

*Technical Advisory Group on
Polio Eradication in Afghanistan*

DRAFT Feedback from TAG

25-26 August 2019

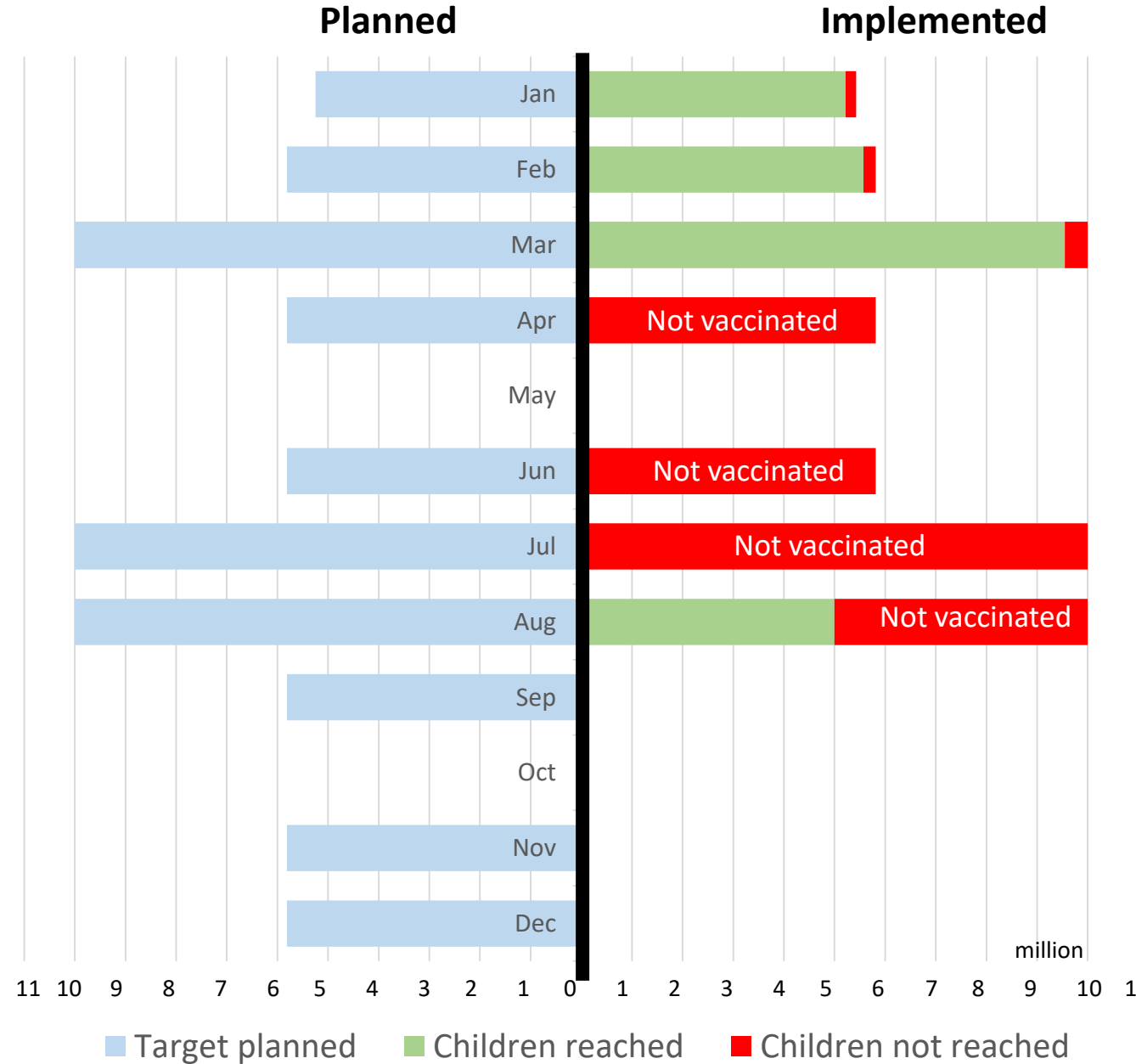
Dubai, UAE

Introduction

- We appreciate the hard work and dedication of the entire polio program in Afghanistan.
- We appreciate the program's efforts, tenacity, and creativity to tackle the main challenges – addressing the ban, enhancing surveillance, improving SIA quality, and finding ways to reach children.

