



صحت محافظ



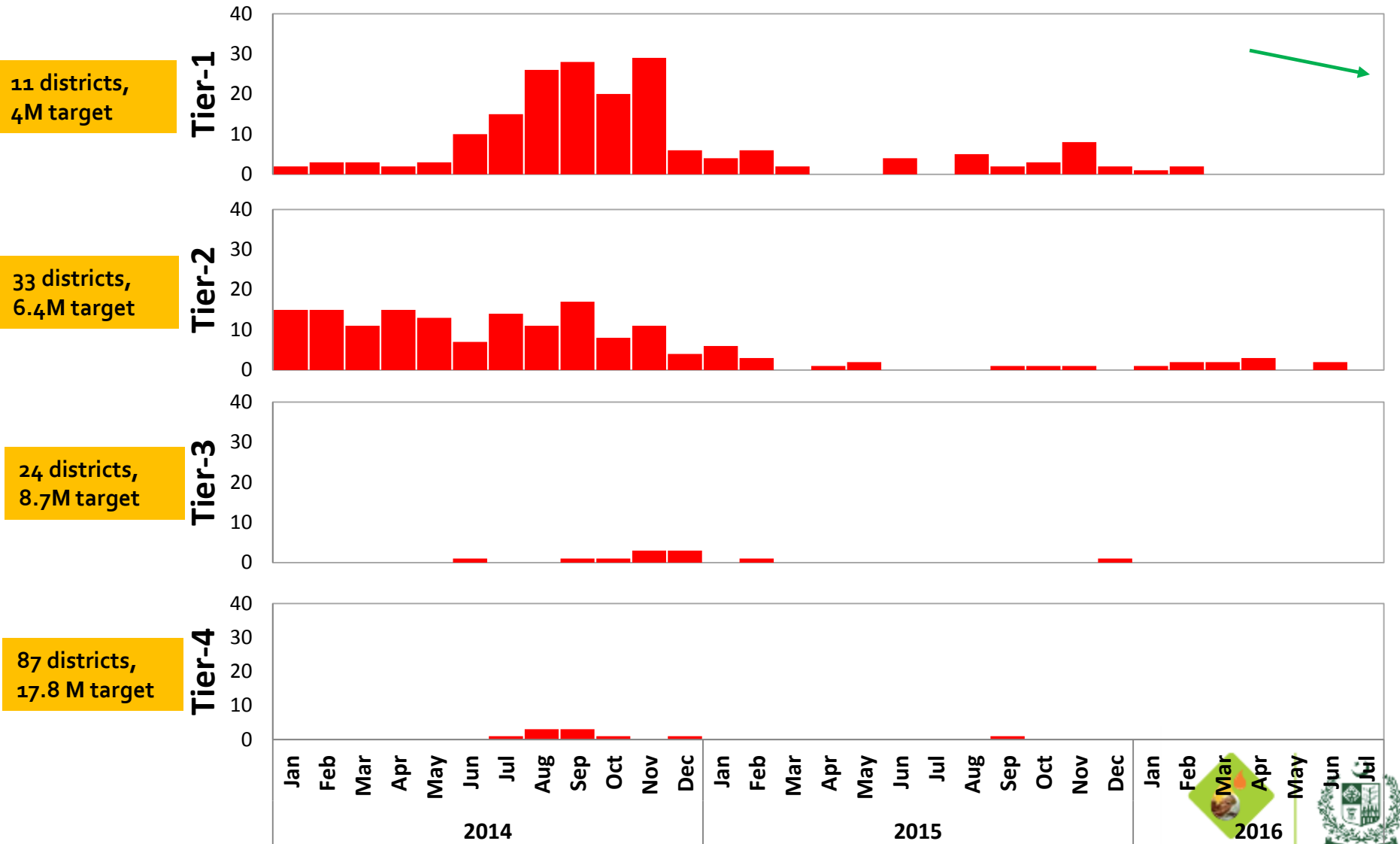
Pakistan Polio Program Update

Independent Monitoring Board, July 2016



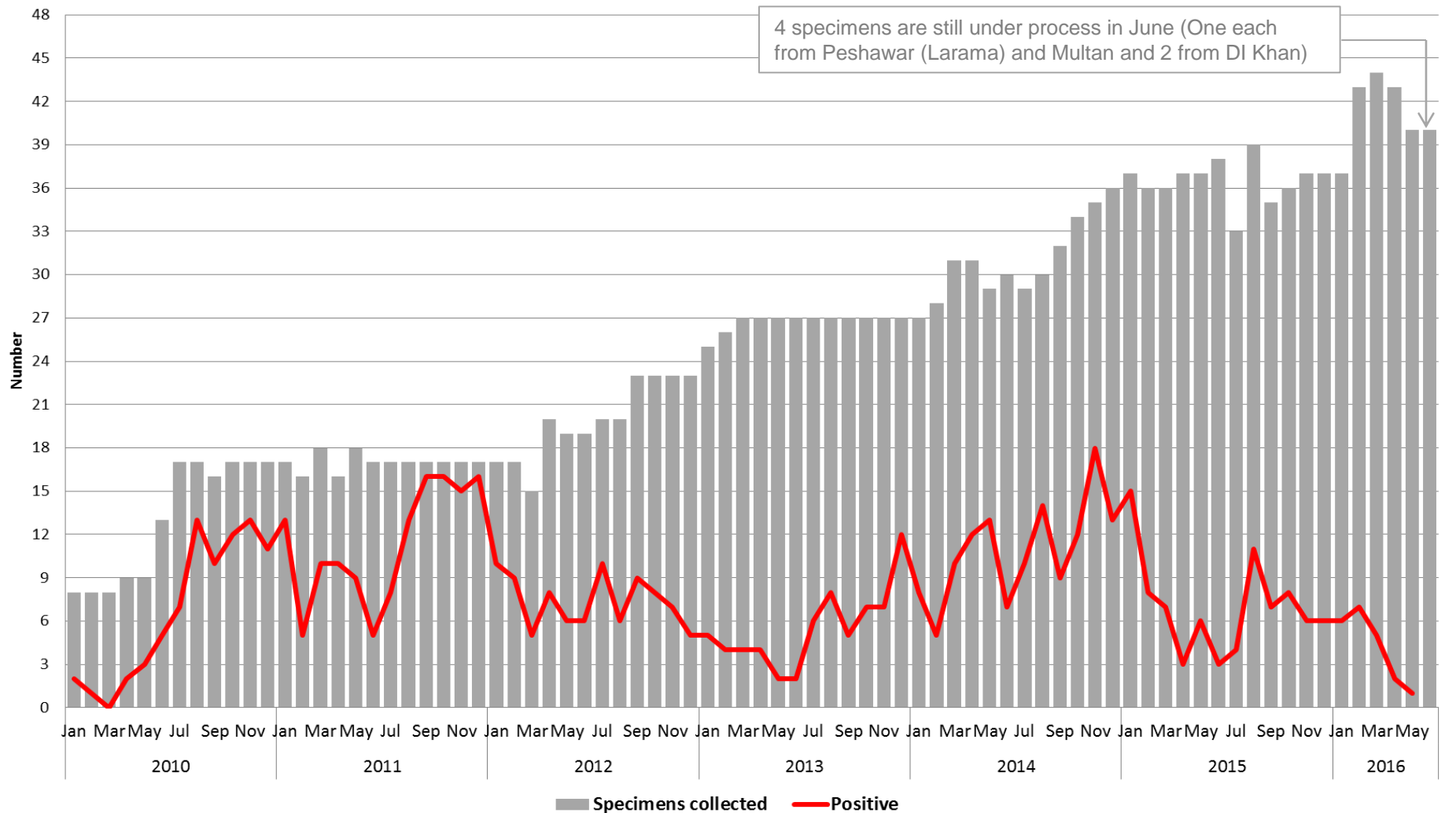
Confirmed wild poliovirus in Pakistan 2014–2016*

Clearing of Core Reservoirs on track, outbreaks getting back on track



Fraction of positive environmental samples

Decrease in intensity of transmission during 2015/16 low season



Including 6 wild isolates from Rawalpindi, Khigiqbal, Jacobabad (2), Sukkur & Peshawar through Bag Mediated sampling in 2016

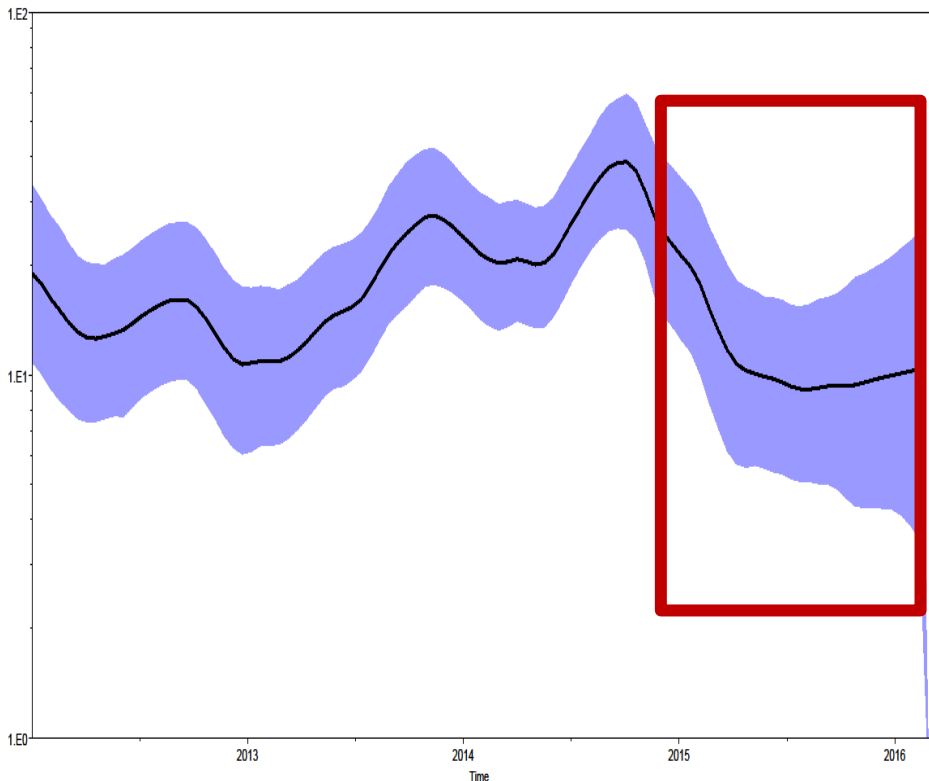
* Data as of July 18, 2016



Molecular epidemiology of WPV

Sharp decrease in genetic diversity for the first time ever

Genetic diversity plot, 2013 – 2016



- Genetic diversity plots are based on statistical and evolutionary models and represent estimated mean values from **AFP cases from Jan 2013 – March 2016**
- **For the first time ever, WPV₁ genetic diversity fell during the 2015 high season.** Previously it had risen sometimes sharply, as the high season progressed
- **Steady pressure on the virus is paying dividends** that can be seen well beyond the reduced case count
- **Core reservoirs identified were again Khyber-Peshawar, Quetta Block and Karachi**

