

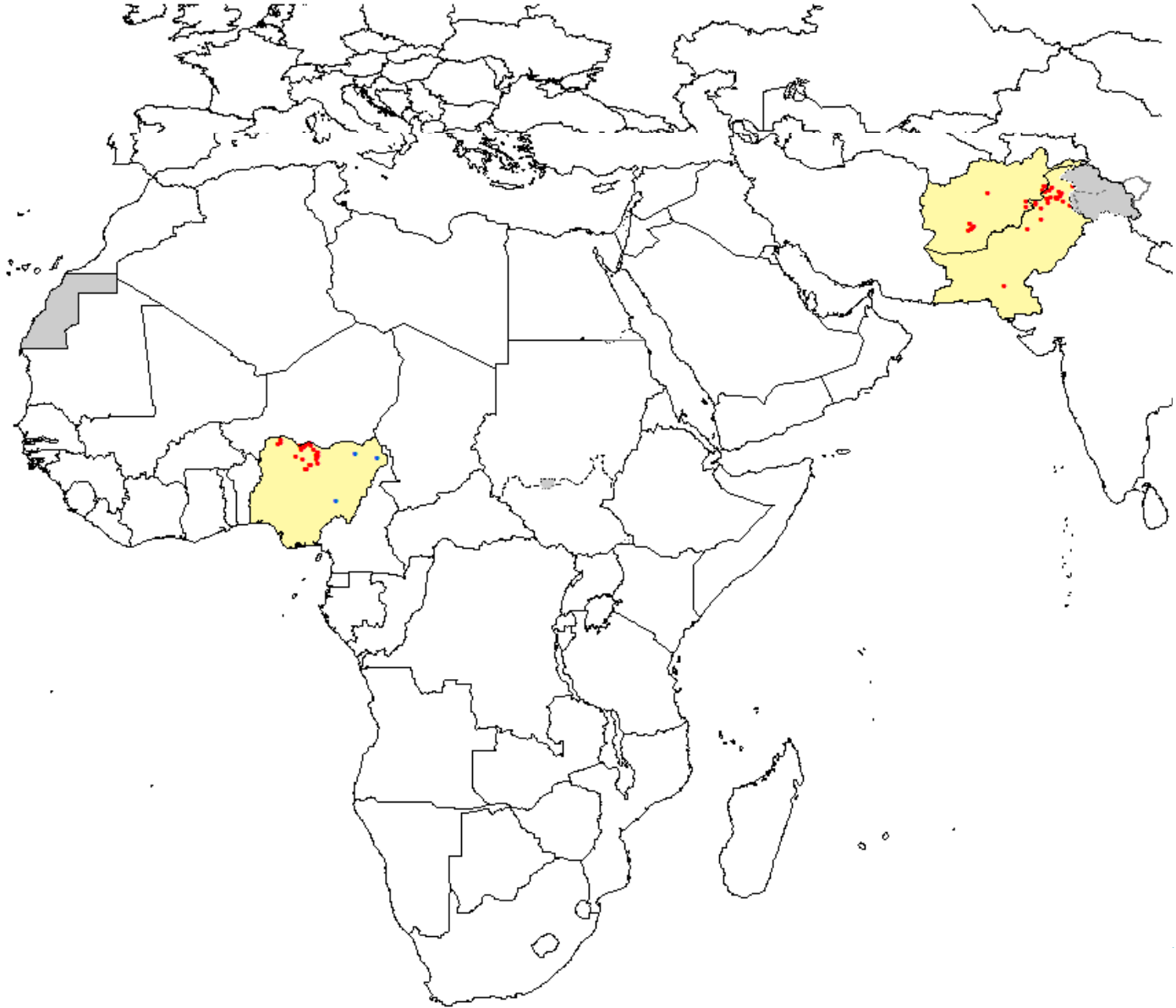
Feedback of Expert Consultation on the NEAP 2013

15 December, 2012

Islamabad, Pakistan

Context for the Consultation

Children paralyzed by wild polio, last 4 months



Global Context - 2012

- Lowest ever cases & infected areas
- Highest political commitment
- Largest partner HR surge
- Evidence of program improvement
- All endemic countries positioning for low season push

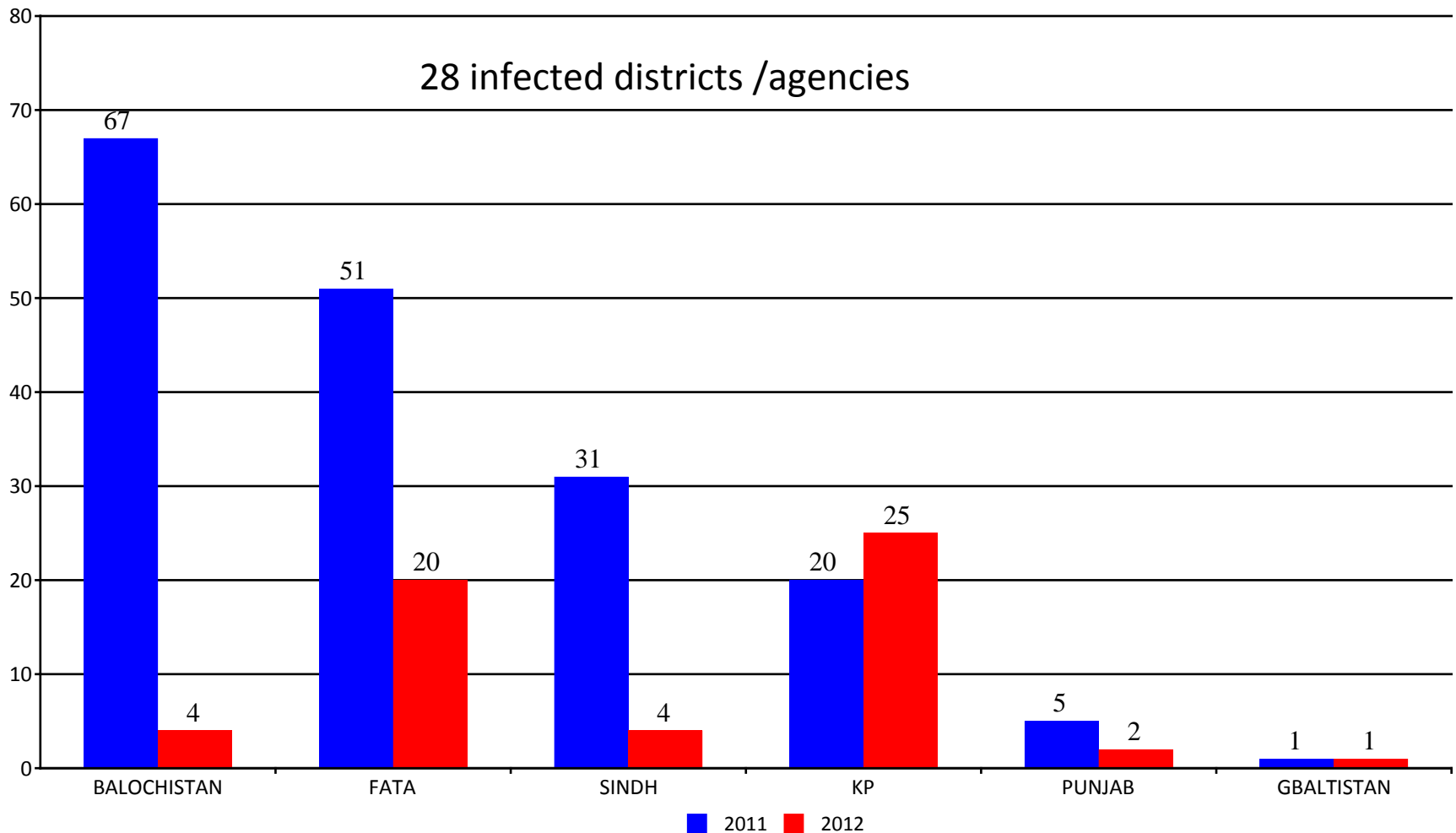
Context in Pakistan

- Implementation and lessons of a-NEAP 2012
- Progress and current polio situation
- Upcoming low season opportunity
- Political transition and Elections in 2013 low season
- Updated National Emergency Action Plan, 2013

