LPDs with ICNs, Social Mobilizers go house-to-house in their assigned area of responsibilities prior to and/or during the campaigns, announce the dates of the polio campaigns, deliver key messages on PEI/EPI vaccination, and distribute Information, Education and Communication (IEC) materials. mass media announcements will be made to strategically support the Social Mobilizers' communication role.
- Communication and social mobilization initiatives are activated in the pre-campaign phase and continue during the intra-campaign phase using a range of locally adapted approaches for optimal public information and house-to-house communication in advance of – or directly with – the vaccination teams.

Intra-Campaign Phase:

v. Intra-Campaign Supervision

- The checklist for field supervisors has been simplified to provide a standardized approach for supervision of field vaccination work during the SIA. All supervisory activities will make use of the same standard template to consolidate findings and use results to further improve field activities.

vi. Enhancing Intra-Campaign Monitoring (ICM)

- ICM is a tool to monitor the performance of field workers on the spot and take immediate corrective action. Although the Afghanistan programme has utilized ICM for a long time, the benefit has so far not been at the expected level.
- The ICM activity will be given increased attention in order to identify and vaccinate missed children during the days of the campaign, to assure that all ICM findings are shared during evening SIA review meetings and to guarantee they are acted on during the campaign.
- The selection of ICM staff will be improved to ensure proper selection based on merit.
- The ICM guideline and checklist will be revised to make it more relevant and user-friendly, with a focus on recording/reporting missed children.
- A database will be developed to record, analyse and report on the data collected during intra-campaign monitoring.

vii. Re-Visit Strategy

- There are two re-visit strategies that have been adopted to track and vaccinate children not found at home during the first team visit. One is the daily re-visit to houses with previously absent children at the end of each campaign day. The other is the fourth day re-visit to catch up with and vaccinate children who have remained unvaccinated throughout the three regular days of the campaign. Although the Afghanistan programme has utilized ICM for a long time, the benefit has so far not been at the expected level.
- Daily re-visits will continue to be practiced in the entire country. More emphasis on them will ensure that FLWs establish a full count of all resident target children in each household and record all absent children on the back of the tally sheet. FLWs will then re-visit households where children were marked as absent during the initial visit. A cross-check will be done between tally sheet records and findings of ICM to audit and verify the correctness of related recording and reporting.
- Fourth-day re-visits will continue to be conducted in Helmand and Kandahar Provinces of the Southern Region. The impact of this strategy will be evaluated to measure its effectiveness. Based on the results of the assessment, the fourth-day re-visit strategy will be revised to maximize impact on tracking and vaccinating missed children.

viii. Evening Meetings

- The polio programme has been conducting evening review meetings of campaign organizers and monitors (including IC monitors) at the district level at the end of each campaign day to review the day's activities and plan corrective action to respond to identified problems. Evening meetings have been of varying quality and impact. While conducted regularly and successfully in some places, they have not been as useful as intended in other areas.
- Evening meetings will be enhanced to assure they are conducted regularly, as per the guidelines, at the end of every campaign day. Attendance will be required for cluster- and district-level supervisors and coordinators of both vaccinators and Social Mobilizers.
- A standard matrix will be used to register the findings of evening meetings and to note the actions to be taken to respond to reported issues and problems. Action points will be re-visited the next day to verify that all recommendations and suggestions were successfully implemented.

Post-Campaign Phase:

ix. Post-Campaign Assessment (PCA)

- PCAs, consisting of house-to-house surveys, are conducted routinely after each SIA. The objective of PCAs is to estimate the proportion of children missed by the campaign, to establish the most likely reason why the child was missed, and to identify poorly covered and missed areas so these areas can be targeted with corrective actions. In the Southern and Eastern Regions, universities have been contracted to conduct the PCAs to guarantee the surveyors' (university students) independence and improve the quality of data collection.
- The current practice is to sample 80 per cent of clusters (i.e., the area covered by one supervisor and his teams) in LPDs and 50 per cent of clusters in all other districts. The programme is planning to sample 100 per cent of clusters during one SIA round in 2015 in Kandahar and Helmand Provinces of the Southern Region; Kunar and Nangarhar Provinces of the Eastern Region; and Farah Province of the Western Region.
- PCAs are to be completed within two weeks after the vaccination campaigns have ended. Data will be shared with partners following the completion of the due processes of PCAs, which includes data analysis. Currently this can take approximately four weeks, which is often too late to influence subsequent campaigns.