Source: CDC Atlanta

Improving immunization status of children

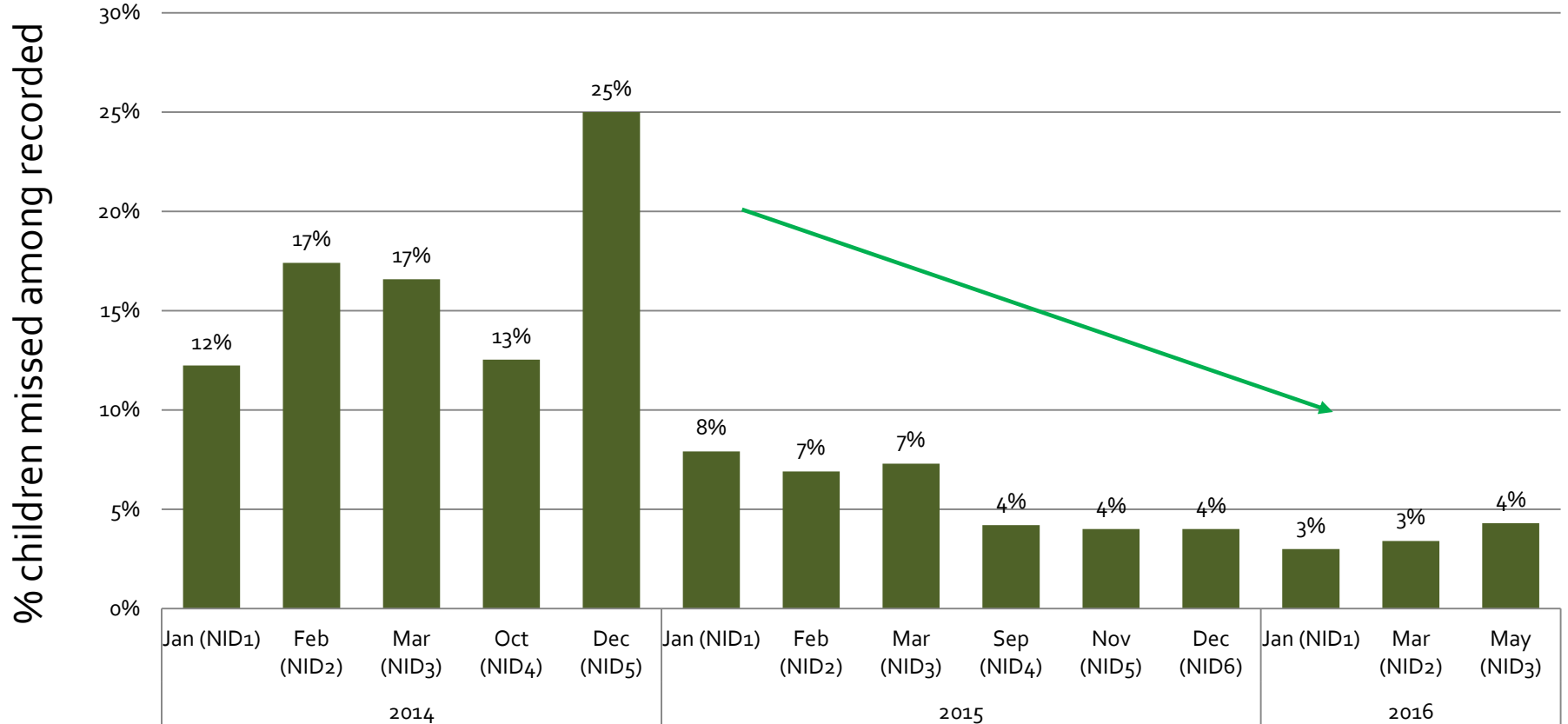
'ZERO' dose NPAFP cases in Tier 1/2 districts continue to drop

AFP case		Tier 1 districts				Tier 2 districts				Other districts			
		'0' dose	Pashto-speaking	Child <2	Male	'0' dose	Pashto-speaking	Child <2	Male	'0' dose	Pashto-speaking	Child <2	Male
WPV positive	2013	42%	97%	85%	73%	75%	96%	81%	49%	0%	25%	88%	50%
	2014	48%	97%	88%	60%	71%	98%	83%	55%	11%	39%	56%	44%
	2015	31%	94%	75%	64%	27%	67%	60%	60%	33%	67%	33%	100%
	2016	0%	56%	33%	100%	0%	56%	78%	56%	0%	0%	0%	0%
NPAFP*	2013	4%	72%	34%	60%	6%	67%	39%	62%	1%	8%	27%	60%
	2014	9%	57%	46%	59%	7%	67%	38%	60%	1%	9%	30%	60%
	2015	2%	64%	39%	60%	1%	70%	34%	58%	1%	9%	26%	58%
	2016	0%	56%	36%	55%	1%	67%	36%	56%	0%	8%	29%	58%

* 0 dose from Non Polio AFP aged 6-59 months

NEAP 2015/16 SIAs performance

Recorded “still missed” children reduced to <4%, but not to zero



NEAP 2015/16 SIAs performance

Provinces improved/sustained overall performance based on independent post-campaign monitoring (PCM)



Need to maintain the steady improvement across all provinces.

National profile of missed children (PCM)

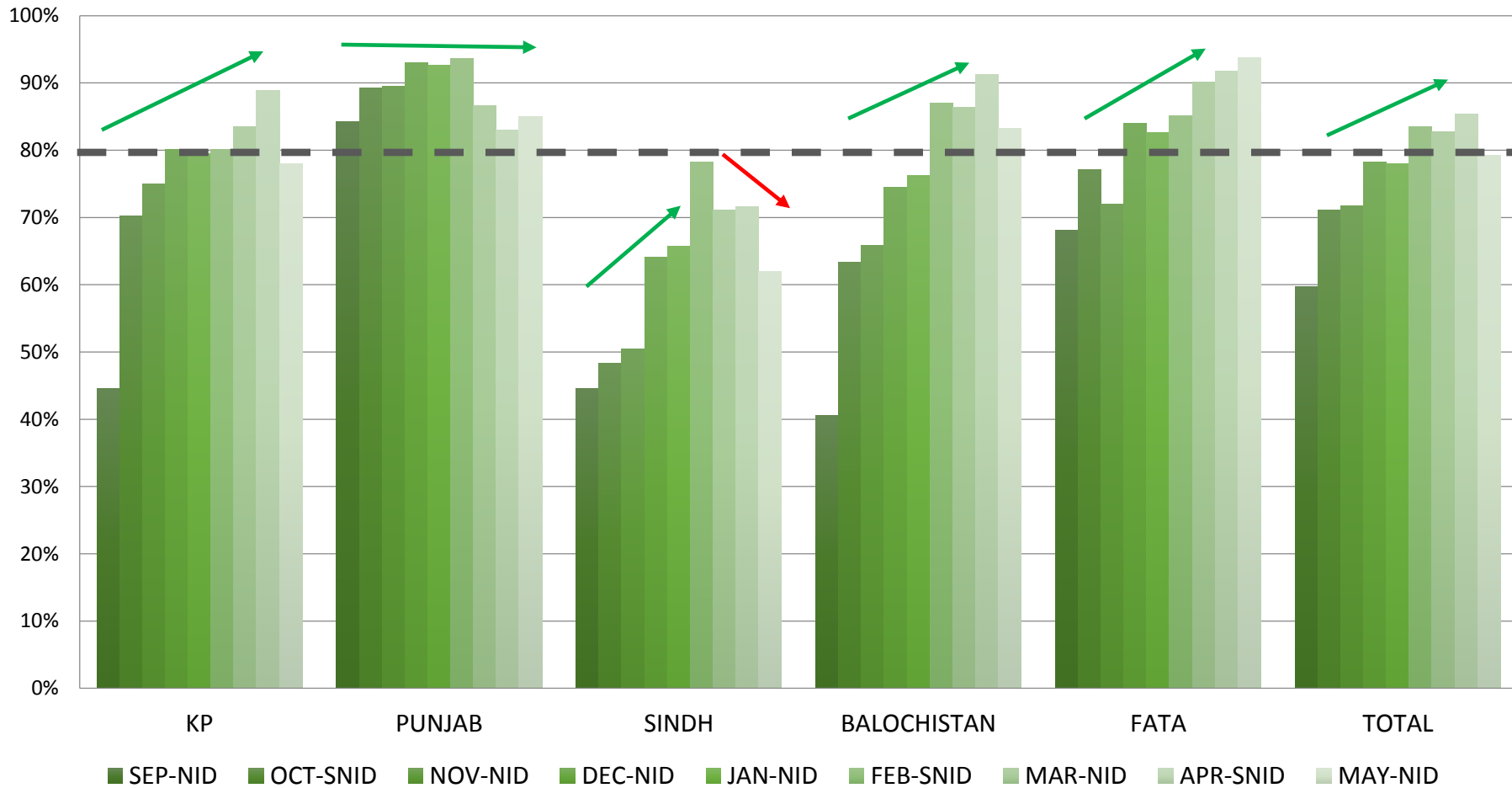
Similar profile from ICM, PCM & LQAS available at all levels

SIA	Total children	Total missed	% missed	NA	NT	Refused	Newborn	New migrant	VNFM	Other
Sep-15	79,844	7,811	9.8%	1.4%	1.8%	0.2%	.	.		0.1%
Oct-15	28,911	3,840	13.3%	1.3%	2.8%	0.4%	.	.	.	0.1%
Nov-15	76,343	5,276	6.9%	0.9%	1.3%	0.2%	.	.	.	0.1%
Dec-15	71,197	1,372	1.9%	0.8%	1.0%	0.1%	.	.	.	0.0%
Jan-16	86,254	1,456	1.7%	0.7%	0.8%	0.1%	.	.	.	0.1%
Feb-16	39,700	925	2.3%	0.8%	1.3%	0.2%	.	.	.	0.1%
Mar-16	80,431	3,275	4.1%	1.0%	0.1%	1.1%	0.1%	0.0%	1.7%	0%
Apr-16	45,050	3,029	6.7%	1.5%	1.4%	0.4%	0.1%	0.1%	3.1%	0.3%
May-16	82,024	9,089	11.1%	1.6%	2.0%	0.2%	0.1%	0.1%	7.2%	0.1%

Source = PCM data; NA: not available, NT: No team, VNFM: vaccinated but finger mark not visible

NEAP 2015/16 SIAs performance

Improving LQAS trends across all provinces, but Sindh inconsistent

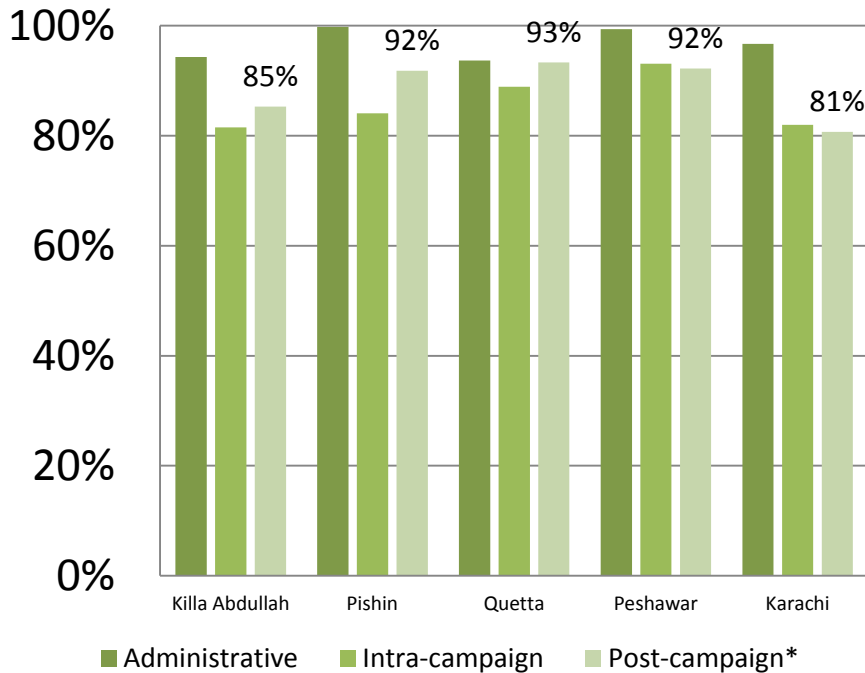


Significant and sustained performance improvement in KP, Balochistan and FATA reaching Punjab level. Progress in Sindh, however, Karachi and North Sindh has been inconsistent.