Expert Consultation to Review and Advise on Updated NEAP - 2013

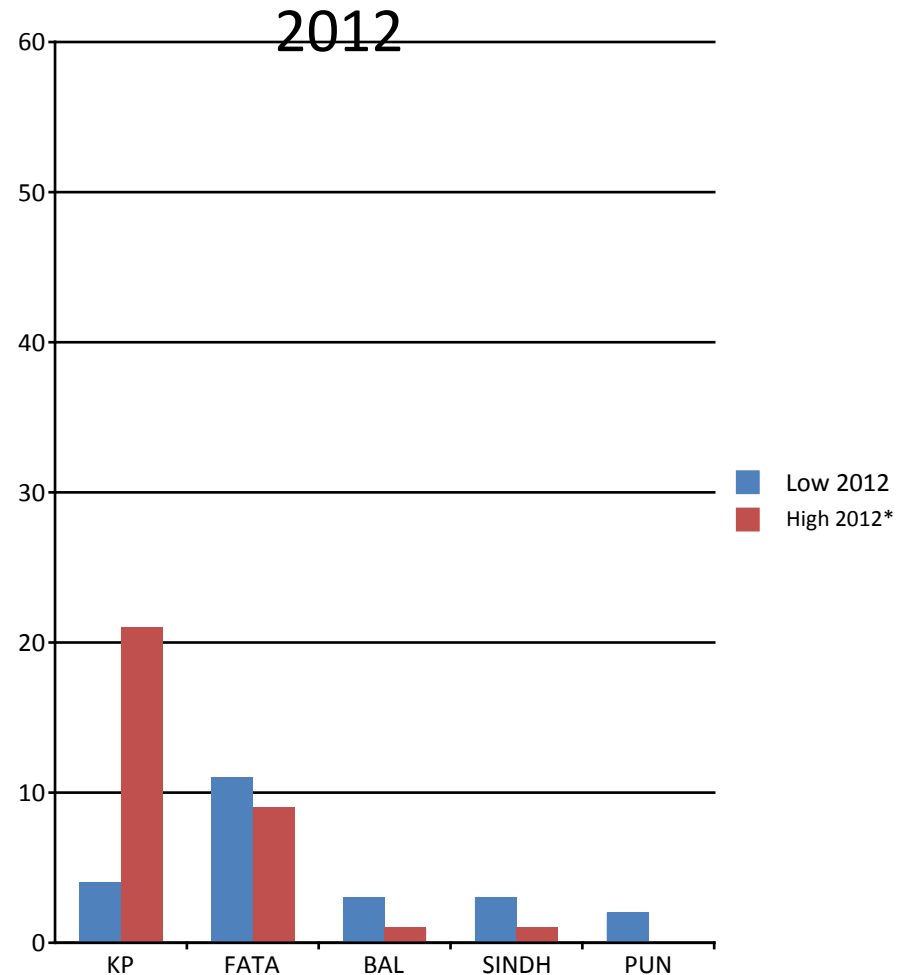
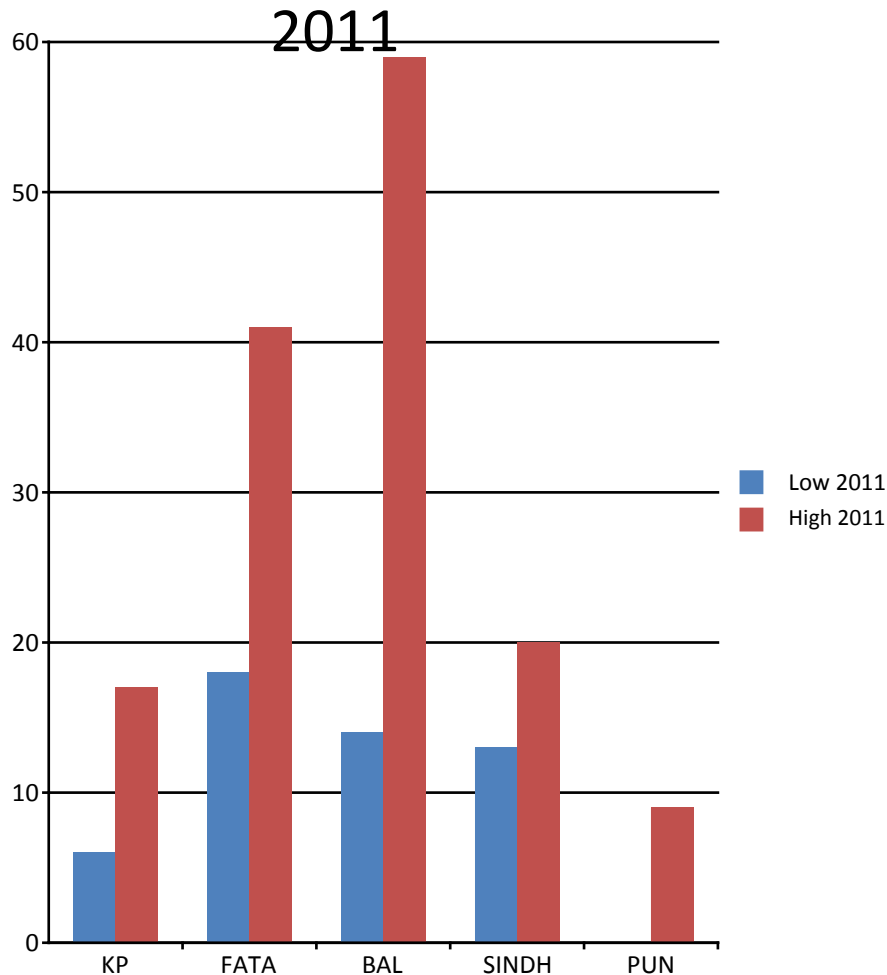
Progress in Pakistan