Major risks

- Polio is in crisis mode and the program is not on the right track to eradication.
- Ban on H2H campaigns
- Ongoing transmission and increasing risk of large expanding outbreak
 - Accumulating susceptibles (5 million not covered by campaigns since March 2019)
 - Outbreak in Southern Region with no campaign response in Kandahar, Helmand and Urozgan
 - Outbreak across the border
- Loss of cohesion and potential distraction from core program strategies



Thematic areas

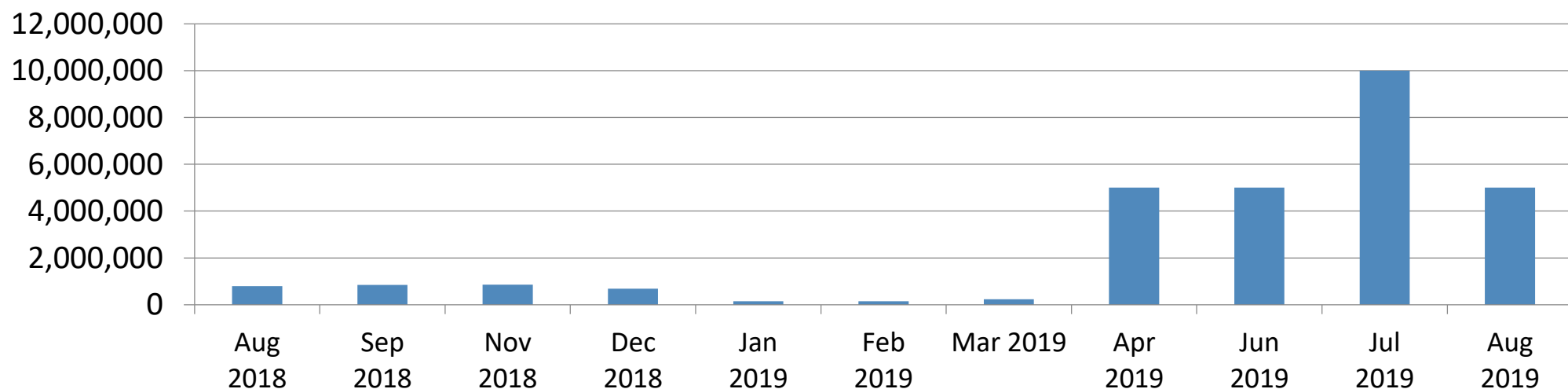
- Addressing inaccessibility
- SIA planning
- One team approach
- Geographic prioritization
- Optimizing communication strategies
- Improving routine immunization
- Complementary approaches

Addressing inaccessibility

Observations

- Access is the **main obstacle** for polio eradication in Afghanistan and access has significantly **deteriorated** since last TAG. If the current access situation persists, a major outbreak is imminent
- The current ban is different in nature and more complex than in the past
- The TAG observed a lack of clarity around the exact nature of the available access across geographic areas
- There was no campaign conducted in August in Kandahar City or other government controlled areas of Kandahar, whereas 85% of Kunar and Nangarhar were covered

Number of inaccessible children



Addressing inaccessibility

Recommendations

- The program should explore all approaches to gaining access for H2H campaigns including the involvement of local and religious influencers.
- H2H campaigns should restart in as many areas as possible.
 - In Government-controlled areas not included in August NID, such as Kandahar City, NEOC should work with regional/provincial teams to closely assess feasibility of immediately conducting a safe H2H campaign
- NEOC to review and clarify what is being done and clearly articulate what more is feasible (e.g., H2H campaigns, S2S campaigns, PTTs, etc.) in each high-risk area

SIA planning

Observations

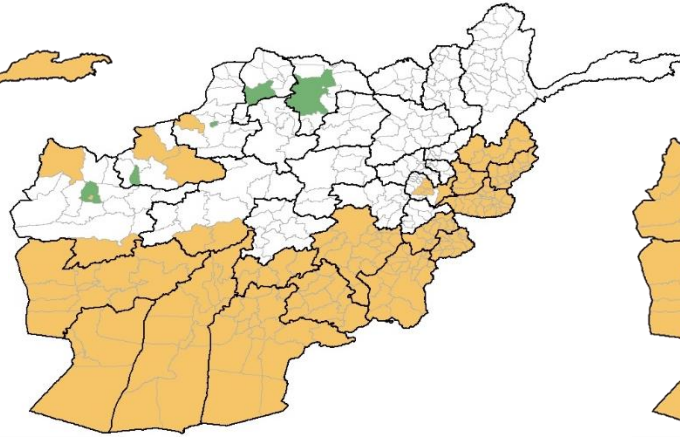
- The overall ban on polio campaigns continues to be in place. However, the ban may be lifted at any point with or without restrictions.
- SIA quality has been sub-optimal including in highest risk polio areas , especially for S2S campaigns.
- The program has taken steps to improve SIA quality over the past few months (e.g., Dand), but much more must be done.
- The program has proposed an SIA calendar up to mid 2020, which includes IPV and mOPV1 use.