x. Lot-Quality Assurance Sampling (LQAS)

- LQAS surveys to evaluate SIA quality are being conducted utilizing real-time data entry and data submission through mobile phone technologies.
- LQAS will continue to be used after each round of NIDs and SNIDs to gauge the quality of the campaign and establish the extent to which the quality of the campaign in the surveyed area (the LQAS 'lot' within a district) was acceptable or not.

xi. Out-of-House Finger Mark Surveys

- A third assessment tool used by the programme is the post-SIA survey assessing coverage ('finger-mark status') of target-age children outside their house, in markets and public places.

xii. Post-SIA Review Meeting: Informed Decision-Making

- Each region/province will organize a special session of the EPI/PEI Standing Committee within three weeks following any vaccination campaign. At this session, results will be discussed and further elaborated and decisions will be made on follow-up actions to improve subsequent rounds. Wherever possible, national partners will attend these meetings. The minutes of campaign review meetings will be shared with national-level partners, who will provide feedback to regions/provinces.

- A national-level meeting will also be conducted within one month to discuss the results of the campaigns, review the information provided by the regions/provinces, provide feedback and approve/endorse suggested actions.

Monitoring and Evaluation:

xiii. Data Utilization

- The programme aims to make the results of all post-campaign quality assessments (PCA, LQAS and out-of-house surveys) more rapidly available to partners following each SIA.
- A table presenting a side-by-side comparison of the results of all three major post-SIA assessment tools will also be provided for comparison and cross-checking.

xiv. Consolidated Data Dashboard

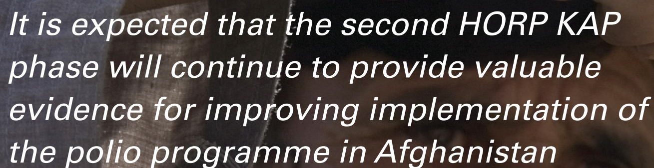
- The programme has used various data 'dashboards' to present indicators of programme quality related to pre-/intra- and post-campaign phases of the SIAs.
- In order to standardize the way information is presented and avoid duplication, there will be one consolidated dashboard prepared regularly and shared with polio partners. The same dashboard will be used to present the status of campaign preparedness/readiness, the quality of campaign implementation as well as the results of post-SIA evaluationA table presenting a side-by-side comparison of the results of all three major post-SIA assessment tools will also be provided for comparison and cross-checking.

xv. Innovative Technologies for Monitoring PEI Activities

- Mobile phone technology will continue to be used in selected areas to collect other real-time monitoring data such as the on-time availability of SIA supplies and on-time payments for Social Mobilizers. It will also be used to relay real-time SIA monitoring information on missed children and areas.
- Also, the use of mobile phone-based 'Interactive Voice Response' technology will be explored in selected districts to collect and relay programme indicator data in real-time during the pre-, intra- and post-campaign phases.

xvi. Harvard Opinion Research Programme (HORP) KAP Studies

- Findings from the first phase of the Afghanistan HORP KAP study were available in April 2015. These findings have already influenced the revised PEI communication workplan and are being used to develop specific communication products for the PEI at all levels. Findings to


It is expected that the second HORP KAP phase will continue to provide valuable evidence for improving implementation of the polio programme in Afghanistan

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date have also helped to revise IPC training for FLWs. It is expected that the second HORP KAP phase will continue to provide valuable evidence for improving implementation of the polio programme in Afghanistan. The second phase is scheduled for December 2015/January 2016.

Gaining Access to Children in Security-Compromised Areas:

- The Afghanistan PEI has been facing multiple issues in conducting vaccination campaigns in security-compromised areas. Problems vary from total bans on vaccination imposed by Anti-Government Elements (AGEs) in some locations to interference in SIA management, which compromises the quality of campaigns.
- Negotiations at different levels continue to obtain entry for vaccinators during SIAs into AGE-controlled areas that remain inaccessible. Local-level negotiations are achieved through a range of facilitators on site. Higher-level contacts normally focus on overarching principles in the management of the programme and are facilitated by other neutral and independent bodies.
- Throughout all operational PEI activities and for the day-to-day management of the programme the 'ground rule' of strictly maintaining the neutrality of the programme will be maintained.
- A regular report will be shared with polio partners to highlight the location and size of inaccessible areas, including the assumed underlying causes and outlined actions being taken to regain access.
- Following global guidance, one round of IPV+OPV vaccination will be conducted as soon as access is gained to any previously inaccessible area. This immunization round will preferably be the first of three rounds of immediate immunization response to be conducted in these newly accessible areas before reintegrating the location back into scheduled SIAs.