Decline in Polio cases in all provinces/regions Except KP



* Data source AFP 03/12/2012

Decline in WPV transmission in 2012 high transmission season

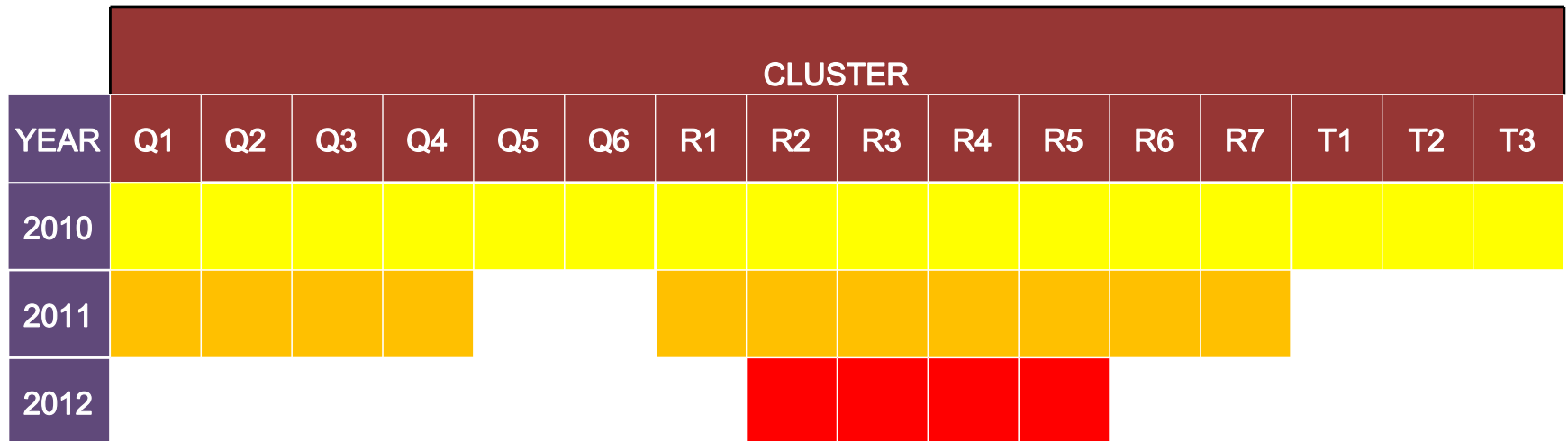


Low season Jan – May, high season June - Dec

* High season 2012 data incomplete, as of 1 December

Decline in WPV Genetic Clusters 2010-2012

Wild Poliovirus Type 1



2010: 16 clusters

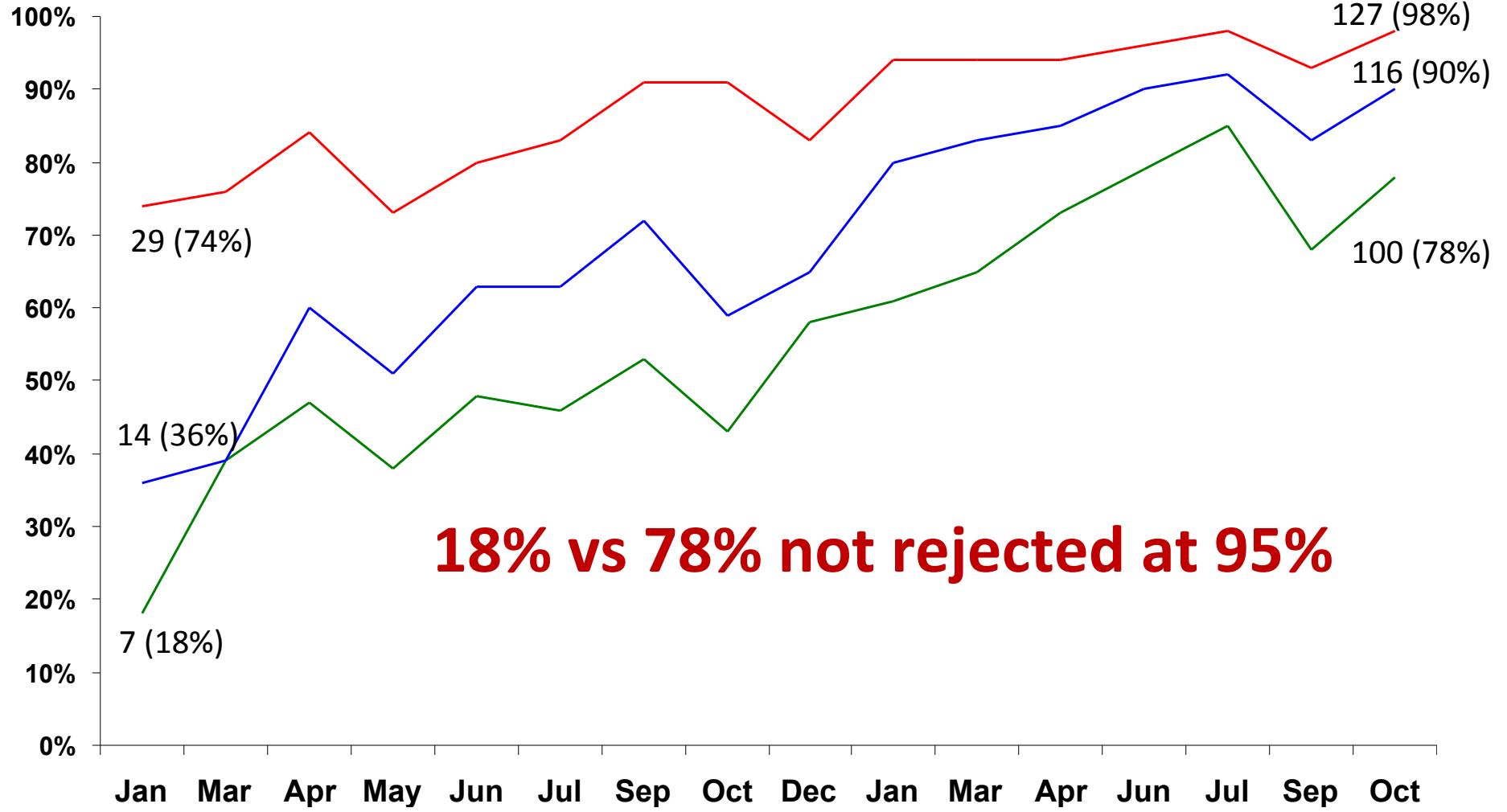
2011: 11 clusters

2012: 4 clusters

**Single WPV3 Cluster last
detected in April 2012**

Improving trend of lots not rejected in LQAS

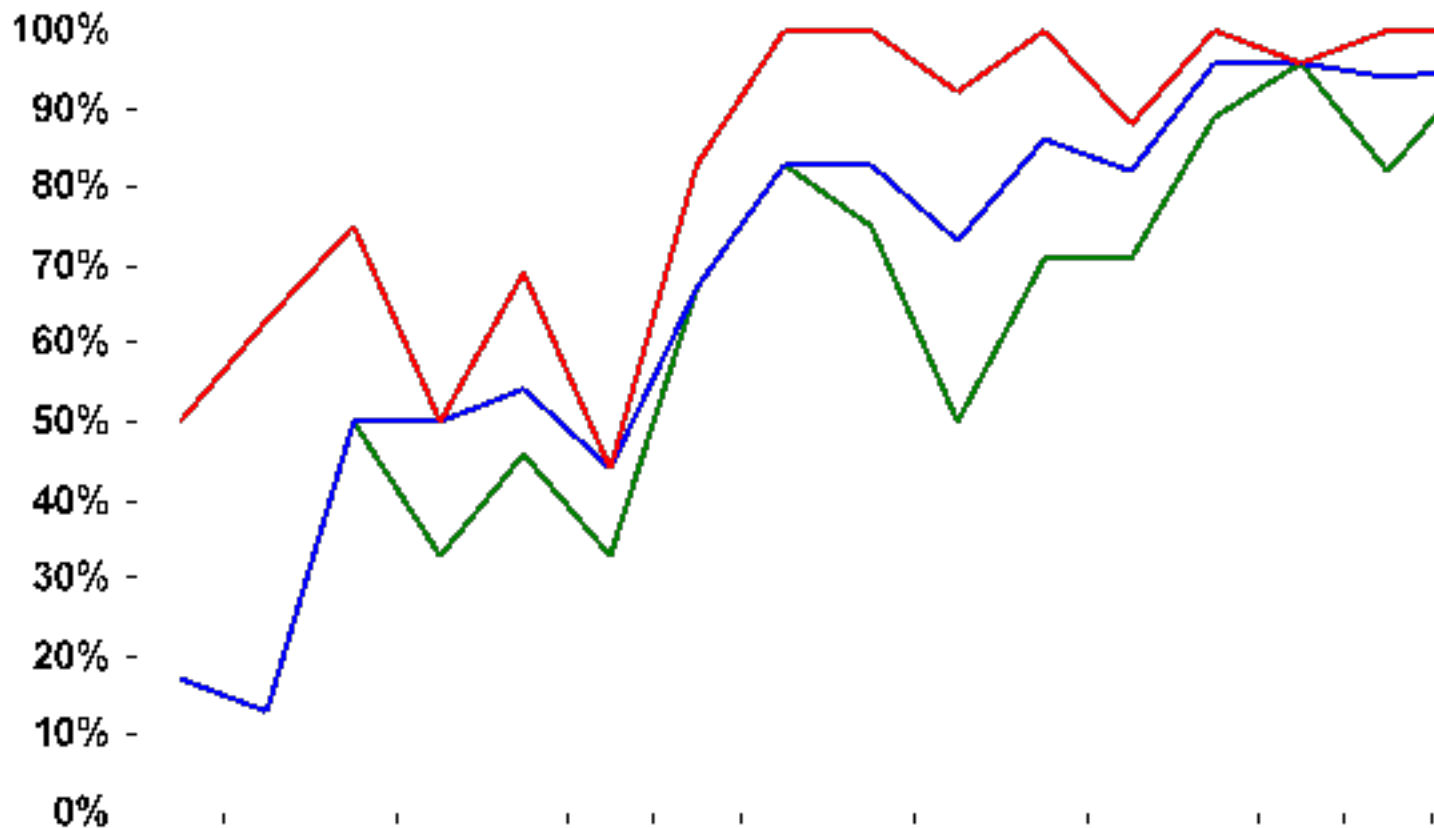
*Jan 2011 to Oct 2012 **



18% vs 78% not rejected at 95%

■ Not Rejected at 95%
 ■ Not Rejected at 90%
 ■ Not Rejected at 80%

* Data for NIDs and SNIDs



Not Rejected at 95% Not Rejected at 90% Not Rejected at 80%

Conclusion:

Substantial progress in 2012, the coming low season is an excellent opportunity for Pakistan to stop WPV transmission in 2013

Conclusion:

The Goal of NEAP to stop WPV transmission by December 2013 is feasible, if the plan is implemented rigorously

Strategic Priorities for 2013

Strategic Priorities - 2013

- An aggressive SIA strategy in low season
- ‘Underserved Priority Population’ (Pashtun) Strategy
- Integrated socmob and ops micro-plans
- Intra-campaign monitoring