Proposed SIAs Calendar Sep 2019 – Mar 2020

Mid – September



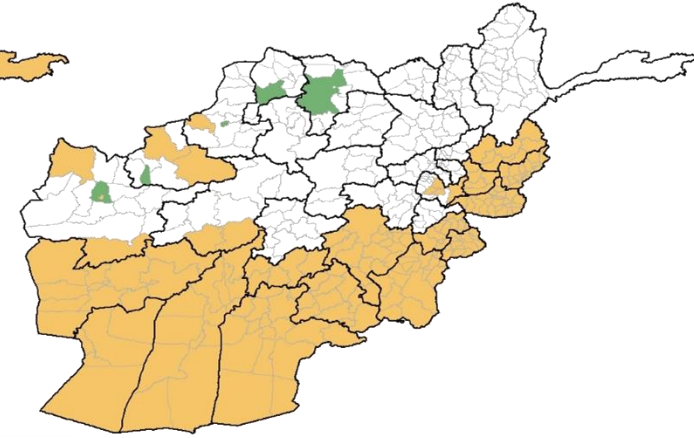
Mid – October



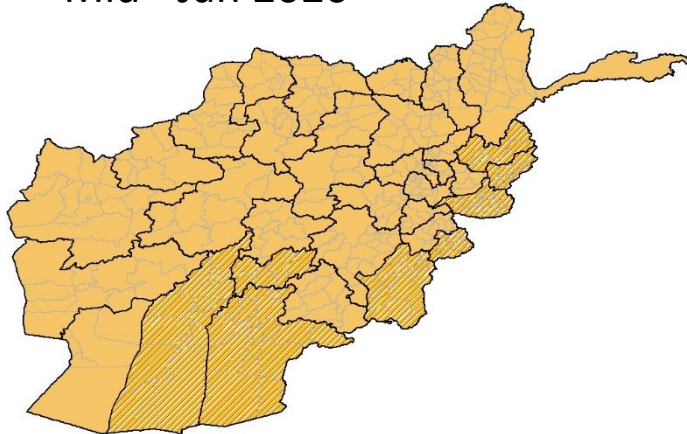
Mid – November



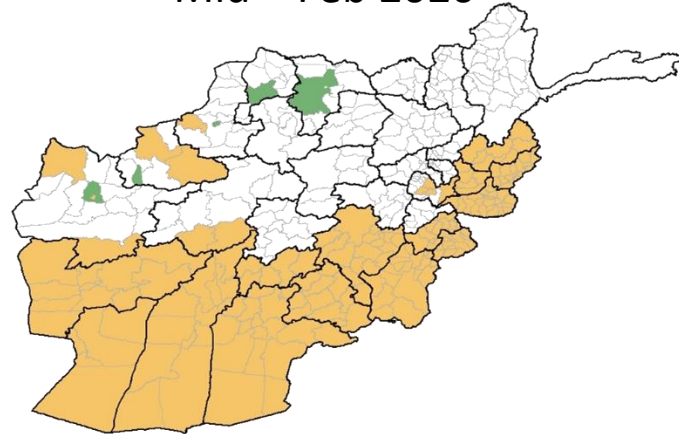
Mid – December



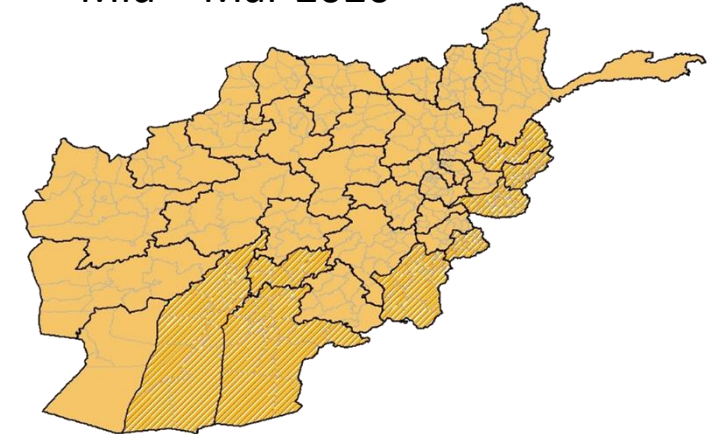
Mid - Jan 2020






Mid – Feb 2020



Mid – Mar 2020

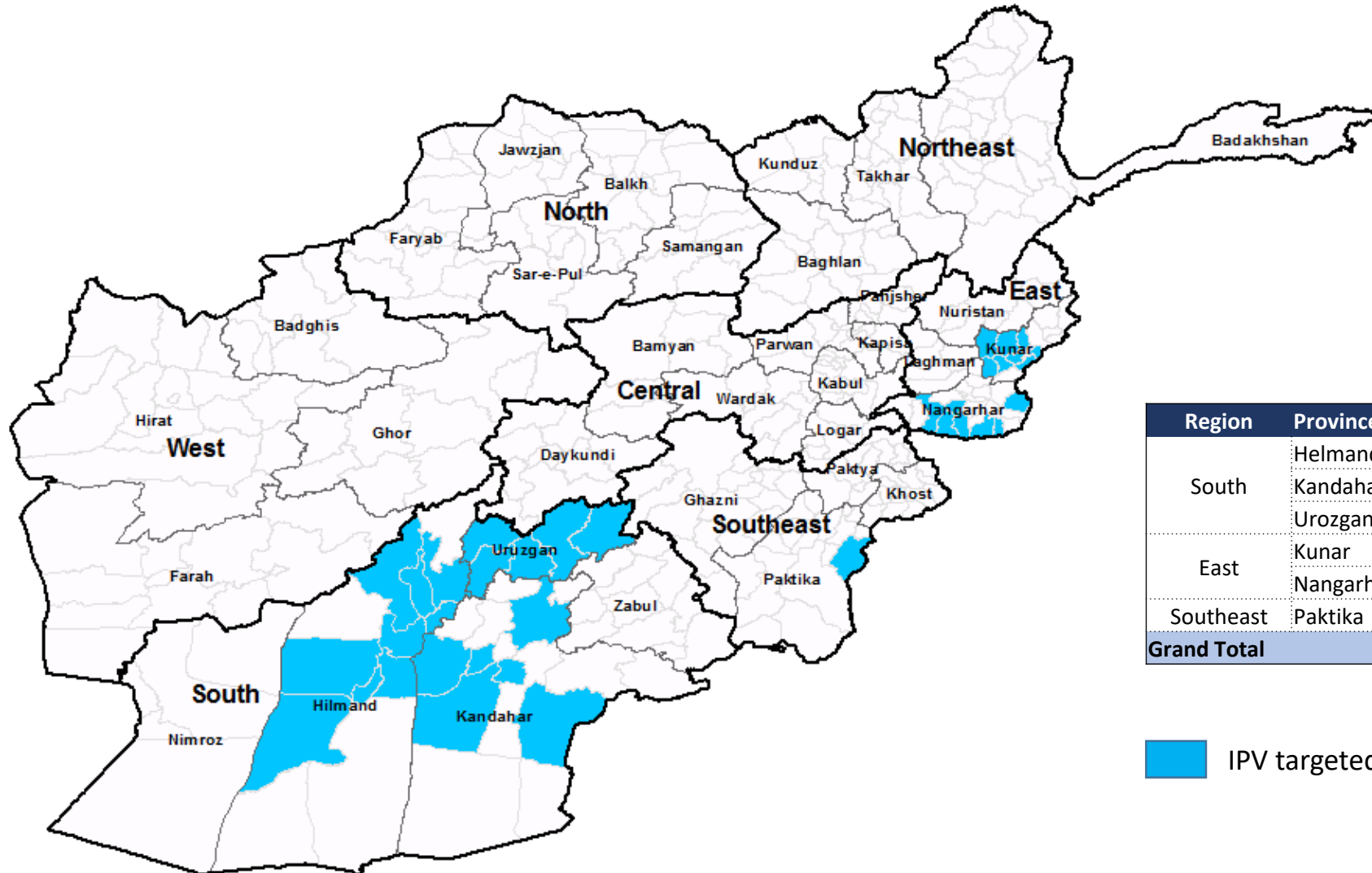


-  Full district targeted – mOPV1
-  Full district targeted - bOPV
-  Partial district targeted (IDP/HRMP) - bOPV

The SIAs schedule will be adjusted as per the timing of ban reversal

SNIDs TP: 5,813,470

IPV Plan 2020



Region	Province	Target (4-59 mths)
South	Helmand	625,844
	Kandahar	416,024
	Urozgan	147,647
East	Kunar	37,215
	Nangarhar	
Southeast	Paktika	28,212
Grand Total		1,254,942

 IPV targeted areas

IPV will be used in conjunction with bOPV to maximally utilize it for stopping transmission