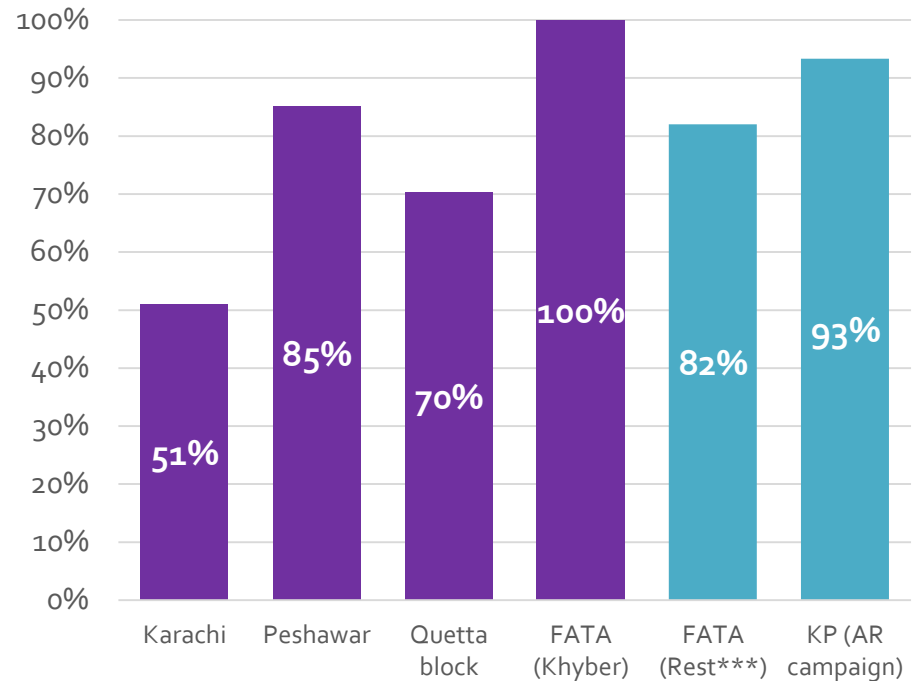
NEAP 2015/16 combined bOPV/IPV campaigns

1.2M <2yrs vaccinated in Core Reservoirs and highest risk areas

Coverage estimates



Proportion of UCs passing LQAS**



*Target: Karachi (457,229), Peshawar (226,293) Quetta (240,266) .

NWA target age group was 4 to <59 months

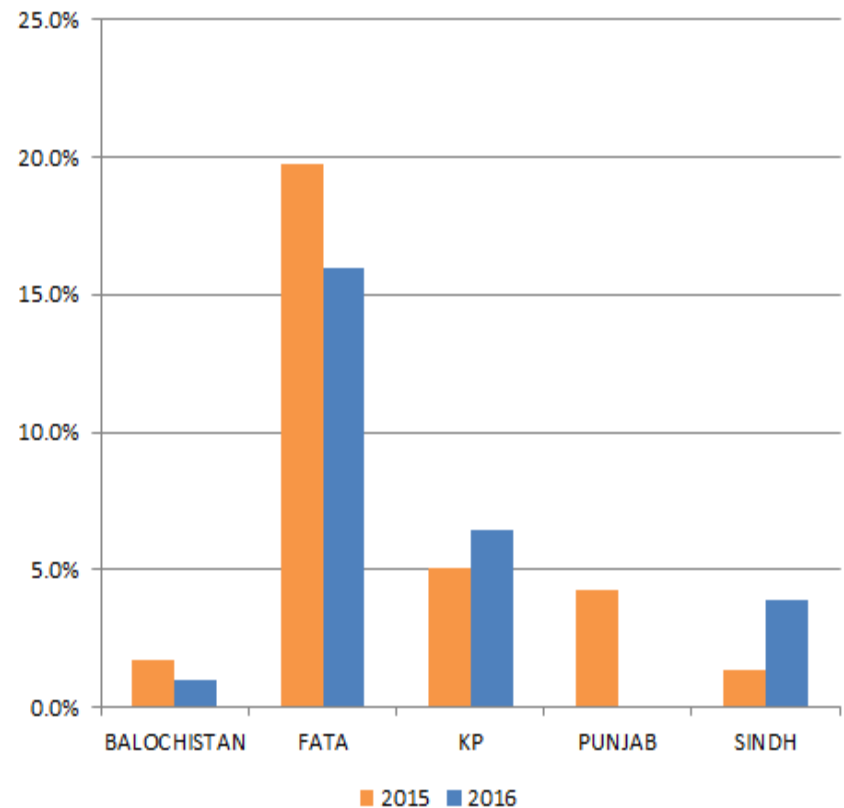
*****Rest of FATA includes Bajour, Kurram, Mohmand, Orakzai, North Waziristan agencies and FR Kohat

NEAP 2015/16 health camps performance

Reaching zero-dose children and underserved populations

- **1,057,733*** beneficiaries including 402,502 (38%) children <5yr reached
- **20,288 (5%)** children who were zero'-dose OPV received OPV for the first time
- **Of the 148,655 children who received at least one dose of routine immunization antigen, 33,124 (22%)** received a routine immunization dose for the first time

Proportion of 'zero'-OPV dose children among children <5 years old, Health camps, 2015 - 2016

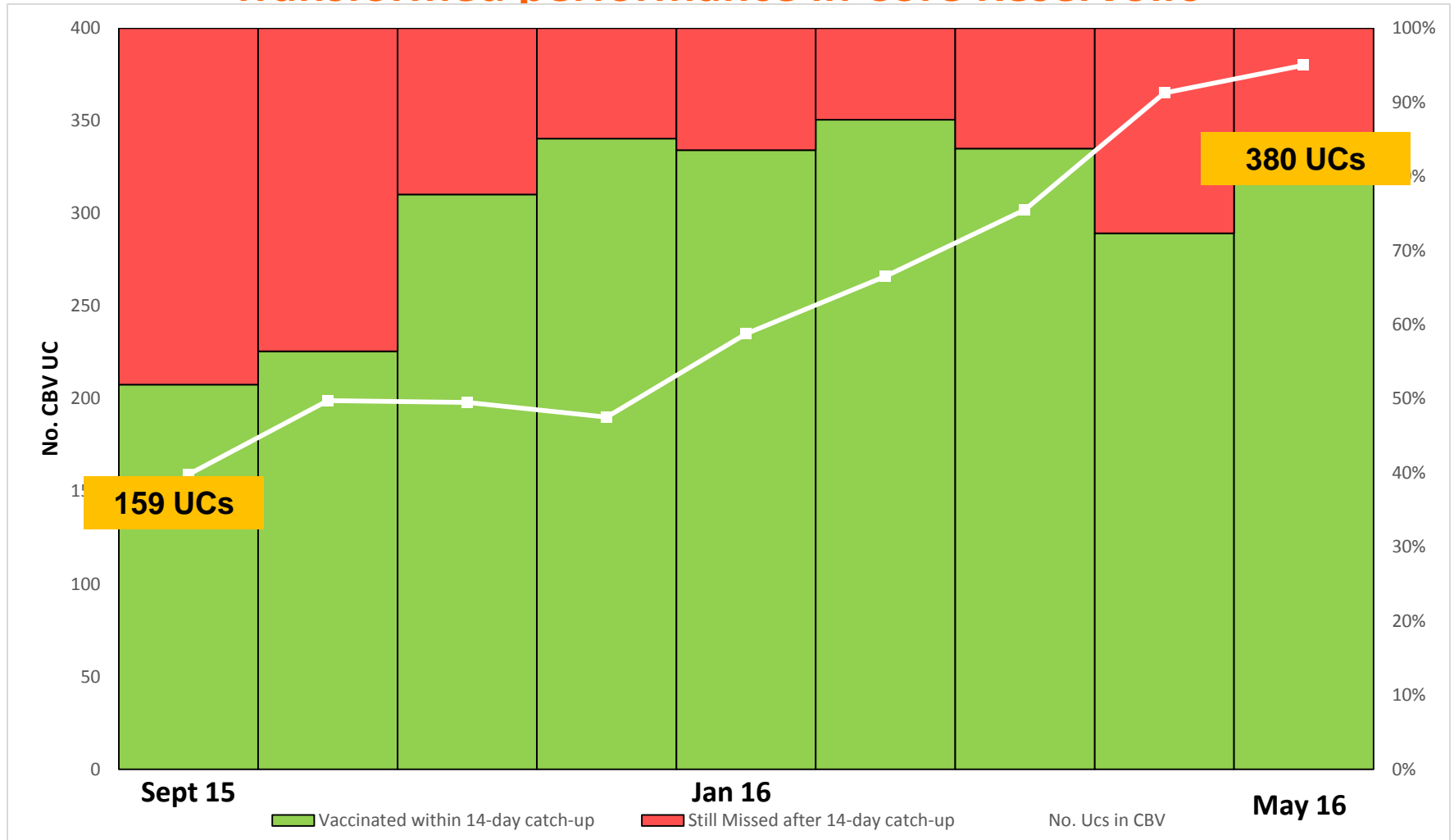


Source: UNICEF & BMGF Partners Data:

* In some areas health camps held three times for RI services – numbers include repeated beneficiaries

NEAP 2015/16 Community-based vaccination (CBV)

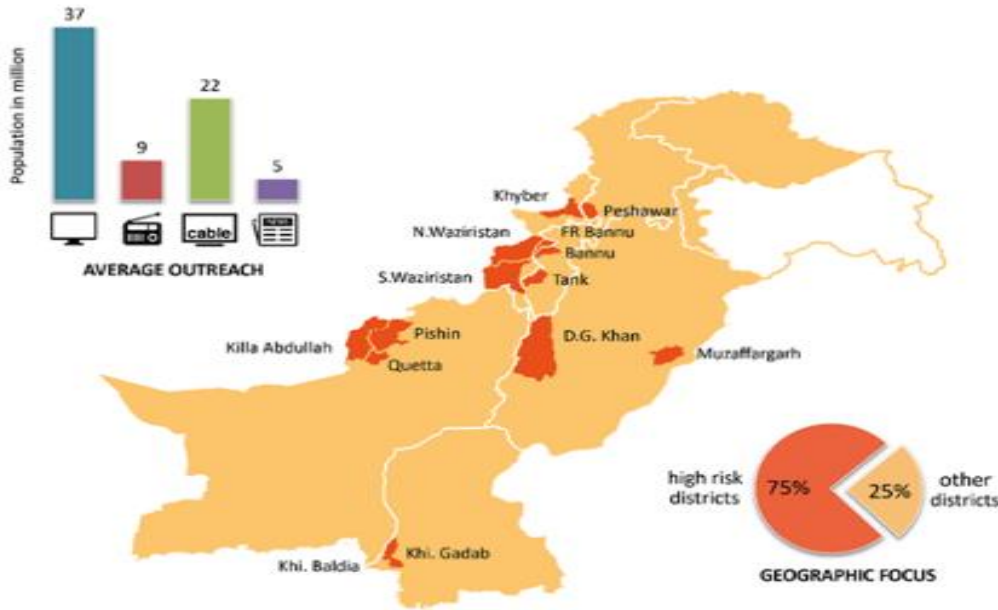
Transformed performance in Core Reservoirs