Objectives of SIA strategy

- Stop transmission of WPV1 and WPV3 in KP and FATA
- Stop transmission and achieve high immunity levels in key migrant and mobile communities with links to KP, FATA, and Afghanistan
- Reduce risk of transmission in other high risk zones and maintain high levels of population immunity to all 3 poliovirus serotypes in all non-endemic areas
- Stop the current outbreak of cVDPV2 centred in Baluchistan by March and prevent new outbreaks
- Respond rapidly & effectively with Mop-ups to WPV outside reservoir areas, and cVDPV anywhere

Principles of SIAD strategy

- Short intervals between rounds are feasible and desirable:
 - for **reservoir zones** and sometimes high risk zones following national rounds or in a sequence of sub-national rounds
 - for **populations that have previously been inaccessible**, where a minimum of 3 SIAD rounds should be conducted
 - for **mop up activities** in response to WPV or cVDPV, where a minimum of 3 SIAD rounds should be conducted

Prioritization for low season SIAs

(Dec 2012 – March 2013)

Priority 1: Reservoirs/Core endemic areas: Central Khyber Pakhtunkhwa, FATA, High Risk Towns of Karachi, Quetta Block, Demographically Linked areas with the Reservoirs
- up to 6 Rounds

Priority 2: High Risk Districts Other than the Reservoirs: Parts of Northern Sindh, Southern Punjab, Southern Khyber Pakhtunkhwa
4 rounds

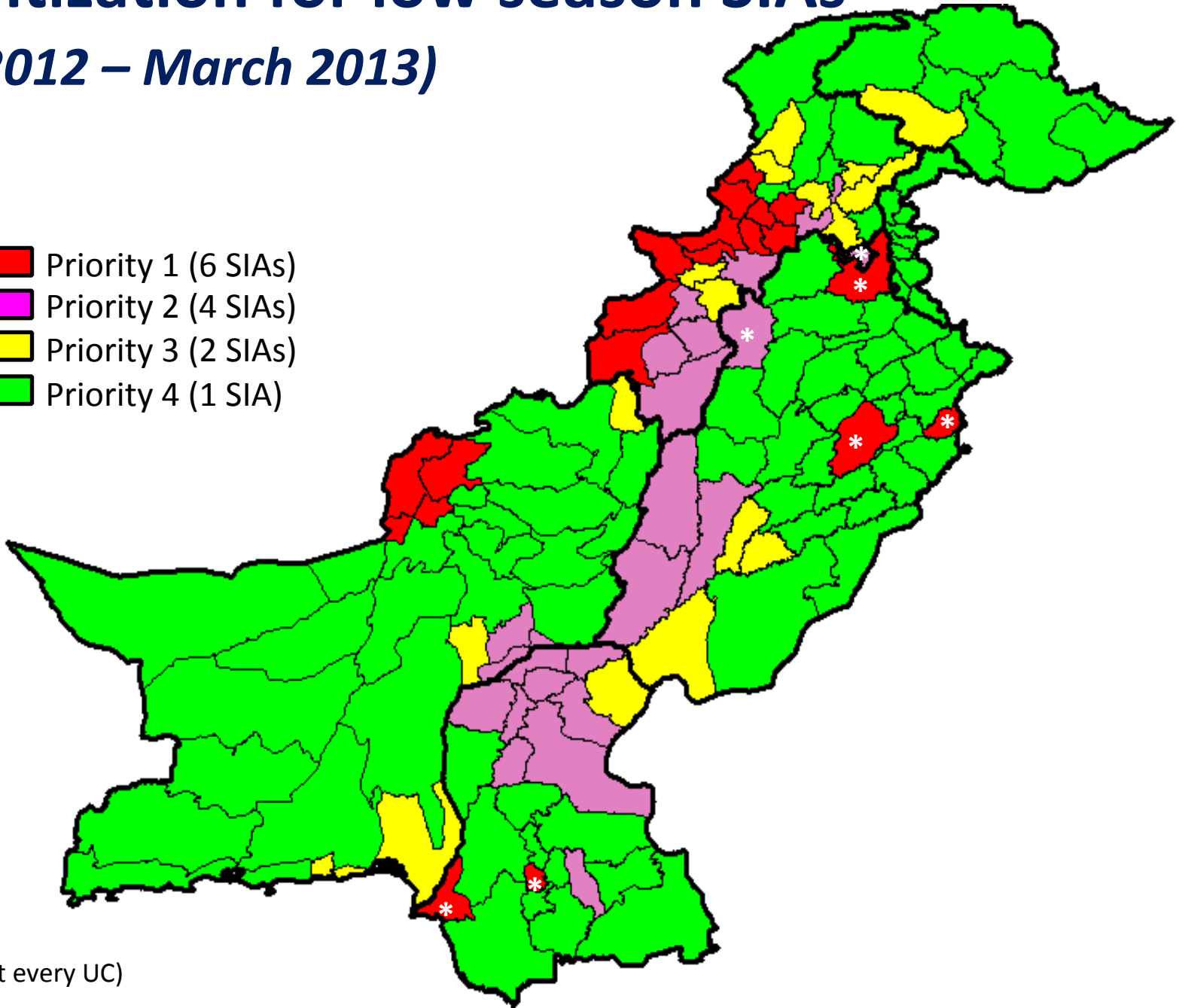
Priority 3: Other High Risk Areas: Infected Areas during last six months outside the reservoir & High Risk Belt
2 rounds

Rest of the Country
1 Round

Prioritization for low season SIAs

(Dec 2012 – March 2013)

- Priority 1 (6 SIAs)
- Priority 2 (4 SIAs)
- Priority 3 (2 SIAs)
- Priority 4 (1 SIA)



* Partial (not every UC)

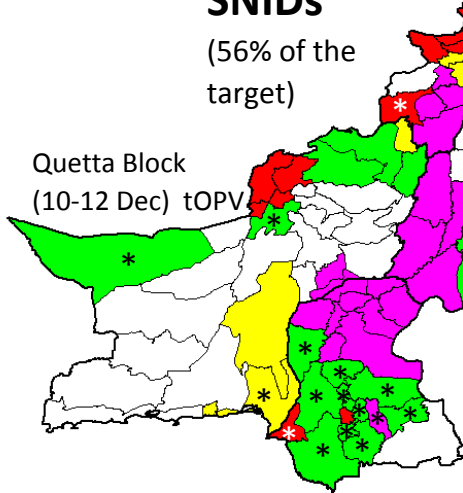
Proposed SIAs Schedule: Dec 2012 to Mar 2013

Dec 17-19

SNIDs

(56% of the target)

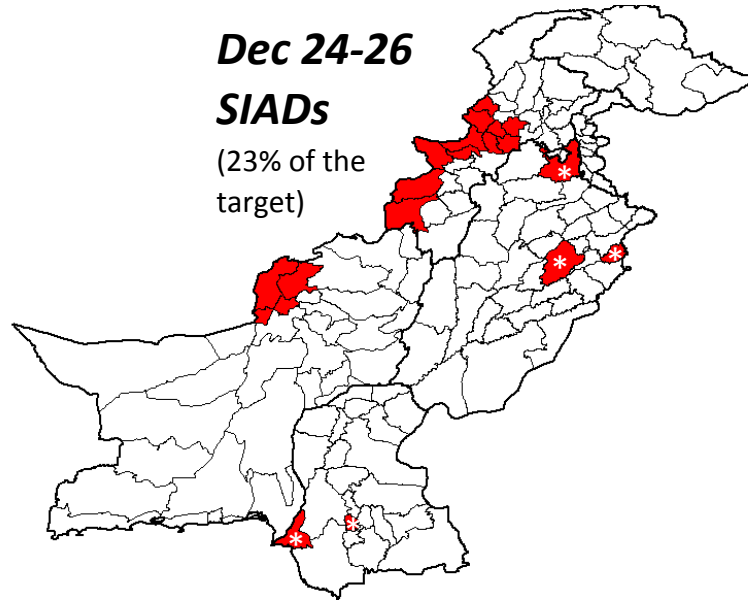
Quetta Block
(10-12 Dec) tOPV



Dec 24-26

SIADs

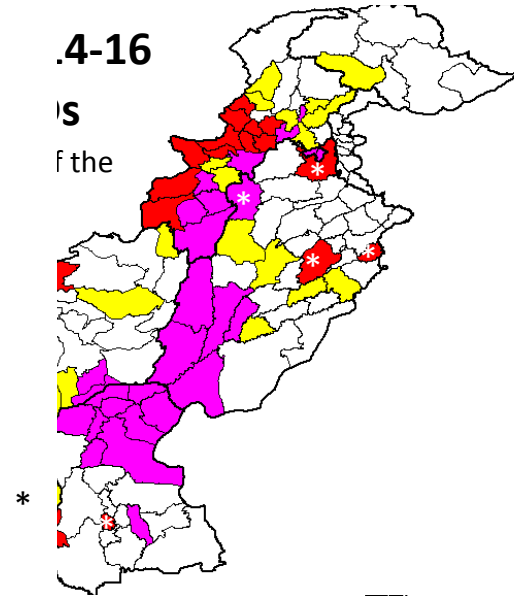
(23% of the target)