1,647,705 IPV doses are available in-country



Adjusting NEAP Implementation as per Access

Strategies	Scenario-1; H2H ban Lifts	Scenario-2; Site to site Strategy	Scenario-3; Ban Persists	Resources Availability
OPV SIAs	+++	+++		Available for all scenarios
IPV / OPV SIAs	+	+	+	Available for all scenarios
Permanent transit teams (PTTs)*	+	++	+++	Available for all scenarios
Enhanced EPI in HR areas + expanded age group for OPV/IPV + Integrated outreach	+	++	+++	<ul style="list-style-type: none"> Partially available for enhanced EPI Not available for expanded age group (additional vaccinators)
Multi antigen EPI campaign including OPV/IPV (4 phases)**	++	++	+++	Available for all scenarios
Polio Plus / incentivized community engagement	+	++	+++	<ul style="list-style-type: none"> Available for scenarios-1 Partially available for scenario 2 & 3 (some non-GPEI funding available)
Boosting Surveillance	+++	+++	+++	Available for all scenarios

*The PTTs scale will remain enhanced in the VHRDs for 3-6 months after the ban reversal

** multi-antigen campaign will be implemented irrespective of the ban situation

SIA planning and preparation

Recommendations

- H2H remains the gold standard approach for polio eradication and all efforts should be made to conduct H2H campaigns.
- The TAG endorses the sequence of the proposed SIA schedule (commencing with a full NID) and the contingency plans
 - The TAG recommends limiting mOPV1 use to supplies currently in-country.
 - IPV campaigns to be conducted only after at least 2 bOPV rounds
 - Rationalize IPV campaigns against multi-antigen campaigns, inclusive of all children 4-59 months
- During the ban, the primary focus of the program should be on preparation to conduct the best quality campaign possible once access is gained. This includes:
 - Refining microplans
 - Identify best performing teams, remove poor performers, enhance training, limit interference in team selection
 - Focus on strategies to recruit females and reach mothers
 - Reviewing data from previous campaigns (H2H and S2S) to improve campaign quality
 - In areas where only S2S may be allowed, special focus should be on social mobilization to get kids to come to sites, reaching newborns, and enhancing monitoring to better understand coverage.
- Teams in highest risk areas should ensure they are properly prepared to implement a high-quality campaign within 10 days of the ban being lifted.

One team approach

Observations

- In such a difficult environment, within an emergency program, and with multiple recent polio leadership transitions, working as one team at all levels is more important than ever.



One team approach

Recommendations

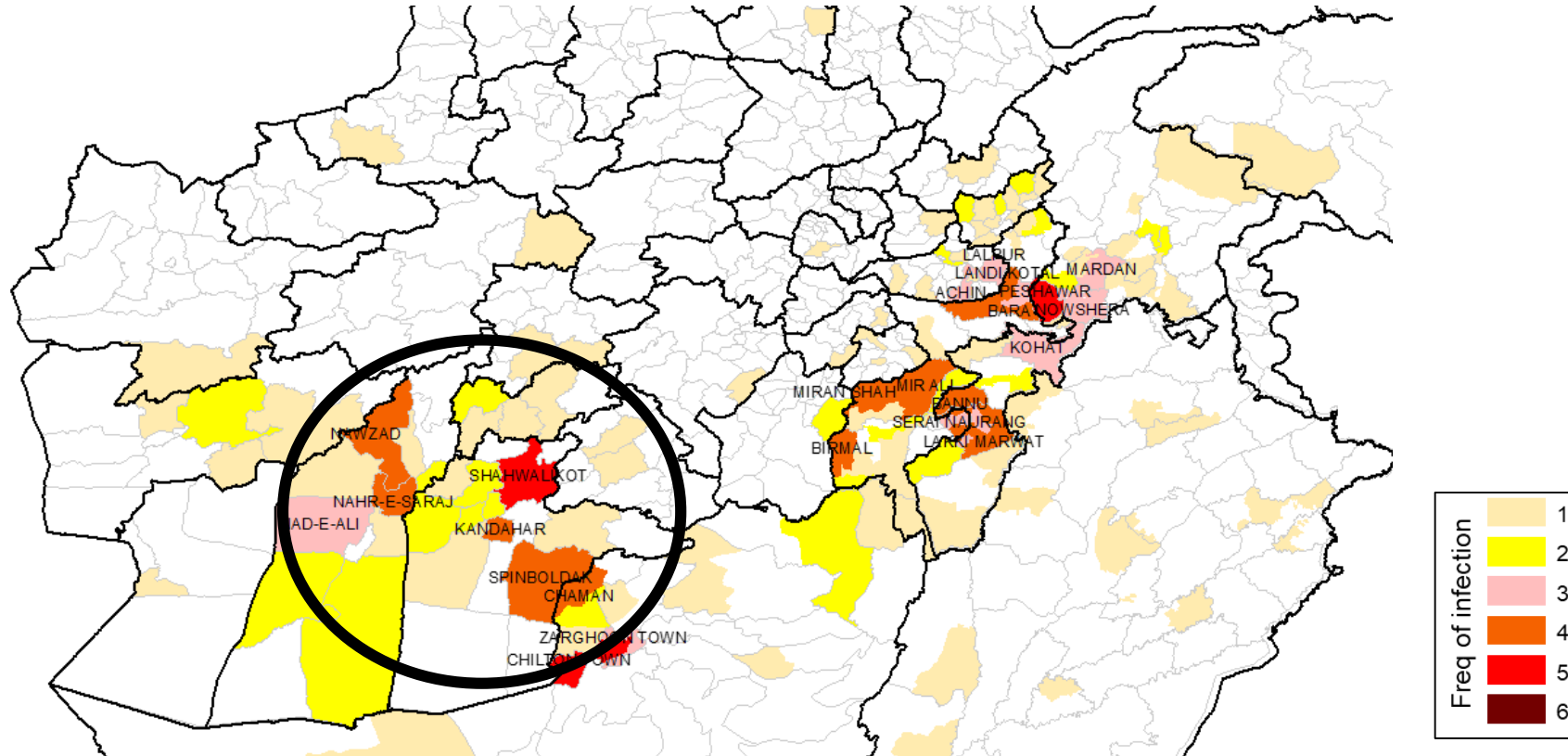
- The NEOC team should continue to strengthen a culture of trust, work inclusively, and make major decisions together as one team under the leadership of the EOC coordinator
- A high priority for NEOC and REOC staff should be on getting to the field and conducting joint field missions.