- CBV successfully vaccinating a higher proportion of missed kids using **10,955 Community Health Workers** deployed; targeting 2.3 million children in 472 high risk union councils; Vaccinators: 9,232; Supervisors:

Enabling successful vaccination at the doorstep

FLWs at the centre of the PEI effort : Sehat Muhafez



'We are Intertwined' and 'Stranger No More' fully rolled out, mass media campaigns primarily focused on core reservoir zones

VACCINATOR CONTACT

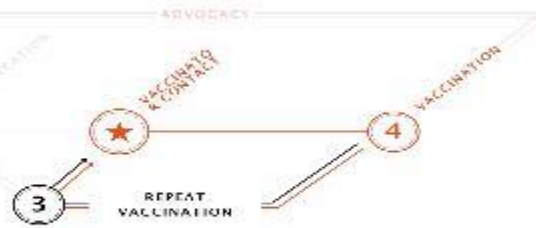
MASS COMMUNICATIONS
BY TRIP FEDERAL COMMUNICATIONS
AND SOCIAL MOBILIZATION

Across every journey the moment of vaccinator contact is vital to success. All of the communication activities created early in the journey can set the stage for a success during this moment for the vaccinee, caregiver and vaccinator. In addition to the districts given 21 earlier stages of the journey, our messaging is aimed at reaching the caregiver, vaccinator, community, government and expectations that support vaccination at the moment of contact.

- KEY MESSAGES**
- COMMUNAL RESPONSIBILITY
 - AWARENESS OF THE PEI CAMPAIGN
 - INITIAL AND REPEATED VISITATION
 - PRIOR CONTACT WITH A SOCIAL MOBILIZER
 - IDENTIFYING THE VACCINATOR
 - GROUNDING SOCIAL AND CULTURAL NORMS OF ROUTINE IMMUNIZATION AND VISITATION
 - POSITIVE SOCIAL NORMS OF VACCINATION FOR UNVACCINATED AND VACCINE RECEPTIVE
 - AFFORDABLE VACCINATION
 - PATIENT INFORMATION/EDUCATION

- ACCESS INDICATORS**
- Service Utilization
 - Coverage
 - Repeat Visitation

AUDIENCE: CAREGIVERS



1. پولیو کیا ہے؟
2. پولیو کی علامتیں کیا ہیں؟
3. پولیو کی تشخیص کیسے ہوتی ہے؟
4. پولیو کی روک تھام کیسے ہوتی ہے؟
5. پولیو کی روک تھام کیسے ہوتی ہے؟
6. پولیو کی روک تھام کیسے ہوتی ہے؟

Community Engagement SOP for the Low Season: Tier 1 Areas Jan - May 2016

Community engagement in the Pakistan polio programme is a tipping point contribution to increasing local trust and reducing numbers of missed children. Whole household acceptance of OPV in Pakistan is the highest in the world, particularly in CPU areas. Acceptance and trust in districts show that parents who accept OPV are also more likely to accept other health services. This may be because of a shared experience of polio vaccination. This may be because of a shared experience of polio vaccination. This may be because of a shared experience of polio vaccination.

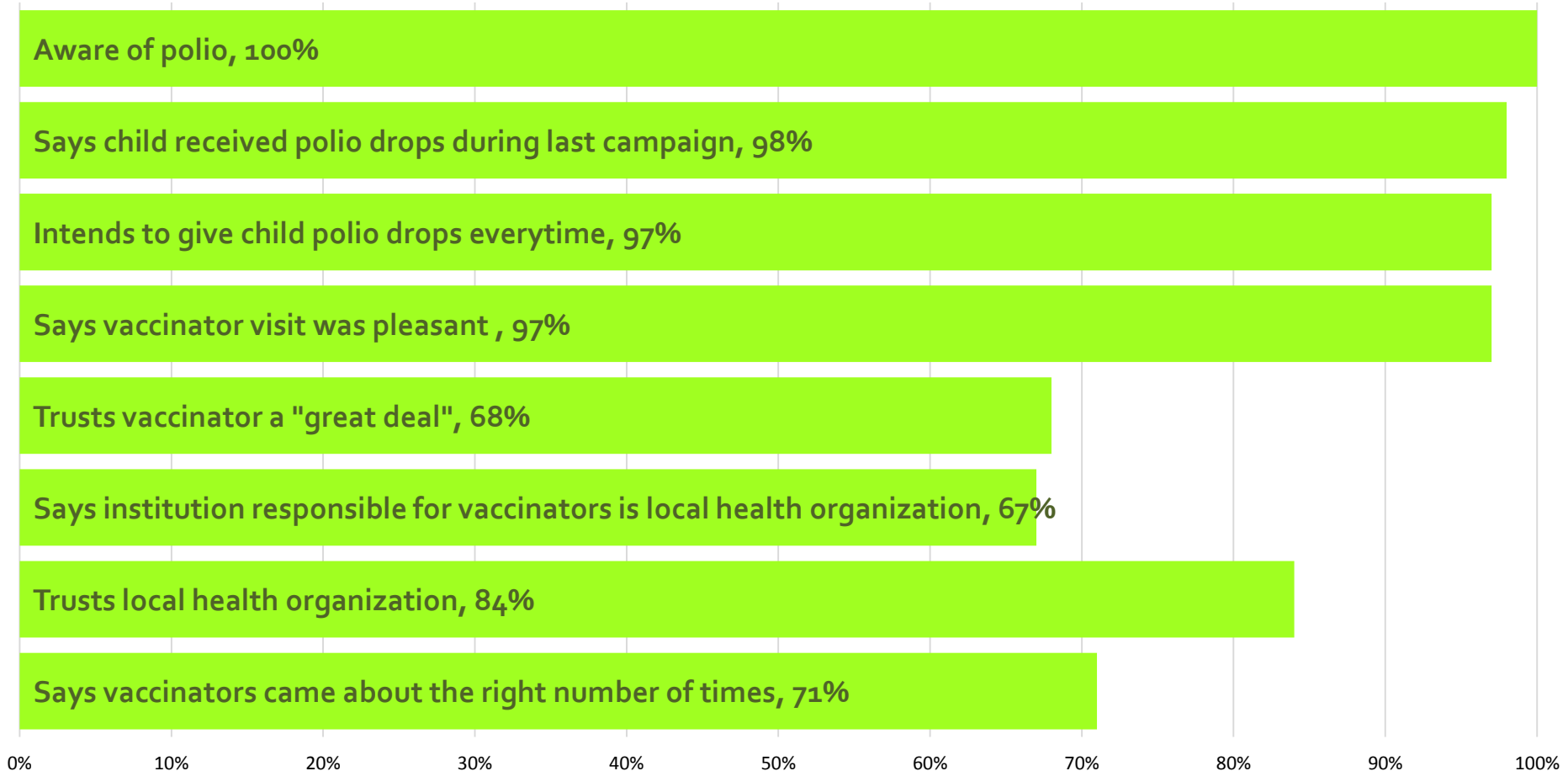


When vaccine hesitancy may now exist in a way that is in harmony with everyone around them, it helps embed that behavior as a norm, and makes it far more likely that their behavior will continue to be observed - even when the odds are in their favor. Children and keeping them vaccinated until they are 5 years old. Bringing community support for OPV on par with the levels of individual support may in fact be the most difficult to reach children and keeping them vaccinated until they are 5 years old.

Harvard 2016 KAP Survey

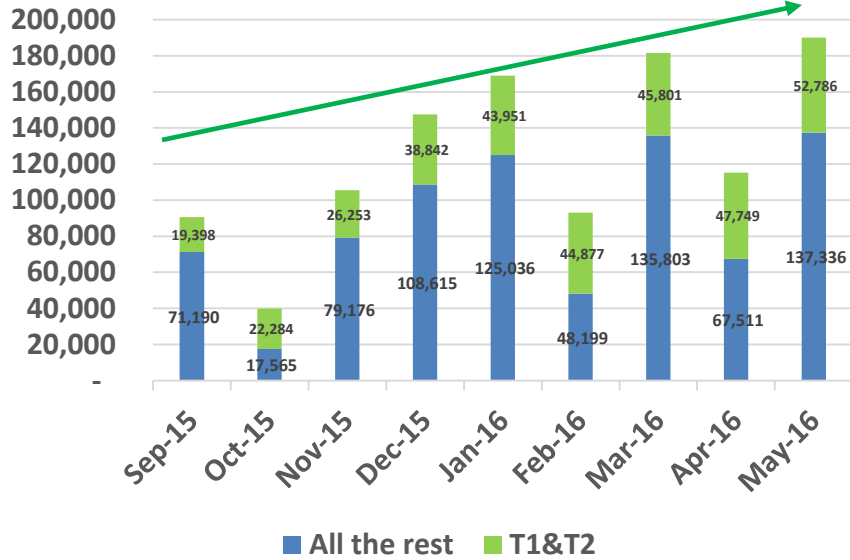
Higher acceptance and intent to vaccinate, improved perception of vaccinator performance and greater trust in local health organizations in highest risk areas, change from 2014 most marked in FATA

Caregiver

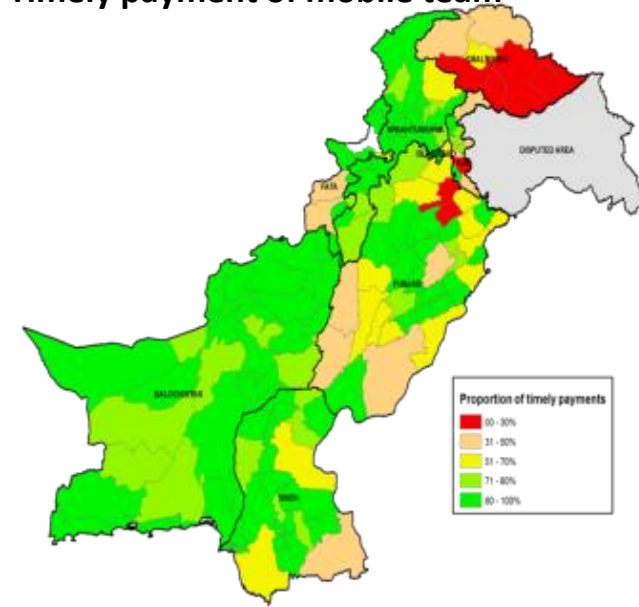


Building FLW capacity and motivation

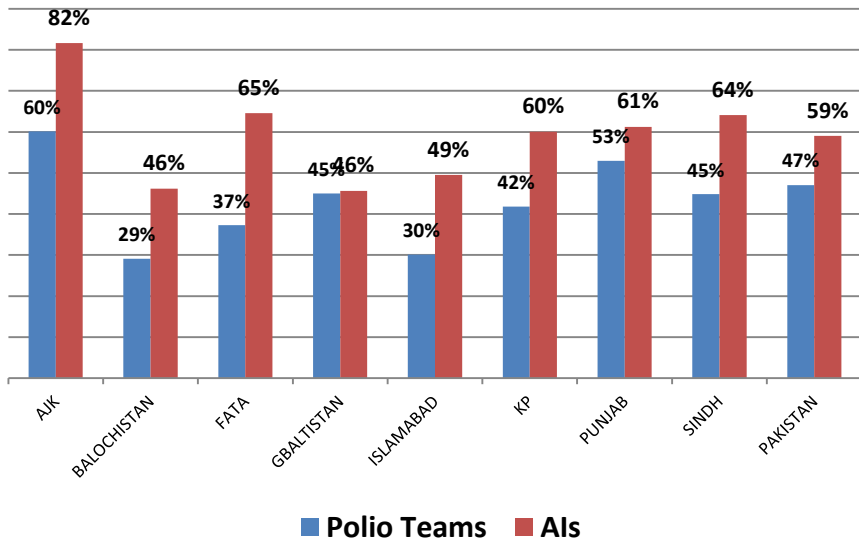
Mobile teams trained Sep 2015 – May 2016