Jan 4-16

SIADs

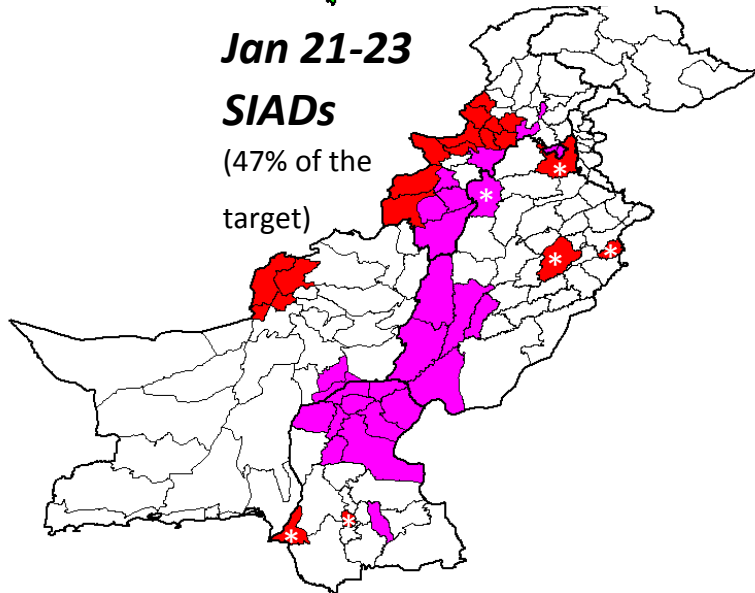
(15% of the target)



Jan 21-23

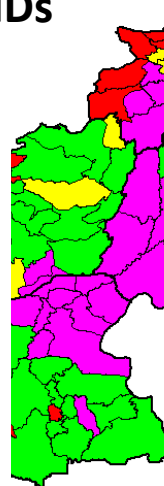
SIADs

(47% of the target)



Feb 11-13

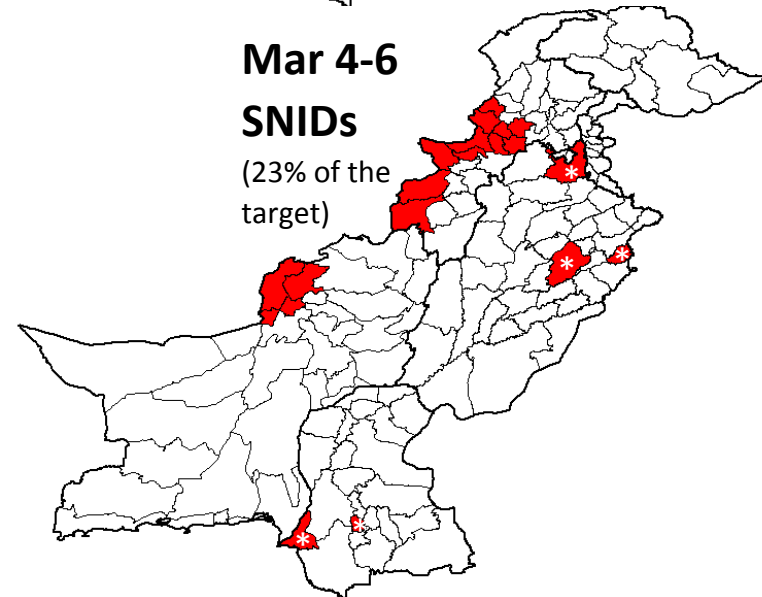
NIDs



Mar 4-6

SNIDs

(23% of the target)



* Partial (high Risk Populations / areas)



Priority1



Priority2



Priority3



Priority4

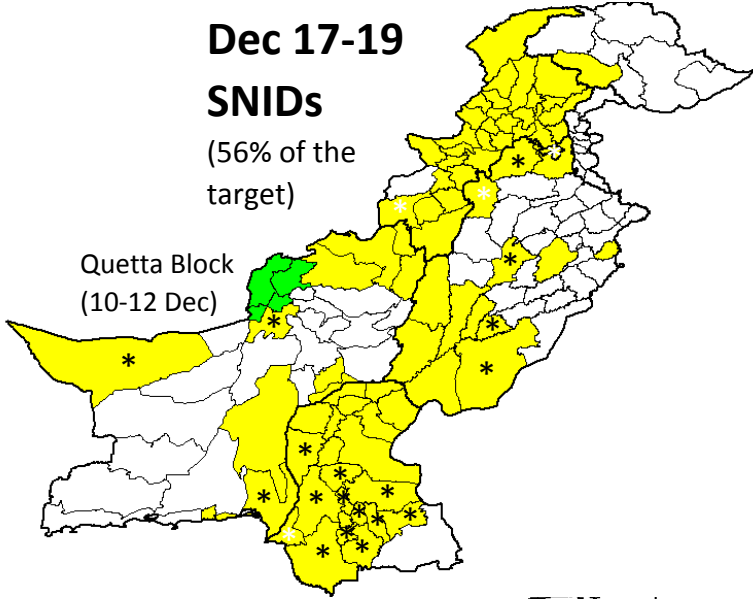
Proposed SIAs Schedule: Dec 2012 to Mar 2013

Dec 17-19

SNIDs

(56% of the target)

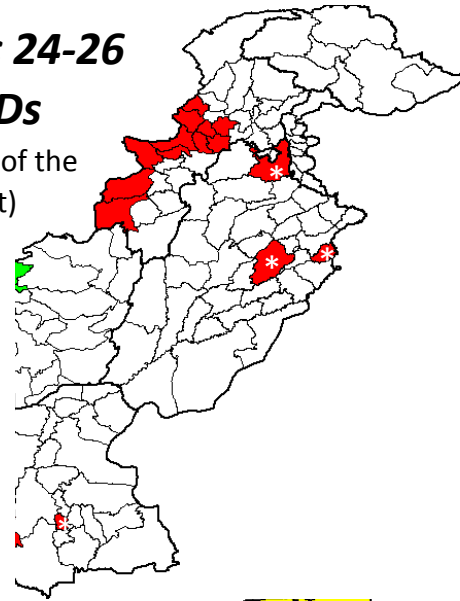
Quetta Block
(10-12 Dec)



Dec 24-26

SIADs

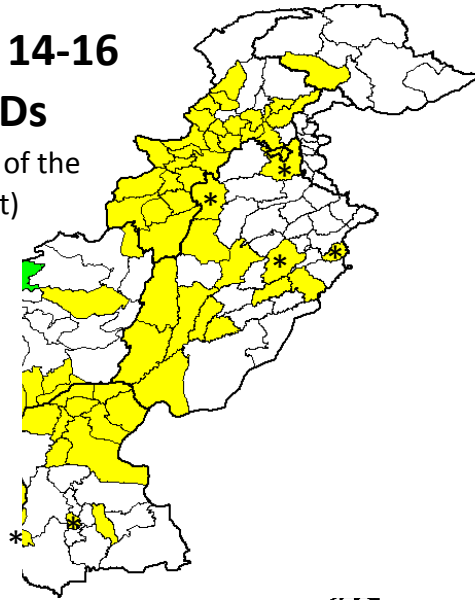
(23% of the target)



Jan 14-16

SNIDs

(57% of the target)