Geographic prioritization

Observations

1. Kandahar City continues to be the main engine of transmission, driving the vast majority of transmission in Afghanistan over the past decade
2. The remaining 14 focus districts of Helmand and Kandahar as well as infected districts of Urozgan represent the current polio reservoir in Afghanistan
3. Kunar and Nangarhar have reduced transmission, but may still be infected and are at constant threat given the major outbreak in KP
4. The Southeast Region, particularly Paktika and specific areas such as Bermel, which receive lots of people from infected areas of Pakistan, are at high-risk of importation and spread

Frequency of infection due to WPV1[^] Afghanistan & Pakistan - By District & Tehsil 2012 - 2019



[^]One year is taken as one infection if case or cases reported

Geographic prioritization

Recommendations

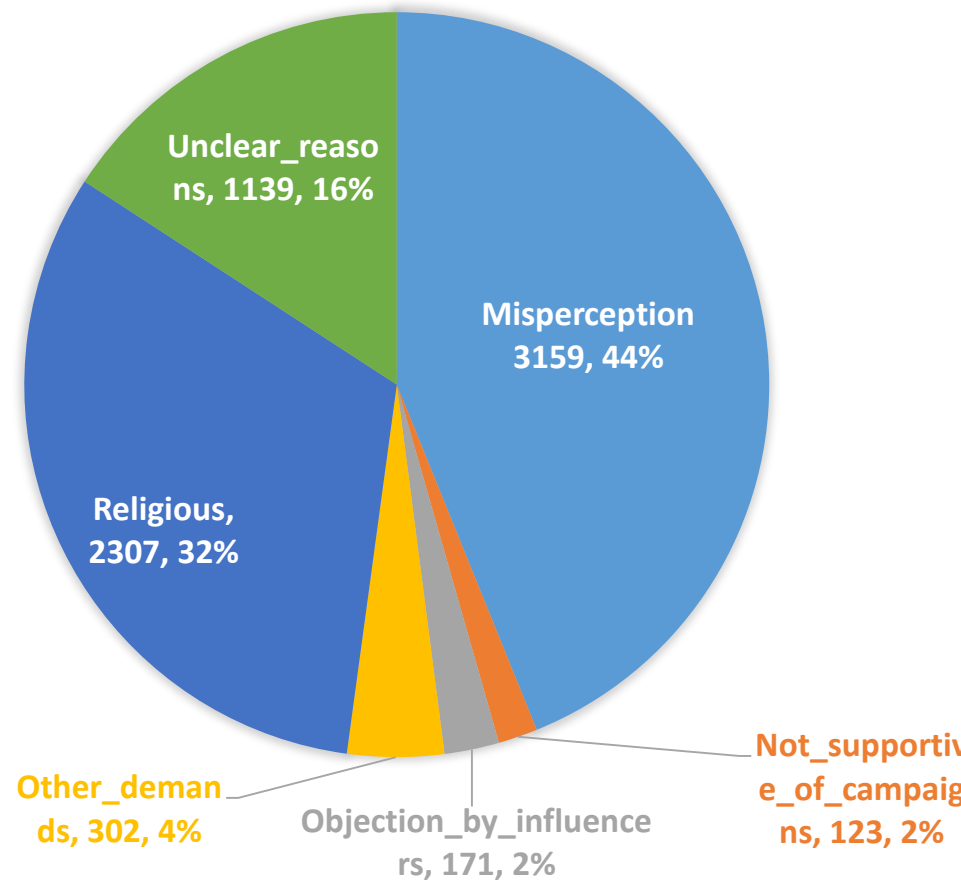
- Kandahar City:
 - NEOC to work with Kandahar team to immediately restart safe H2H campaigns as feasible
 - Focus on preparations to achieve best quality polio campaign as soon as access is gained – ensure the previous TAG recommendation on increasing staff is fully implemented
- Remaining 14 focus districts of Helmand and Kandahar and infected districts of Urozgan:
 - Focus on preparations to achieve best quality polio campaign as soon as access is gained – special attention on enhancing quality of S2S campaigns, if that is the only option
 - Continue expansion/rationalization of PTTs and intensive monitoring
- Kunar, Nangarhar, and Paktika
 - Maintain strong all age vaccination at Torkham border
 - Identify specific geographies where incoming population from Pakistan are going (utilize CDC-supported analysis) - take aggressive actions to vaccinate and intensify surveillance in those areas
 - The high number of missed children during previous campaigns in Paktika must be urgently addressed through improving quality and restarting campaigns