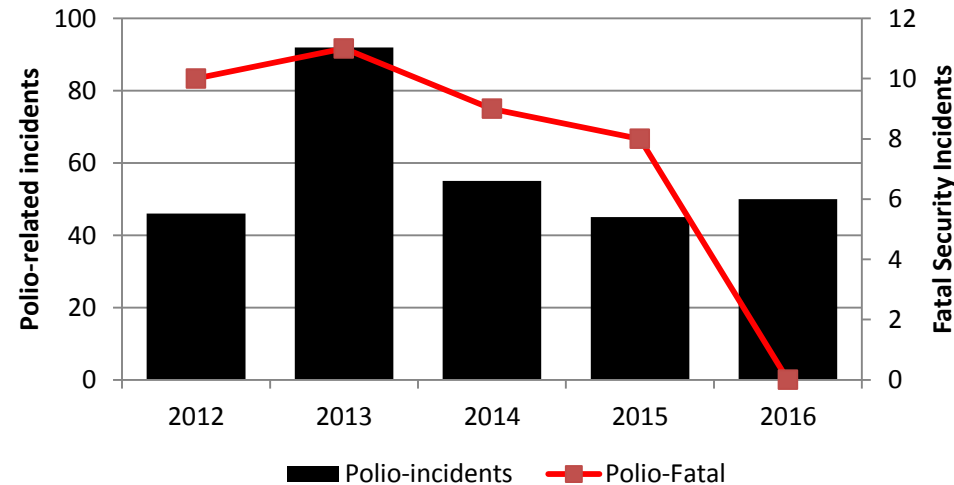
Timely payment of mobile team



% of FLWs who worked in all Six NIDs



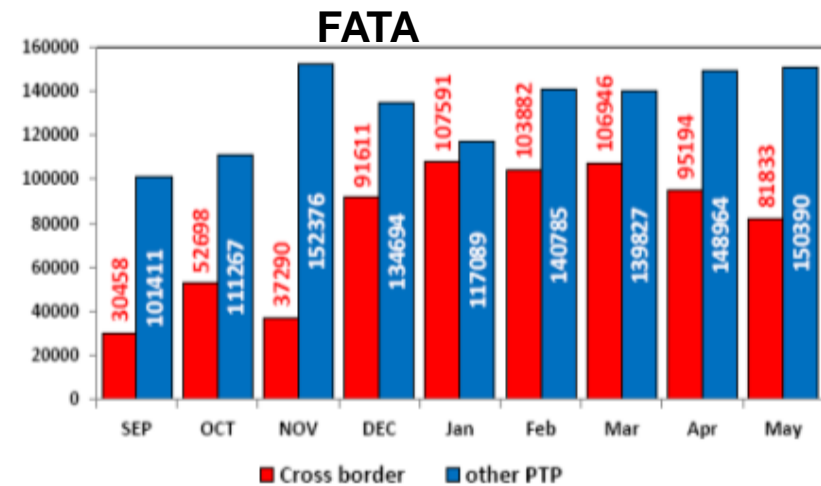
2012-16 Polio-related incident and Fatal Security Incidents



NEAP 2015/16 High-risk mobile population vaccination

Rationalized for effectiveness

- Rationalized PTPs from 1,072 to 331
- >3 million missed children covered during SIAs (Dec 15 – May 16) at transit sites
- 63,988 IDP children (of 124,374 families) given OPV while 8,577 were provided with IPV from June 2015 – May 2016
- Started standardized Monitoring and Evaluation plan for HRMP in April 2016
- Compiled High Risk Population Movement plan to be implemented from August SNID



Vaccination at Torkham Cross-border



Sustained government commitment

Accountability for everyone everywhere!

- National and provincial Task Forces, PM Focus Group , National Polio Management Team are the driving force
- Divisional task forces crucial
 - Peshawar Division Task Force for Peshawar and Khyber
 - Karachi Task force
 - Sukkur and Larkana Task forces
- Stability of senior government leadership across provinces achieved, challenges in Sindh
- Accountability and performance management framework
 - Guiding principle
 - Sanction against underperforming government and partners staff
 - Rewarding good performance



NEAP 2015/16 progress in Common Reservoirs

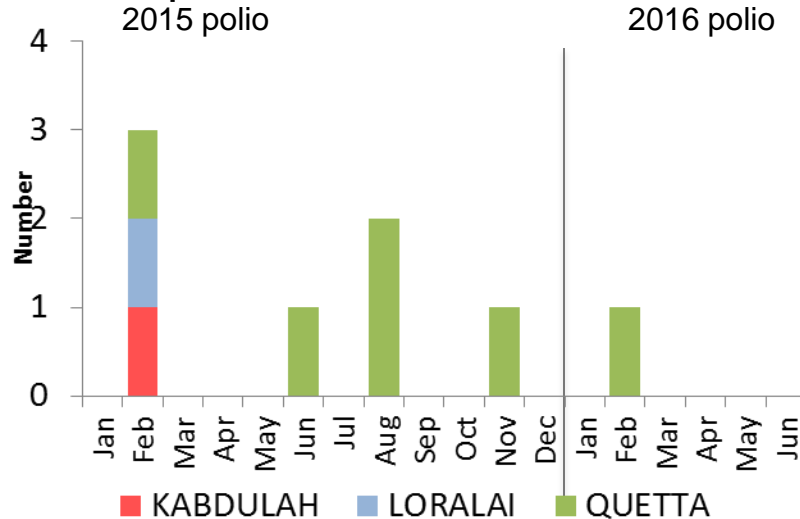
The importance of continued coordination

- Intertwined transmission along the border; **estimated >1 million children cross the border**
- **Three National level interactions** January & April 2016, VC and Kabul, March 2016 face to face meeting
- **Two visits of Afghanistan Team to EOC Pakistan**
- **Brisk information sharing & improved coordination**
 - National and Provincial EOCs working closely
 - Weekly calls among the focal points
- **Monthly regional / provincial meetings during last six months**
 - Joint Mapping of bordering villages / areas
 - SIAs synchronized at the lowest administrative levels
- **Enhancement of target age group up to 10 years for vaccination at the border crossing points** (Jan. 2016)
- **Coordinated communication materials** at two main border crossings and coordinated messaging on CDC-funded radio project