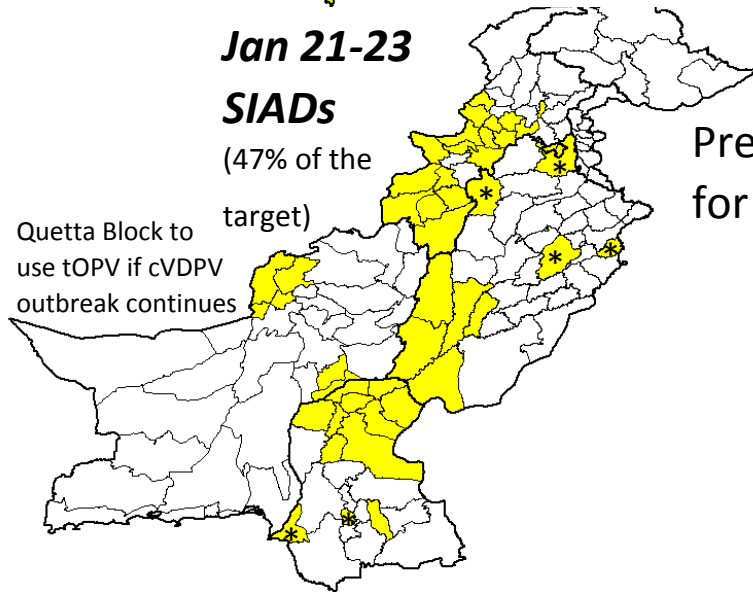


Jan 21-23

SIADs

(47% of the target)

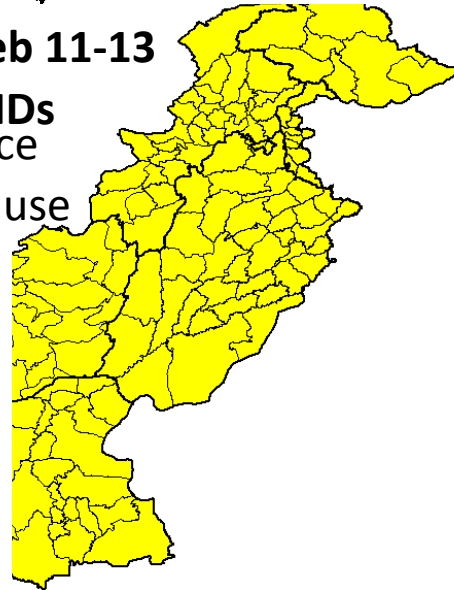
Quetta Block to use tOPV if cVDPV outbreak continues



Feb 11-13

NIDs

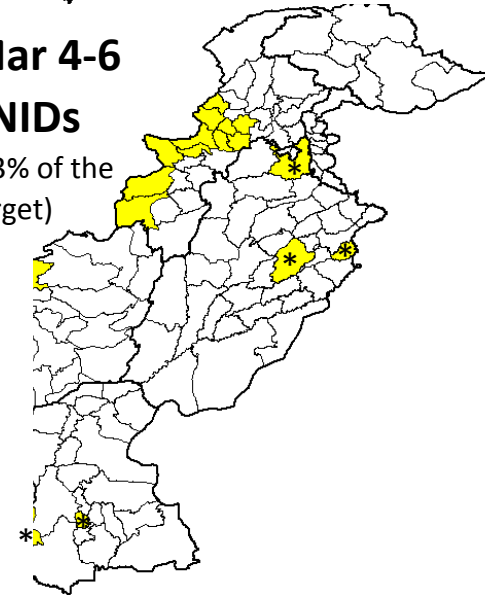
Preference for tOPV use



Mar 4-6

SNIDs

(23% of the target)



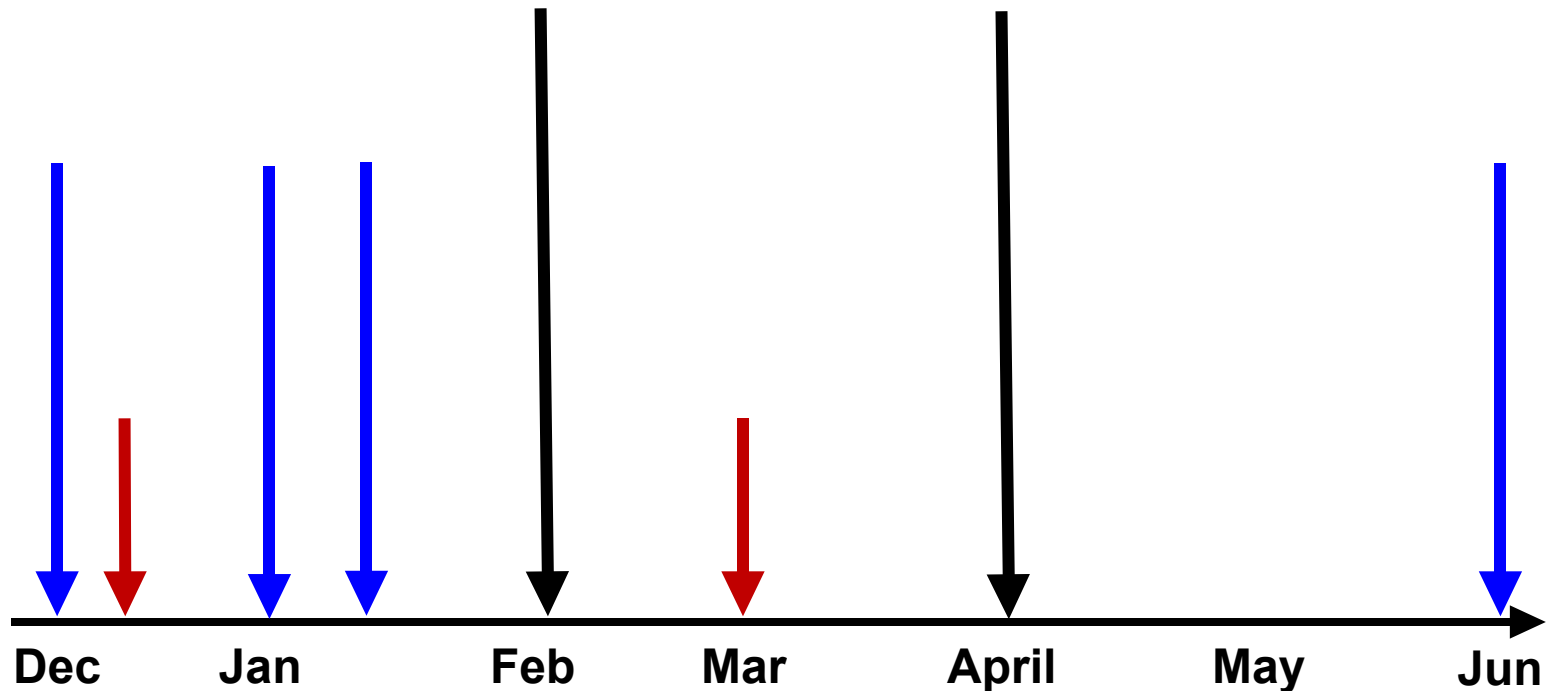
* Partial (high Risk Populations / areas)