c) Complementary Immunization Activities

i. Permanent Polio Teams (PPTs)

- PPTs provide OPV to target-age children on a continuous basis in their assigned area. Following a June 2015 TAG recommendation, an assessment of the effectiveness and impact of PPTs will be conducted. The results will provide guidance on how PPTs will be used in the future in the Southern Region and in Farah Province of the Western Region.

ii. Permanent Transit Teams (PTTs)

- In June 2015, the TAG also recommended an assessment of the impact of PTTs targeting and vaccinating children who are in transit, especially those moving in and out of insecure/inaccessible areas and children moving in densely populated areas (transportation terminals, busy markets, shrines, etc.).
- The programme plans to modify and reposition the PTT strategy according to the results of the assessment.

iii. Cross-Border Teams (CBTs)

- The border areas of Pakistan and Afghanistan share a common culture and language. They also represent a shared reservoir of poliovirus circulation and are considered as one epidemiological block. There is considerable daily population movement, in both directions, between Afghanistan and Pakistan. This population movement facilitates the cross-border transfer of WPV in asymptomatic carriers.
- The significant migration at major border crossings provides an opportunity for OPV vaccination of target-age children. Permanent Cross-Border Teams are functional at major border checkpoints, including Torkham crossing between Eastern Region and Pakistan's KPK Province and the Friendship Gate crossing between Spin Boldak, Kanadahr and Chaman, Balochistan. The CBTs vaccinate large numbers of incoming/outgoing children on a daily basis and the service will be continued for the duration of this NEAP. CBTs will also be strengthened at minor border crossings in other provinces in the East, South-East and South.

iv. Special Campaigns Targeting Underserved Population Groups

- Children in special underserved population groups will be targeted, such as nomads, Afghan refugees returning home and population groups affected by conflict situations and displaced internally or across the border.
- There will be special campaigns in the South-Eastern, Southern and Western Regions targeting nomads who are entering Afghanistan from Pakistan and who move extensively in the country before returning to Pakistan. Their movement routes and seasons are known to regional polio

teams and dates for special campaigns targeting children of nomadic groups are adjusted accordingly.

2. Maximizing Impact of Front-Line Workers

- As mentioned earlier, Front-Line Workers (FLWs) are all persons involved in implementing polio SIAs in the field – from the vaccinator volunteers and LPD Social Mobilizers to the successive levels of monitoring, supervision and coordination with the clusters, districts and provinces. FLWs are of utmost importance in the process of performing vaccination and social mobilization because they come from – and are intimately familiar with – the communities they serve. Therefore, adequate selection, training and supportive supervision of FLWs, as well as appropriate feedback mechanisms, are required to assure the complete coverage of all <5-year-old children through house-to-house vaccination).

- FLWs also play an important role in surveillance for Acute Flaccid Paralysis (AFP) since they conduct active case searches for AFP during campaigns by asking related questions in each visited household. Any AFP case detected by campaign FLWs will be reported to the AFP Focal Point for further investigation and stool specimen collection.

- Below are several steps to engaging FLWs in campaigns and maximizing their impact:

  a) Selection

  - The basic principle is that all FLWs should be selected from and within communities based on merit. This prerequisite applies to both accessible and inaccessible areas. While the programme currently engages CHWs for PEI-related tasks, the practice is not yet systematic and therefore does not strategically and fully utilize or further develop the CHW role. Based within communities, CHWs are ideally positioned to assist with PEI activities, such as increasing awareness and facilitating vaccination of children who were missed during the campaigns. A structured engagement of CHWs (particularly female CHWs) will be introduced during this NEAP to enhance community acceptance of the polio programme and reduce refusals and missed children.

  b) Training

  - Revision of training methodology, guidelines and curricula will be undertaken to improve the quality of training for all FLWs. The results of currently planned studies and training needs assessments will be taken into account to identify current gaps in training effectiveness and impact, as well as other needs, and to develop new training tools accordingly.

c) Monitoring

- Monitoring is key to supervising the activities of FLWs and to identifying any issues of concern throughout the campaign processes. Monitoring of FLWs by applying supportive mechanisms will be systematically undertaken during FLW training and management.