Optimizing communication and community engagement strategies

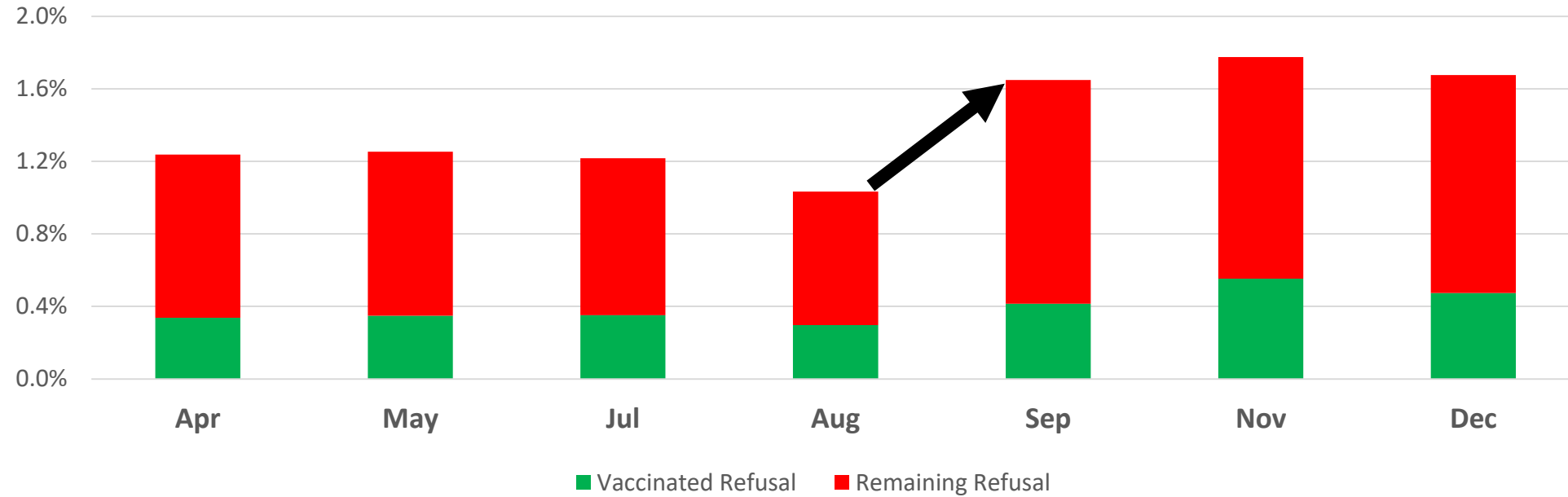
Observations

- ICN is a large and important resource - there are a variety of roles the ICN is playing depending on region
- It is unclear if local communications strategies are tailored to known data on refusals (e.g., misconception seems to be the biggest reason for refusal, but the approach to misconception is not clear)
- Data use to assess and plan effective communication approaches appears to be limited
- Noting the situation in Pakistan and the VOA issue in Kandahar in September 2018, the spread of propaganda and misinformation through social media is a serious threat.