mOPV1

bOPV

tOPV

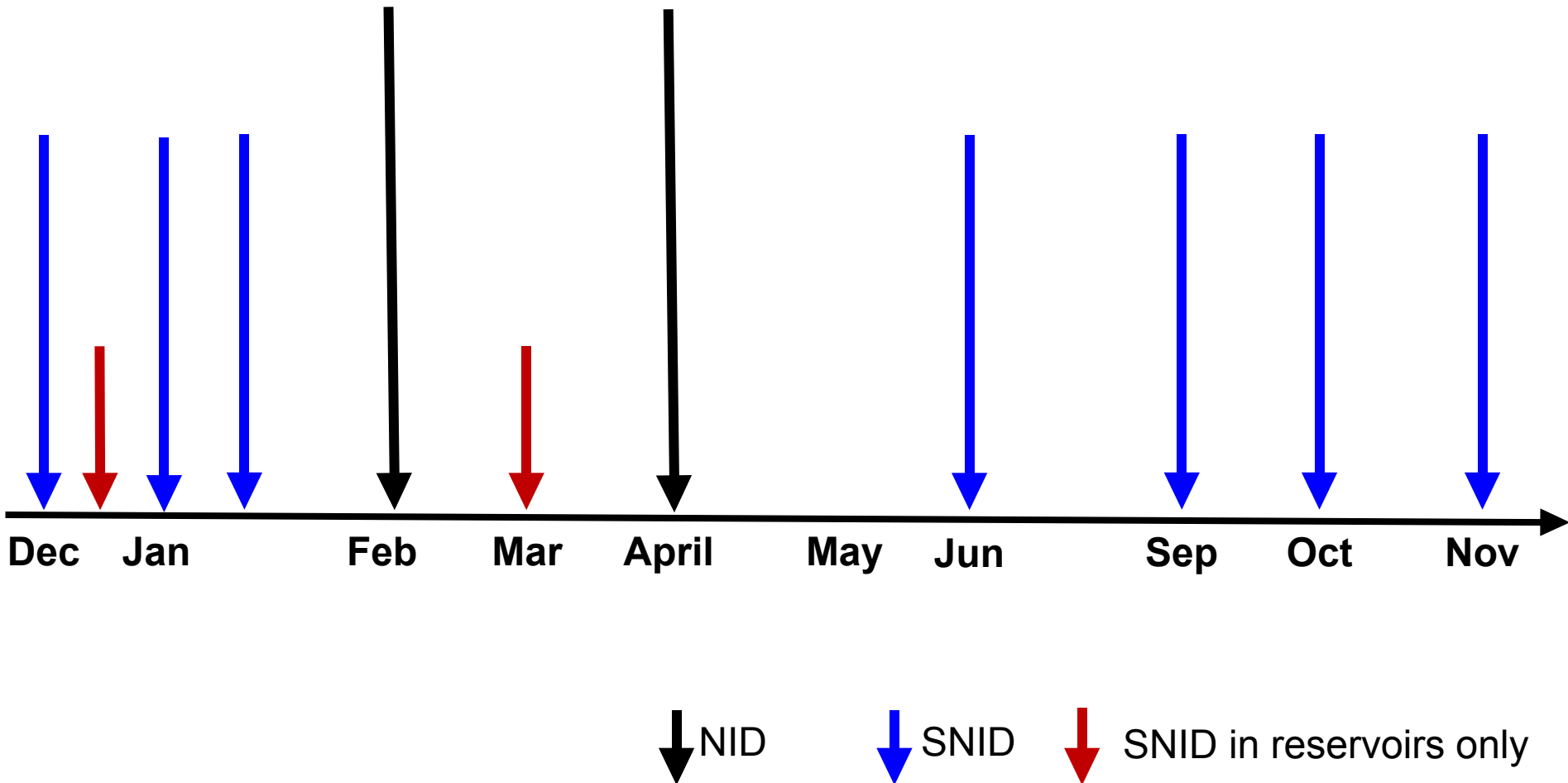
Supplementary Immunization Activities (SIAs) Pakistan Dec 2012 - Jun 2013



↓ NID ↓ SNID ↓ SNID in reservoirs only

Type of vaccine, and SIAs Jun-Dec based on Epidemiology

Supplementary Immunization Activities (SIAs) Pakistan Dec 2012 - Nov 2013



Type of vaccine, and SIAs Jun-Dec based on Epidemiology

Proposed SIAs Schedule; Jan – Jun 2013

Pak – Afg.

Pakistan	Afghanistan
17 - 19 Dec.	16-18 Dec. 2012
14 - 16 Jan	
21 - 23 Jan	27-29 Jan SNIDs
11 – 13 Feb.	
04 – 06 Mar	10-12 Mar NIDs
08 - 10 Apr.	21-23 April NIDs
10 – 12 Jun	02 04 June SNIDS

Synchronization should be optimized

Conclusion:

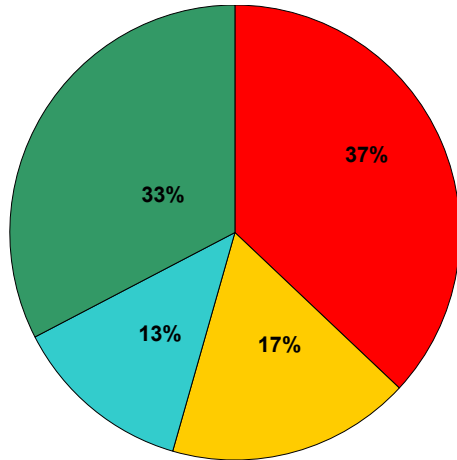
An aggressive SIA strategy is appropriate and desirable – BUT, quality of SIAs must continue to improve

Underserved Priority Population (Pashtun) Strategy

Underserved populations from reservoir areas are driving polio transmission

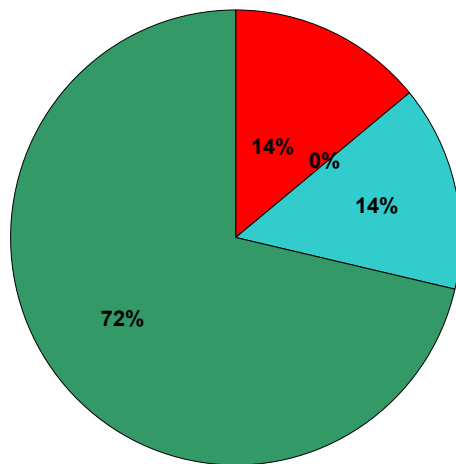
Vaccination status of

85% of WPV cases in 2012 are among Pashto speaking families



Pashto

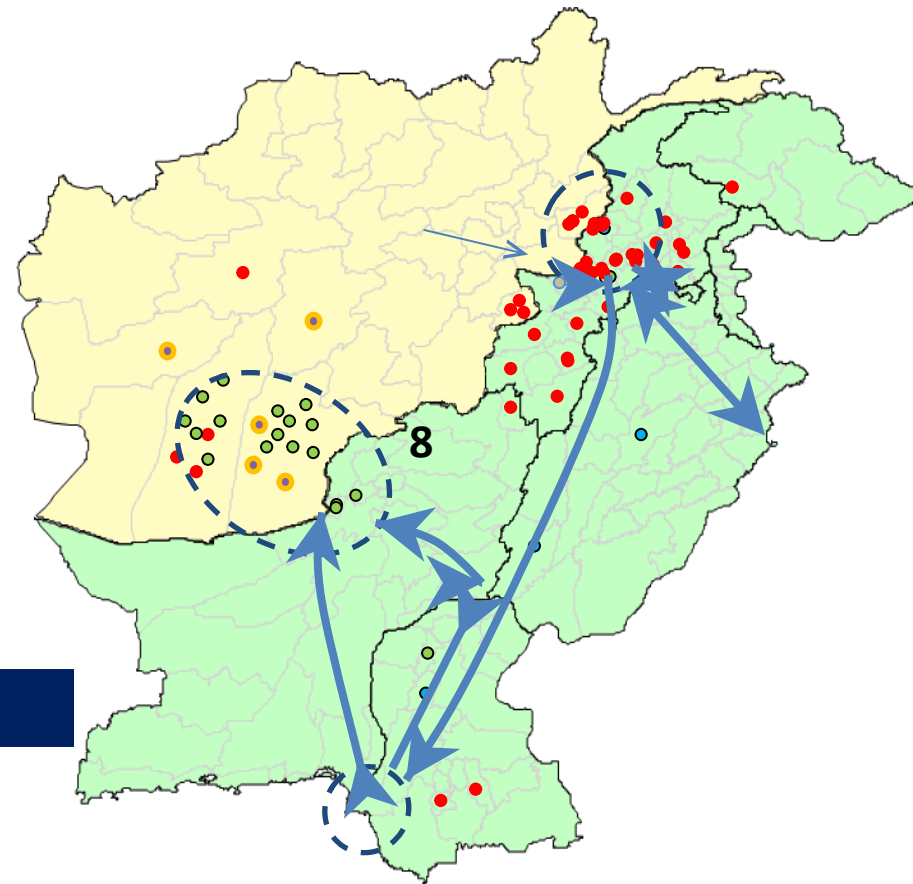
46



Other Languages

8

■ 0 dose ■ 1 - 3 doses ■ 4 - 6 doses ■ 7 + doses



Conclusion:

Underserved Pashtun Strategy

- ***Essential for success – finalize the PLAN***
- ***Inclusion of Pashtun migrant communities integral part of SIAs in FATA/KP reservoirs***
 - ***Ongoing mapping and validation of Pashtun Populations outside KP/FATA***
 - ***Requires inter-provincial coordination***
- ***Special communications and outreach***

Integration of Social Mobilization and Operational Microplans

Integrated Microplans

- In all reservoirs, especially high risk UCs
- Requires functional UPECs
- Updated based on tally sheet and monitoring data
- Focused on missed children
- Further disaggregation of data on missed children
- Linked to accountability