d) Payments

- There have been concerns around polio FLWs' payments. Two important factors affecting financial transaction management include transparency and timeliness. Delays in FLW payments in particular have been a hindering factor, with negative impacts on both FLW motivation and the delivery of quality services.
- The programme is using two methodologies for financial transactions. One is the Direct Disbursement Mechanism (DDM), which makes payments available directly to target beneficiaries using the banking system or mobile phone technology (M-Paisa). The other method is cash distribution to FLWs following a cash transfer to the local polio partners' joint account. Distributing cash to FLWs, in every province and locality, should only be undertaken in the presence of financial committee representatives.
- The programme will strictly apply a 'zero tolerance policy' related to any misappropriation of payments and PEI resources.

e) Accountability, Sanctioning and Recognition

- The programme will acknowledge good FLW performers by introducing supportive measures such as letters of appreciation, upgrading the category of assigned field work, etc. On the other hand, to improve accountability the programme has recently introduced corrective measures for low-performing FLWs. These management practices will be continued to specifically enhance the overall quality of campaigns.

3. Communication and Social Mobilization

a) Communication

- PEI communication in Afghanistan is shifting from maintaining high levels of awareness about polio vaccination campaigns to increasing public knowledge about polio as a disease and about the efficacy of the polio vaccine. This shift will be achieved through two primary areas of intervention.

- Firstly, communication work will focus on increasing caregivers' knowledge about the risks of the circulating polio virus and create broad national acceptance of the idea that eradication is possible and in the country's interest. Communication work will emphasize that polio is incurable and that OPV

requires all children to be vaccinated every time the vaccine is offered. New PEI communication partnerships will strategically counter misconceptions.

- Secondly, engaging the media to cover the continuing success of polio eradication in Afghanistan as a public health story will also highlight the significance of each confirmed case and, particularly in the LPDs and case response areas, motivate a demand to protect local communities from the virus. Moving away from the idea that polio vaccination is an individual choice, the strategic shift will emphasize the community effort and shared goal of polio eradication in Afghanistan.
- The revised approach to communication will be elaborated in a PEI Communication Action Plan (CAP) that outlines the core strategic elements of communication work for the final phase of interrupting WPV transmission in Afghanistan. As an action oriented strategy document, the CAP will elaborate on the following elements: IEC materials and front-line workers; paid media; domestic earned media; communicating through cultural influencers; engaging grass-roots influencers; cross-border communication; communicating for nomads and populations on the move; communicating through convergence with other programmes; and external communication and international media.
- The 2015 Harvard Opinion Research Programme Afghanistan Report has provided a wealth of analysed data to support shifts in conducting PEI communication, including the need to maximize the use of an already existing widespread trust in health workers. How PEI FLWs communicate and what they communicate is critical to addressing the long-standing problems of missed children and refusals. How mass media and public health messaging is used to strategically support FLW inter-personal communication is an area to strengthen by revising PEI branding, public service announcements and IEC materials.

b) Media Relations and Advocacy

- With a growing interest in covering polio as a news story, the polio programme needs to speak with a consistent voice. The EOC provides an opportunity to develop procedures to swiftly and transparently communicate to the public and the international community about both the successes and setbacks to polio eradication. The strategic shifts in PEI communication include agreements with BBC and VoA to increase coverage within Afghanistan on polio as a public health priority. The communication function of the nascent EOC will be the platform for advancing PEI-related advocacy within the Government, the broader PEI stakeholders and the international community.

c) Social Mobilization: Strategic Shifts and Goals

- The Immunization Communication Networks (ICNs) are a local, trained and flexibly deployed cadre of Social Mobilizers and supervisors focused on engaging, educating and motivating community leaders and parents to accept polio vaccination and other child health services. Together with a broad range of coordinating and facilitating personnel at cluster, district, provincial and national levels, the wider ICN engages with community, religious and non-state entities to facilitate the work of vaccinators by gaining access; raising awareness and knowledge about polio and polio immunization campaigns; tackling misconceptions; and answering the difficult questions and concerns of parents.

- ICNs play the critical role of building trust in the vaccine, the vaccination campaigns and the vaccinators who regularly come to their communities and doorsteps. The deployment of ICNs in the LPDs will continue to be reviewed to ensure resources for social mobilization are optimized according to areas of highest risk. Because the primary role of PEI Social Mobilizers equates to an existing CHW function, options for integrating the work of PEI social mobilization into the CHW network will be actively pursued.

d) Enrolling New Influencers

- To date, when PEI in Afghanistan has sought endorsements from civil society leaders it has focused on religious leaders. However, recent data indicate that religious leaders are not the leading source of trusted information on child health. Still, in many traditional parts of the country their buy-in remains important and therefore both mass media and social mobilization will continue to involve religious leaders in PEI messaging.