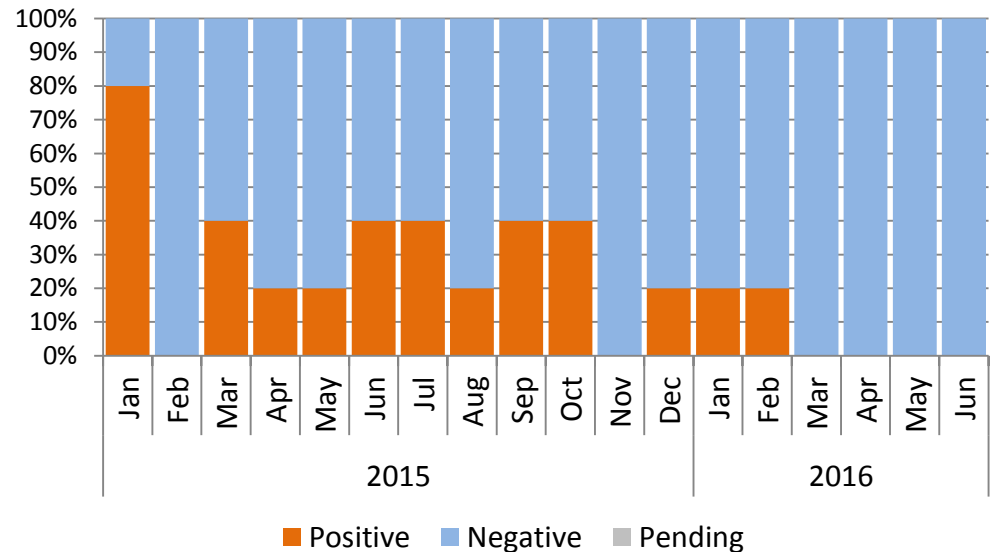


Balochistan: progress and challenges

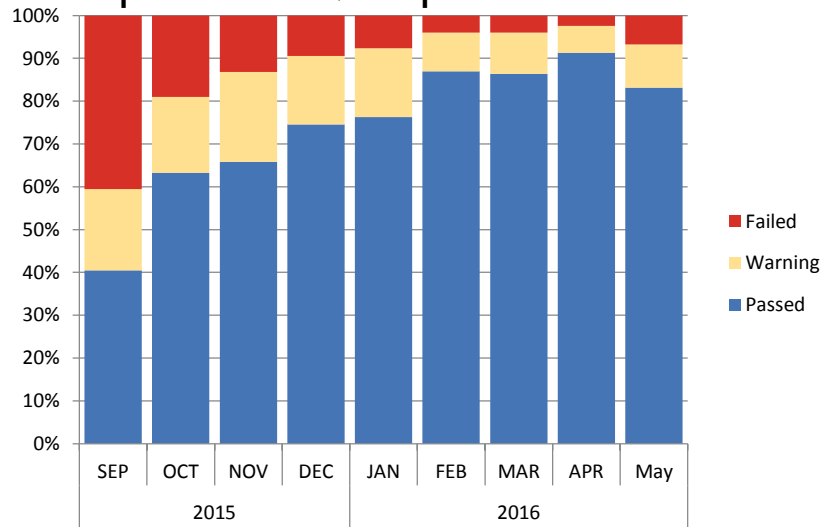
WPV epicurve



Proportion of ES



Proportion LQAS pass

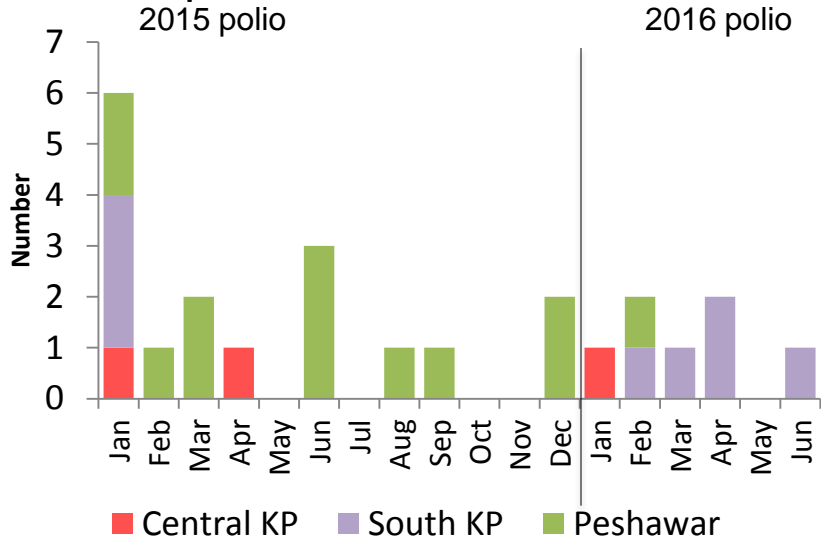


Reasons for missed children, PCM

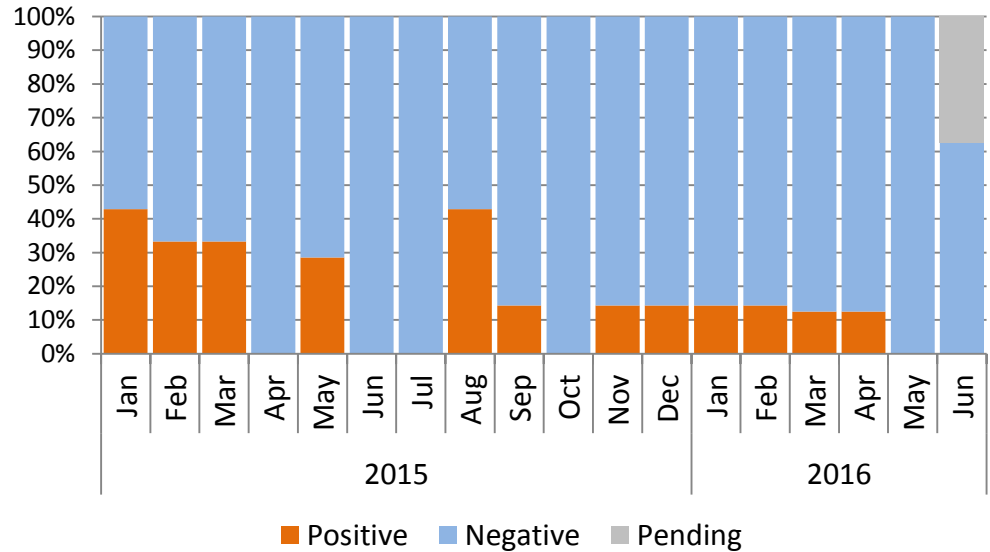
SIA	Total children	Total missed	% missed	NA	NT	Refused	New-born	New migrant	VNFM	Other
15-Sep	16,276	1,075	6.60%	1.8%	4.1%	0.5%	.	.	.	0.1
15-Oct	6,059	1,106	18.30%	2.8%	4.6%	1.1%	.	.	.	0.3%
15-Nov	14,130	1,687	11.90%	1.7%	3.8%	0.6%	.	.	.	0.2%
15-Dec	13,488	1,086	8.10%	1.3%	2.8%	0.5%	.	.	.	0.1%
16-Jan	14,442	1,161	8.00%	1.1%	1.8%	0.3%	.	.	.	0.0%
16-Feb	7,175	623	8.70%	1.4%	2.4%	0.6%	.	.	.	0.0%
16-Mar	13,892	804	5.80%	1.80%	0.30%	2.10%	0.10%	0.10%	1.40%	0.10%
16-Apr	6,643	685	10.30%	2.20%	4.70%	1.00%	0.10%	0.20%	2.10%	0.10%
16-May	14,158	2,469	17.40%	2.40%	4.90%	0.40%	0.10%	0.20%	9.20%	0.10%

KP: progress and challenges

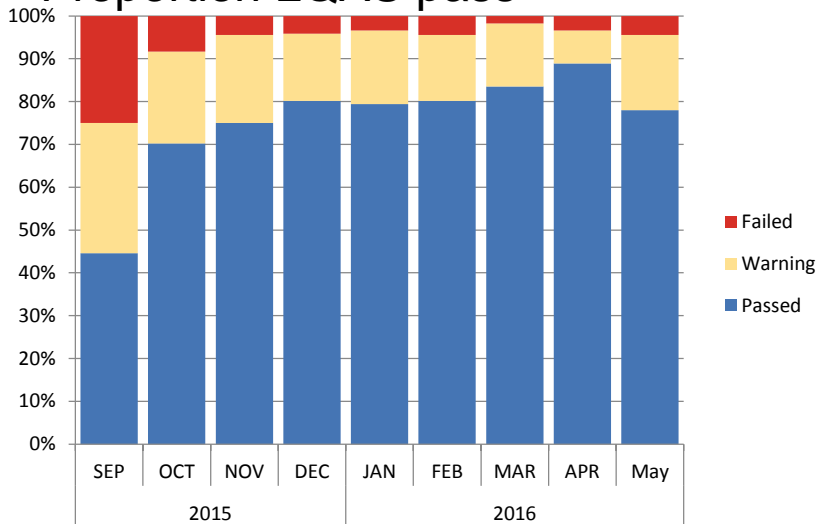
WPV epicurve



Proportion of ES



Proportion LQAS pass

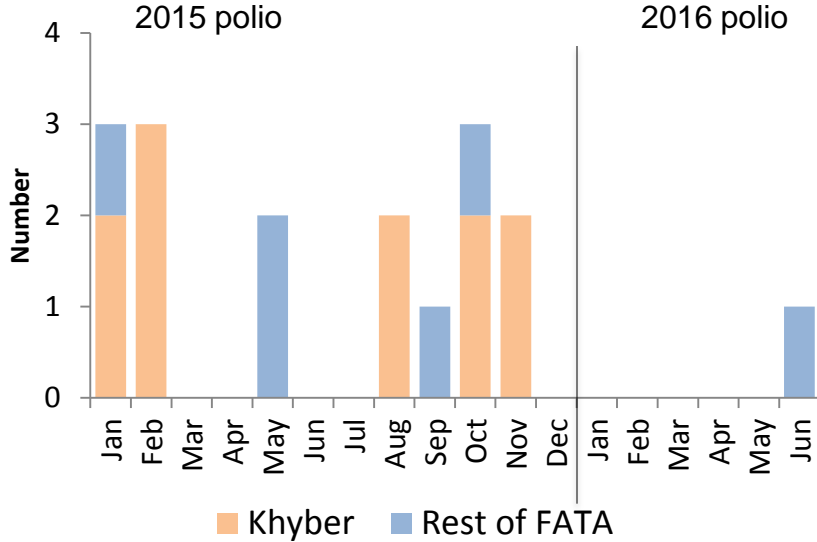


Reasons for missed children, PCM

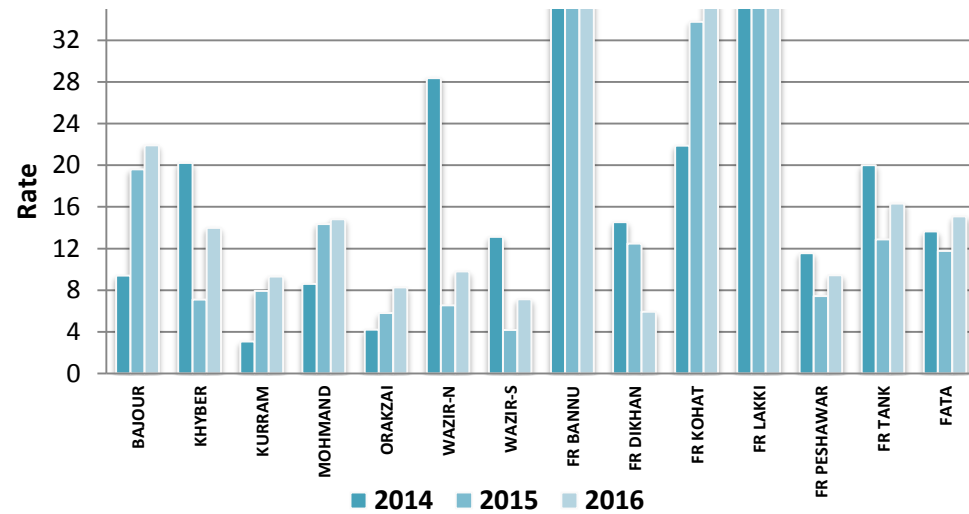
SIA	Total children	Total missed	% missed	NA	NT	Refused	New-born	New migrant	VNFM	Other
15-Sep	11,636	101	0.90%	0.3%	0.4%	0.1%	.	.	.	0.0%
15-Oct	6,000	506	8.40%	1.7%	7.4%	0.5%	.	.	.	0.1%
15-Nov	11,178	526	4.70%	0.6%	0.3%	0.0%	.	.	.	0.0%
15-Dec	11,810	330	2.80%	0.6%	0.6%	0.1%	.	.	.	0.1%
16-Jan	13,028	463	3.60%	0.5%	1.0%	0.2%	.	.	.	0.1%
16-Feb	6,062	286	4.70%	0.5%	0.2%	0.0%	.	.	.	0.1%
16-Mar	13,114	586	4.50%	0.90%	0.10%	1.20%	0.10%	0.00%	2.20%	0.10%
16-Apr	7,299	354	4.80%	1.10%	0.30%	0.20%	0.10%	0.00%	3.20%	0.00%
16-May	13,242	2,054	15.50%	1.80%	1.60%	0.20%	0.10%	0.10%	11.60%	0.10%