Intra-campaign Monitoring

- Major focus of monitoring process in 2013
- Linked to evening meeting in district control room
- Immediate corrective action
- Monitoring of monitors
- ‘Zero-tolerance’ for misreporting and financial misappropriation is appropriate at this stage

LQAS - Recommendations

- Update methodology – lot size of 60
- Monitor quality of LQAS
- Expand where feasible and reliable

Oversight, Management & Accountability

***National Elections in 2013
a major challenge to
oversight, management and
accountability***

Program accountability framework

Oversight

Head of State &
All of Govt. Engagement

- National Task Force
- PM Cell led by a senior leader
- **Appointment of Additional Secretary**
- At least quarterly program review

Management

Polio 'Control Rooms' in
the office of provincial
Chief Secretary

- **Appointment of Additional Secretary in CS Office**
- Use of 'Dashboard' to review preparedness
- Rigorous analysis of monitoring data
- Corrective action

Local Accountability

- DCO, **designate ACs for polio eradication**
- Review campaign preparations
- Review intra-campaign monitoring data in evening
- Immediate corrective action

Monitoring & Microplanning

- UC Medical Officer
- Updated and integrated microplans

Oversight & Accountability

Recommendations – Election Transition

- Sustain political commitment through elections
- Institutionalize current structures – appoint/designate officers
- Start preparing now
- Coordinate with Election Commission
- Role of civil society and international partners
- Immediate interaction with Interim Leadership
- Make polio eradication an ALL PARTY election issue

DDM

(direct disbursement mechanism)

- Must be fully implemented urgently
- Adapted to local imperatives, while maintaining transparency, efficiency and fairness

Conclusion:

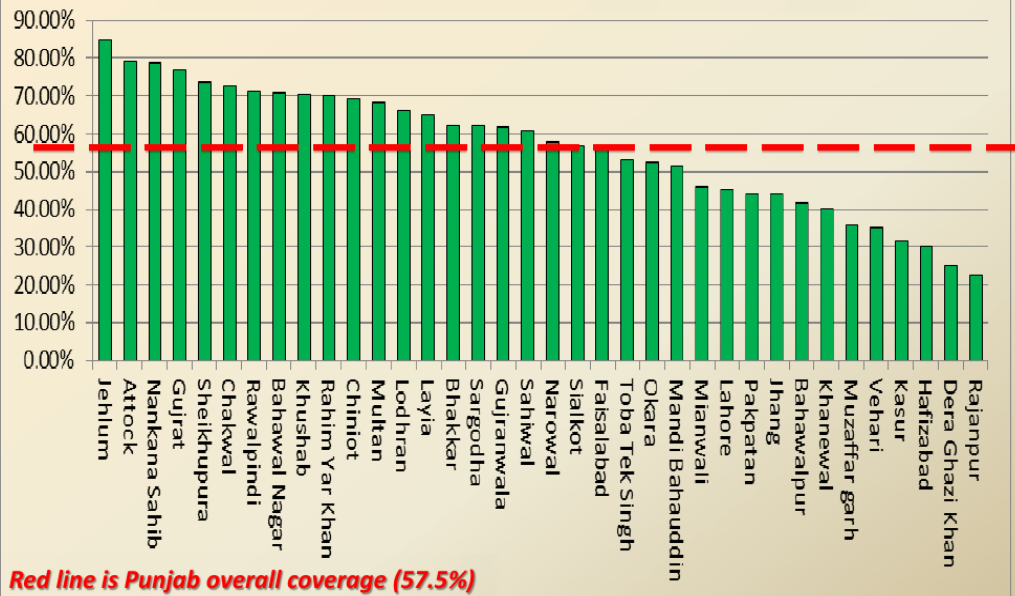
***Action should begin now to
sustain political commitment and
accountability through elections***

***Falling Routine Immunization
Coverage is a Concern and
Requires Urgent Attention***

Declining RI Coverage – Increasing Risk

Immunization Status in Punjab

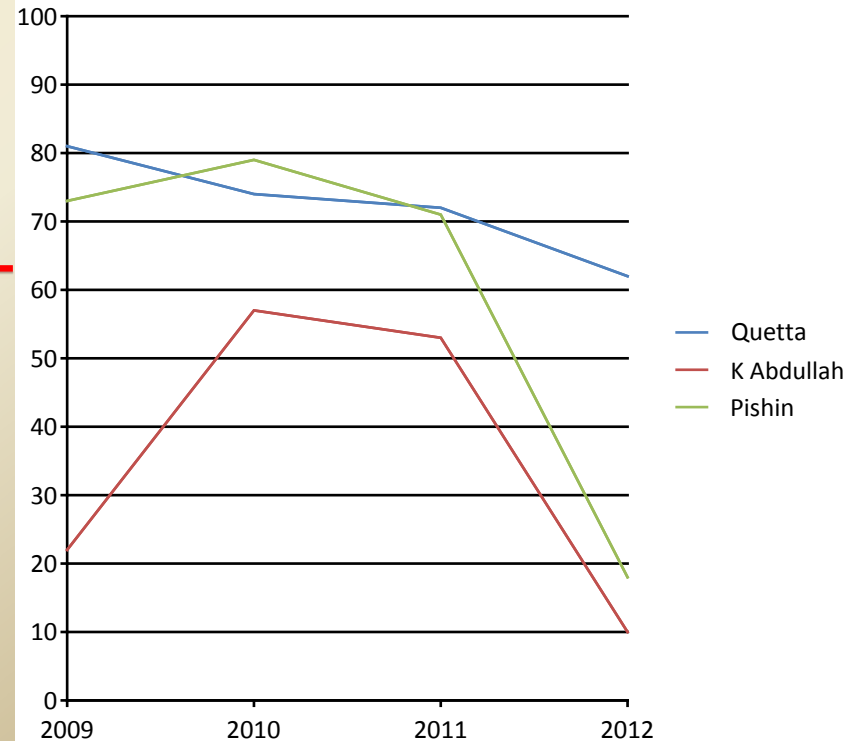
District wise Overall Coverage *



Red line is Punjab overall coverage (57.5%)

* Source: EPI Punjab

tOPV3 Coverage



Conclusion:

While polio program can make substantial contributions to strengthen Routine Immunization, direct investments and commitment are urgently needed to reverse the falling trajectory of RI in Pakistan

Polio Reservoirs

Geographic Priorities

Polio Reservoirs: KP

- Can KP stop the outbreak?
- The experts believe the team in KP can and has the opportunity to stop polio in 2013
- Security is not a major issue in KP
- However, transparency and meaningful accountability, especially by and of DCOs will be necessary

Polio Reservoirs: FATA

- Unless children are accessed and immunized in FATA, the program in Pakistan will not succeed
- The FATA plan holds promise, top priorities are:
 - Effective and fully operational Civil Military Cooperation
 - Access to all areas, including N & S Waziristan
 - Activation of Unit Polio Eradication Committees
 - Engagement of all parties in conflict

Polio Reservoirs: Quetta Block

- Quetta Block
 - Ensure proper selection of vaccination teams
 - Overcome challenge posed by local paramedics
 - Stop cVDPV2 outbreak
 - Customize DDM

Polio Reservoirs: Gadap

- Increasing proportion of environmental WPV isolates – increasing risk
- Security situation remains a challenge and barrier
- Strong management by the district authorities must continue
- Continue Polio-Plus
- Check for ‘zero’ dose children in all major transit sites

Cross-border coordination

- National Task Force to follow up on recommendations of the July cross-border meeting in Kabul
- More active engagement of local authorities in ensuring coordination high quality cross border activities
- Better synchronization of SIAs
- Cross-border mopping up for WPV across FATA and cVDPV2 across Balochistan borders

Major Priorities for the Coming Low Season

Top low season priorities to interrupt transmission

- Sustained oversight, management & accountability during and after elections
- ‘Underserved Priority Population’ Strategy
- Enhanced Civil Military Coordination in FATA
- Fully functional polio control rooms and union council committees
- Fully implement direct fund disbursement (DDM)

Risks

- Elections
- Continued or expanded inaccessibility
- Sub-optimal civil-military cooperation
- Gaps in program oversight, management and accountability
- Vaccine Shortage / supply management

Final Conclusion:

The Goal of NEAP to stop WPV transmission by December 2013 is feasible, if the plan is implemented rigorously