- Other influencers will be increasingly engaged in Public Service Announcements, including cricket players, actors, comedians, doctors, poets and singers. Under the auspices of the EOC and with the technical guidance of UNICEF, PEI communication will focus on action points to increase knowledge about polio and to creatively enhance a positive social demand to achieving eradication.

4. Cross-Border Coordination

- The recent polio Cross-Border Coordination (CBC) meeting between Afghanistan and Pakistan in early June 2015 in Islamabad concluded that since both countries are considered as one epidemiological block, and in view of the long and 'porous' shared border, even closer and more effective coordination of PEI activities is required.

- In addition, large groups of people move across the border on a daily basis, increasing the potential for cross-border WPV transfer through silent virus

carriers. Every year more than 1 million children are vaccinated by the Cross-Border Teams at the main border crossings of Torkham (Nangarhar/Khyber) and Friendship Gate (Spin Boldak/Chaman). Therefore, close and active cross-border coordination is vital for PEI in both countries.

- The Afghanistan PEI has established a Task Force to be in charge of CBC, consisting of the National EPI, WHO, UNICEF and CDC, under the overall guidance of a CBC Focal Point who is also the Polio Focal Point. The Task Force will work in close coordination with Afghanistan's national Focal Point for International Health Regulations (IHR).

  a) National Level

  - There will be regular quarterly video conference/teleconference calls between Polio Focal Points from Pakistan and Afghanistan, with the participation of polio partners on both sides.
  - There will also be two face-to-face Cross-Border Coordination (CBC) meetings each year.
  - Both sides will ensure the implementation of CBC meeting recommendations and share information on implementation progress during their quarterly calls.

  b) Regional/Provincial Level

  - There will be weekly CBC teleconference calls between polio teams from the Southern Region of Afghanistan and Baluchistan, Pakistan. The same applies to weekly contacts between teams in the Eastern and South-Eastern Regions of Afghanistan and teams in Pakistan's Khyber Pukhtoon-Khwa (KP) Province and the Federally Administered Tribal Areas (FATA).
  - In addition to collaborating on implementing the CBC meeting recommendations and updating each other on progress towards implementing the recommendations, both sides will share epidemiological and other PEI-related data on a monthly basis.

  c) IHR Implications and Requirements

  - Following the report of an Emergency Expert Committee on polio convened under the International Health Regulations (IHR), the recent meeting of the World Health Assembly (May 2015) concluded that both Afghanistan and Pakistan are now considered among the 'virus-exporting countries', posing a major risk of re-infecting polio-free countries worldwide.
  - This has implications on Afghanistan in terms of implementing the 'Temporary Recommendations to Reduce the International Spread of Polio' under the IHR, as issued by the Director General of WHO. Most

importantly this involves ensuring that residents leaving the country on international travel are vaccinated against polio pre-departure. Furthermore, Afghanistan is required to submit periodic reports to the IHR Emergency Committee on the actions taken.

- Afghanistan already has considerable experience vaccinating travellers to India pre-departure in order to comply with that country's visa requirements. In addition, all travellers visiting the Kingdom of Saudi Arabia for the Hajj pilgrimage are receiving pre-departure polio vaccines to comply with a similar visa requirement.
- The 'Temporary Recommendations' under the IHR, as issued by the Director General of WHO, include, but are not limited to, the pre-departure vaccination of travellers. They also urge all virus-exporting countries to establish and strengthen cross-border coordination and cooperation with neighbouring countries, thus once more emphasizing the importance of close and continuous cross-border coordination between Afghanistan and Pakistan.