FATA: progress and challenges

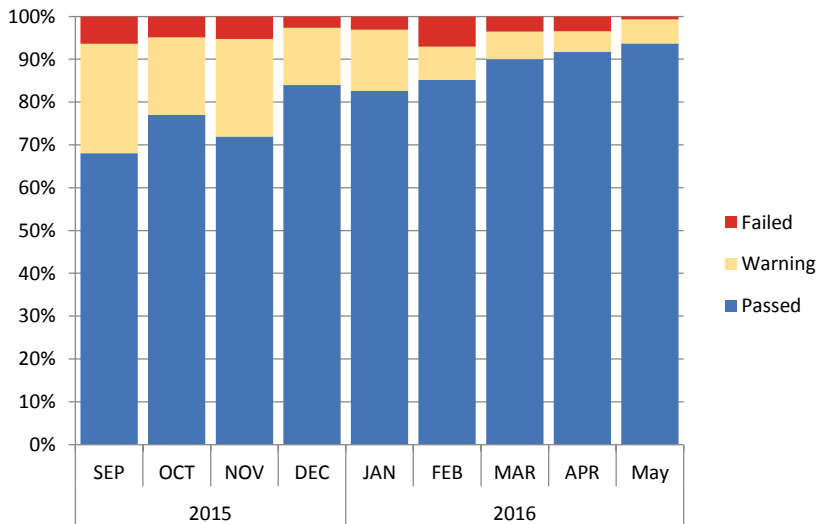
WPV epicurve



Non Polio AFP Rate



Proportion LQAS pass

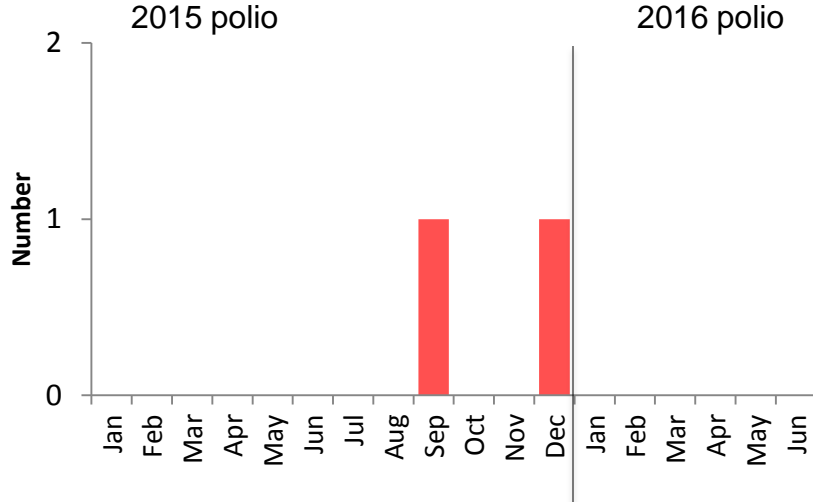


Reasons for missed children, PCM

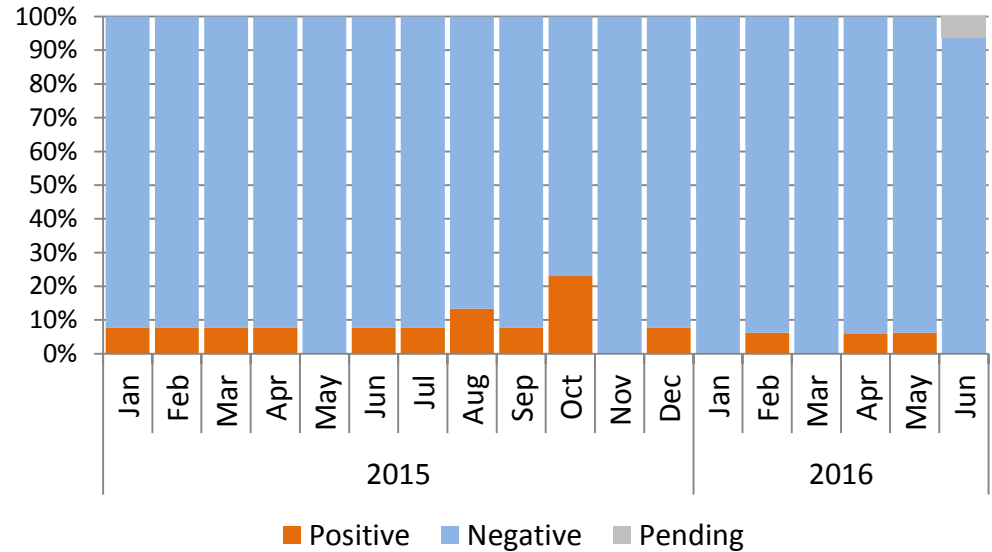
SIA	Total children	Total missed	% missed	NA	NT	Refused	New-born	New migrant	VNFM	Other
15-Sep	6,383	114	1.80%	0.7%	1.0%	0.0%	.	.	.	0.0%
15-Oct	5,813	794	13.70%	0.6%	0.9%	0.0%	.	.	.	0.1%
15-Nov	5,826	241	4.10%	0.8%	0.7%	0.1%	.	.	.	0.1%
15-Dec	6,931	249	3.60%	0.5%	0.7%	0.0%	.	.	.	0.0%
16-Jan	7,166	82	1.10%	0.2%	0.0%	0.1%	.	.	.	0.0%
16-Feb	6,620	345	5.20%	0.2%	1.0%	0.1%	.	.	.	0.0%
16-Mar	7,466	189	2.50%	0.70%	0.10%	1.10%	0.10%	0.00%	0.60%	0.00%
16-Apr	7,628	162	2.10%	0.80%	0.30%	0.00%	0.10%	0.00%	0.90%	0.00%
16-May	7,223	800	11.10%	0.70%	2.90%	0.10%	0.10%	0.10%	7.60%	0.00%

Punjab: progress and challenges

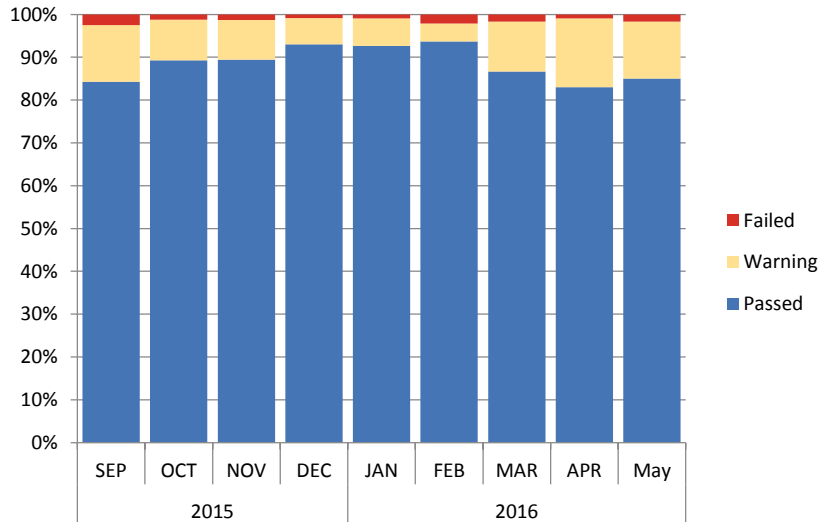
WPV epicurve



Proportion of ES



Proportion LQAS pass

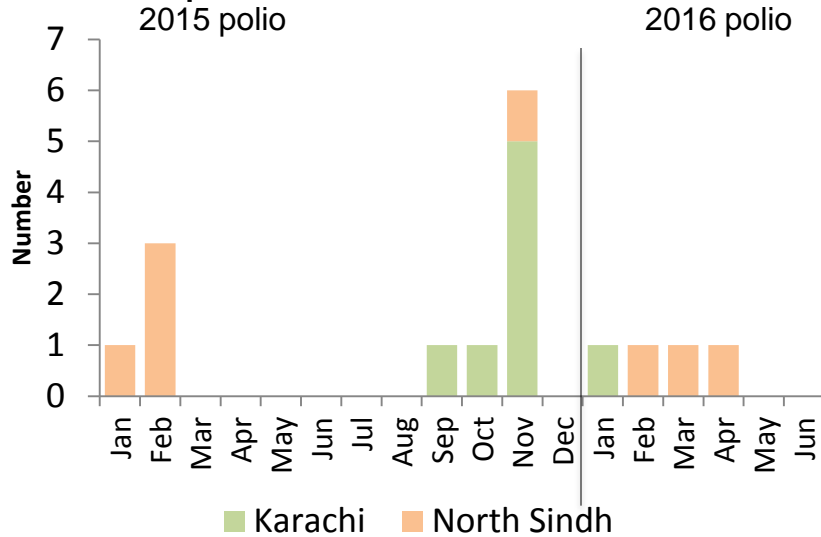


Reasons for missed children, PCM

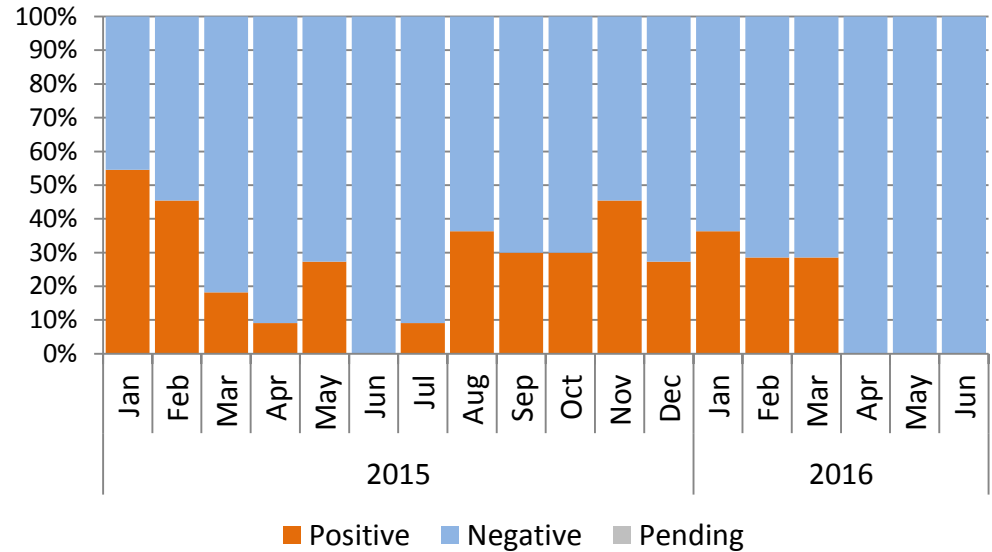
SIA	Total children	Total missed	% missed	NA	NT	Refused	New-born	New migrant	VNFM	Other
15-Sep	17,513	210	1.20%	0.8%	0.3%	0.0%	.	.	.	0.1%
15-Oct	1,447	57	3.90%	4.6%	2.8%	1.3%	.	.	.	0.1%
15-Nov	16,001	368	2.30%	0.5%	0.3%	0.0%	.	.	.	0.0%
15-Dec	16,151	361	2.20%	0.5%	0.3%	0.0%	.	.	.	0.0%
16-Jan	18,016	393	2.20%	0.5%	0.3%	0.0%	.	.	.	0.0%
16-Feb	3,886	157	4.00%	0.8%	0.4%	0.0%	.	.	.	0.1%
16-Mar	16,874	470	2.80%	0.80%	0.10%	0.30%	0.00%	0.00%	1.60%	0.00%
16-Apr	6,732	240	3.60%	1.00%	0.80%	0.10%	0.00%	0.00%	1.60%	0.00%
16-May	17,735	1,092	6.20%	1.10%	0.70%	0.00%	0.10%	0.00%	4.20%	0.00%

Sindh: progress and challenges

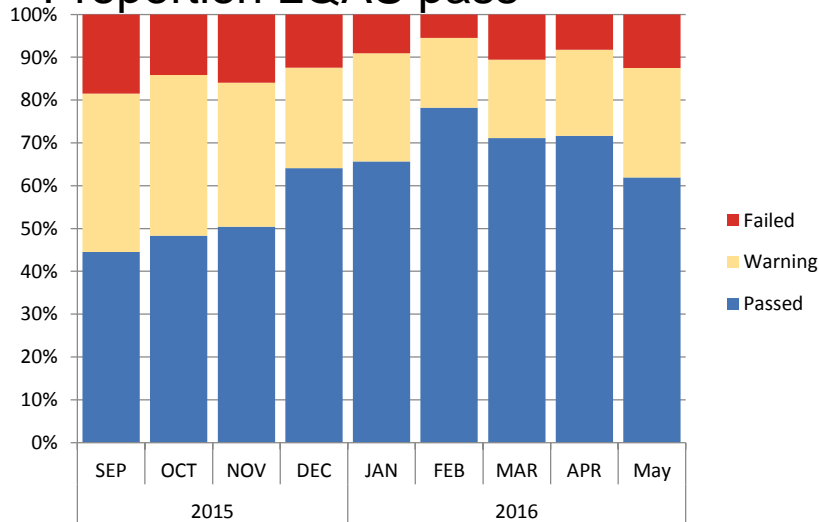
WPV epicurve



Proportion of ES



Proportion LQAS pass



Reasons for missed children, PCM

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15-Sep	20,119	999	5.00%	2.1%	2.4%	0.2%	.	.	.	0.2%
15-Oct	9,592	1,377	14.40%	0.0%	0.0%	0.0%	.	.	.	0.0%
15-Nov	19,151	1,160	6.10%	1.0%	1.1%	0.2%	.	.	.	0.2%
15-Dec	18,843	774	4.10%	0.9%	0.6%	0.1%	.	.	.	0.0%
16-Jan	24,216	766	3.20%	0.8%	0.4%	0.2%	.	.	.	0.1%
16-Feb	14,999	674	4.50%	0.8%	0.0%	0.1%	.	.	.	0.1%
16-Mar	20,378	621	3.00%	0.80%	0.20%	0.50%	0.10%	0.00%	1.40%	0.00%
16-Apr	15,819	1,420	9.00%	1.70%	1.10%	0.40%	0.10%	0.10%	4.80%	0.80%
16-May	21,390	1,812	8.50%	1.60%	1.10%	0.40%	0.10%	0.10%	5.10%	0.10%