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V: Supporting Strategies

1. Maintaining Strong Surveillance for Polioviruses

a) AFP Surveillance

- The Afghanistan PEI has a strong AFP surveillance system, with all quality indicators meeting or exceeding globally required standards. However, 'orphan' viruses belonging to the previously endemic WPV1 strain were detected recently in the Southern Region, more than two years after they were last found. This indicates prolonged circulation without detection and implies the existence of gaps in the quality of field AFP surveillance in certain locations.
- Since then, and also following the external AFP surveillance review (see below), a number of measures were taken to strengthen the AFP surveillance system, especially in hard-to-reach and security-compromised areas. Also, active AFP case searches have been conducted frequently in areas where AFP surveillance is suspected to be weak. Active AFP case search has also been introduced as one of the tasks for vaccinators to undertake during SIAs and for transit teams to implement as they conduct ongoing vaccination.
- Findings of an external review of the AFP surveillance system in Afghanistan, conducted during the second quarter of 2015, confirmed that AFP quality remains strong and exceeds global standards in most areas. However, a number of smaller problems and issues were identified affecting surveillance mainly at the provincial level and below. The programme is currently engaged in responding to the review team's recommendations.
- AFP surveillance will continue to receive special attention with a focused approach on 'silent districts' (districts not reporting AFP cases), insecure areas in the polio-infected regions and locations where there is evidence of active circulation of wild poliovirus.
- A National Rapid Response Team (NRRT) has been constituted and conducts a detailed case and epidemiological investigation whenever a polio case is confirmed. This includes an assessment of the level of immunity (quality of routine and supplementary immunization) and of polio awareness in the area. The NRRT's case investigation report becomes the basis to rapidly plan and implement the first of at least three required case response immunization rounds.

b) Environmental Surveillance

- The introduction of environmental surveillance for poliovirus (testing of

sewage water) in the Southern and Eastern Regions and in Kabul city of the Central Region allowed the polio programme to considerably increase the sensitivity of surveillance for WPV and VDPV and to expand its knowledge about the extent of virus transmission in infected areas.

- Environmental sampling will be expanded to include sampling sites in Nadali/Marja District (Helmand Province, Southern Region) and Farah Province (Western Region). Spin Boldak District (Kandahar Province, Southern Region) will also be considered, as this district is bordering Killa Abdullah District, Balochistan, Pakistan.

2. Improving Vaccine Management and Cold Chain Logistics (VM and CCL)

- A coordination oversight and support mechanism on vaccine management will continue to be developed for Effective Vaccine Management (EVM) at National and Regional/Provincial levels of service delivery. The oversight mechanism will require:
    - Constitution of a Vaccine Management Committee at the national level to oversee the technical and administrative processes/procedures ensuring EVM at all levels. This will be a supervisory/monitoring mechanism for EVM.
    - Rolling out the global guidelines for Cold Chain Logistics and Vaccine Management to be implemented before, during and after polio SIAs for effective management of OPV vaccines.
    - Adoption of the 2015 global SOPs for CCL and VM by National, Regional and Provincial cold chain staff.
- PEI will continue to identify and support a functioning cold chain for the polio campaign approach when it exceeds the Routine Immunization (RI) cold chain requirements. The campaign cold chain capacity will be supported in coordination with RI cold chain development and maintenance.
- IPV during campaigns will be used in recently accessible areas, where access to children is uncertain or intermittent with limited windows of opportunity to boost immunity.
- The switch from tOPV to bOPV is scheduled for April 2016. Appropriate planning and implementation have been initiated for successful recall and disposal of tOPV to minimize wastage.

3. Certification Process

a) National Certification Committee (NCC)

- The NCC is composed of independent experts, following the TORs adopted by the Eastern Mediterranean Regional Polio Certification Commission (RCC/EMR).

- The NCC meets twice a year to review the overall polio situation, to assess the status of requirements for the certification process and to prepare for the eventual presentation of national polio-free documentation to the Regional Certification Commission (RCC).

b) Coordination between NCC and RCC

- The NCC will also undertake field visits as per the RCC protocol, prepare and submit the Afghanistan Annual Progress Report on Certification to the RCC, and participate in and present the report during the annual meetings of the RCC.

- The NCC will follow up on feedback received from the RCC.

4. Using PEI Assets to Strengthen Routine Immunization

- In line with the Polio End Game strategy 2013–2018, the PEI in Afghanistan has initiated the use of polio programme assets to support Routine Immunization in the country. A joint WHO-UNICEF plan has been developed in two phases targeting 30 and 40 districts in each phase, under the overall coordination of MoPH. To date this has been actively promoted from within the polio programme. However, new promotion efforts need to shift so that they are spearheaded from within EPI/RI.

- In connection with the global shift to EPI-driven PEI/EPI convergence, a joint WHO-UNICEF HQ mission will take place in the fourth quarter of 2015 to work with the MoPH to review the current PEI/EPI plans and advise on the way forward.

- The existing plan will be reconfirmed and/or amended to support accelerated implementation. The milestones and indicators related to PEI/EPI convergence will be documented and reported on by the EOC.