NEAP 2016/2017

**Goal: Stop Wild Poliovirus (WPV) transmission by end of 2016
and sustain interruption through 2017**

Strategic objectives

- **Stop poliovirus transmission in all reservoirs**
- **Detect, contain and eliminate poliovirus from newly infected areas**
- **Maintain and increase population immunity against polio throughout Pakistan.**
- **Stop international spread of WPV by decreasing risk across common reservoirs**
- **Sustain polio interruption through increased RI coverage in core reservoirs**

Strategic focus

- **Focus on “virus risk” (core reservoirs, high risk & vulnerable districts)**
- **Targets set for objectives more aggressive**
- **Entire programme focus and targets should now be on “performance” on the ground**

NEAP 2016/2017

Raising the bar: performance targets

NEAP 2015/2016

- NPAFP rate $>2/100,000$
- 90% coverage by third-party post-campaign monitoring and
- LQAS pass rate $\geq 80\%$

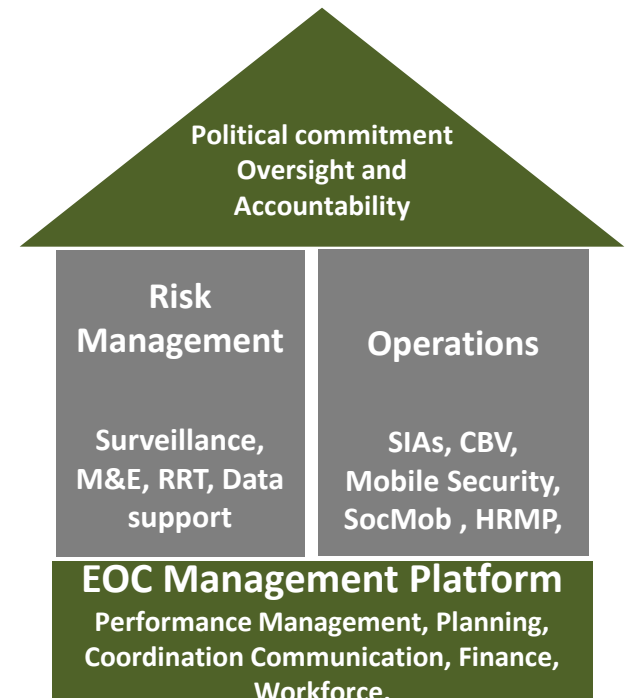
NEAP 2016/2017

- Increased NPAFP rate (national $>3/100,000$ /district and in tier 1/2 $>6/100,000$)
- $<2\%$ of recorded missed children
- 95% coverage by third-party post-campaign monitoring and
- LQAS pass rate $\geq 90\%$
- IPV-1 coverage $\geq 80\%$ RI service delivery in UCs using CBV

NEAP 2016/17: key strategic Areas of Work

Strengthened platform for delivery through closer integration

- Programme Operations
 - Ensure high-quality and focused activities to reach and vaccinate all target children through core and complimentary immunization activities
- Risk Assessment & Decision Support
 - Drives programme priorities, performance and accountability using best available data and operational research
- Management & Oversight
 - Meet NEAP goals, objectives and targets through effective management support & coordination, transparent oversight at the appropriate level and real time performance management and clear accountability



Programme Operations:

Integrated operation strategy on track, adjust tactics as needed

- **Further expand** further Community Based vaccination in Core Reservoirs in Tier 1 Districts
- **Improve significantly** the capabilities, capacities and commitment of Union Council and Mobile Teams especially in **Tier 2 districts**
- Map, track and vaccinate **high risk mobile populations** including all relevant SIA micro-plans are updated
- **Support strengthening of routine immunization services in CBV UCs** in core reservoirs with the goal of increasing significantly IPV-1 coverage in new birth cohorts
- Address management, oversight and accountability issues in key Divisions and Districts where simple investments in programme capabilities and capacities will not suffice
- **Maintain and improve quality of all the interventions**

Risk Assessment and Decision Support:

Key actions for Surveillance

- Establish a **robust oversight** of the National Surveillance Work Plan for 2016/2017
- **Further increase AFP surveillance workforce** with a target of a dedicated partner Surveillance Officer at District level (Tiers 1 – 2) and at Divisional level (Tiers 3 – 4) by 1st October 2016
- **Rollout community-based AFP surveillance system** in FATA, South KP, and North Sindh by 1st September 2016
- **Expand the current nomadic “healthy children stool sampling”** to silent districts and areas without environmental surveillance, i.e. FATA, South KP and Eastern Balochistan by 1st September
- **Phase expansion of environmental surveillance sites**
 - Start in June 2016 four additional ES in Baldia, Landhi, Quetta, and Pishin
 - By August 2016 complete the plan for rationalizing existing ES and additional sites

Conclusion and way forward

- Progress
 - Sustained political commitment and enhanced community acceptance and support
 - Strengthened operation performance leading to significant reduction in the number of missed children and clearing of core reservoirs, with aggressive case response
 - Strengthened surveillance and expanded monitoring (LQAS) in the highest risk areas
- Gaps
 - Stability of senior program leadership in Sindh
 - Unrelenting focus on core-reservoir by EOC network partially at the expense of other vulnerable districts
 - Missed transmission in the single epidemiological block (Common-Reservoir)
- Way forward
 - **Implementing 2016/17 NEAP in letter and spirit**



Shukria

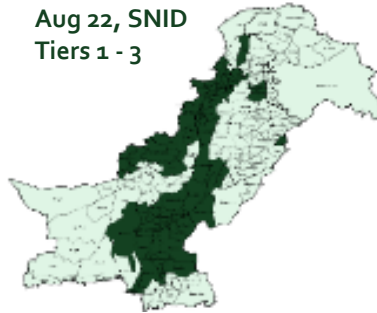


TAG approved SIAs calendar

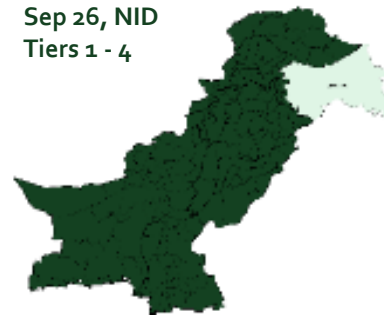
July 25, SNID
Tier 1, North Sindh



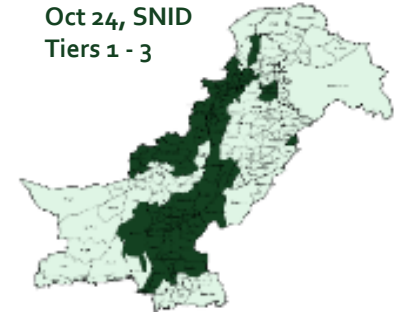
Aug 22, SNID
Tiers 1 - 3



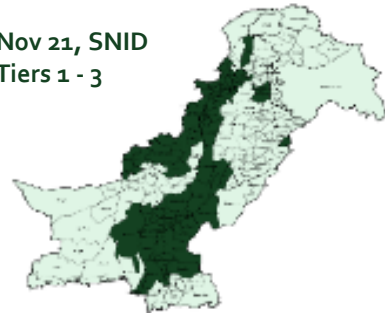
Sep 26, NID
Tiers 1 - 4



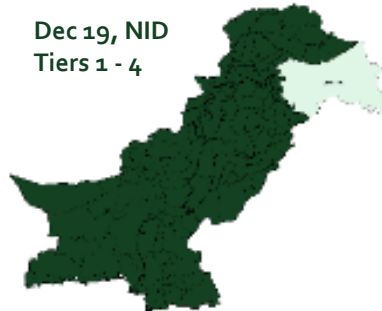
Oct 24, SNID
Tiers 1 - 3



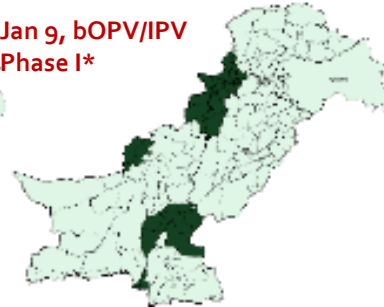
Nov 21, SNID
Tiers 1 - 3



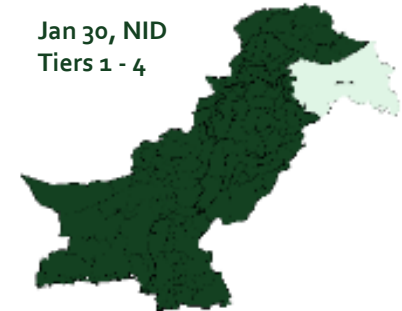
Dec 19, NID
Tiers 1 - 4



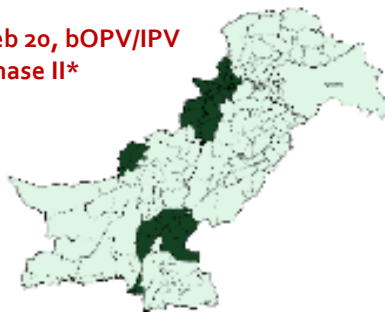
Jan 9, bOPV/IPV
Phase I*



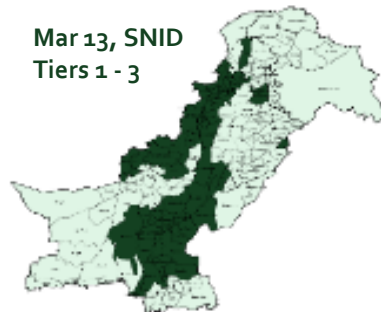
Jan 30, NID
Tiers 1 - 4



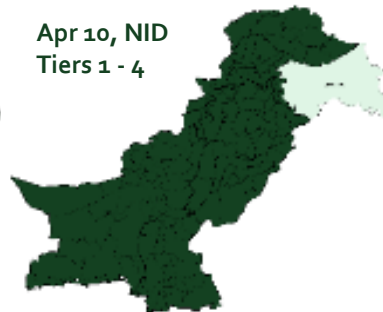
Feb 20, bOPV/IPV
Phase II*



Mar 13, SNID
Tiers 1 - 3



Apr 10, NID
Tiers 1 - 4



May 8, SNID
Tiers 1 - 3