MAIN CATEGORY REFUSAL



Refusal Children in Southern Region in 2018



A sharp increase in refusals in South last September after anti-vaccination broadcast on VOA and spread on social media

Optimizing communication strategies

Recommendations

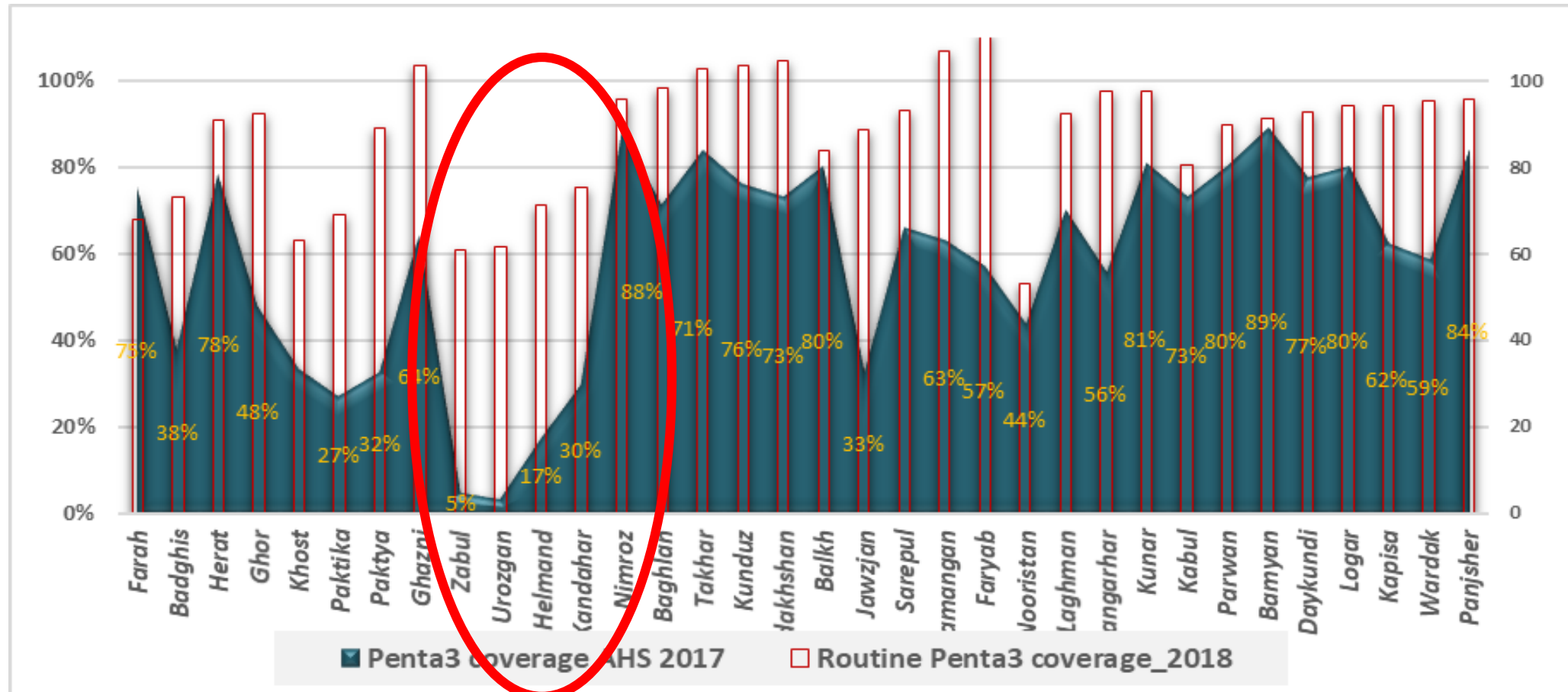
- Review region-specific communication strategies taken into consideration recommendations from 2018 communications review
- Review the role and distribution of ICN staff and modalities to ensure they are being optimally utilized to reduce missed children, in particular through structured community engagement strategies to measurably reduce refusals (focus on increasing number of female ICN)
- Prepare a communication plan for when the ban is lifted
- Risks in social media should be assessed with expert assistance if required and current activities should be evaluated to quantify risk/benefit.

Improving routine immunization

Observations

- We appreciate the increased coordination between the polio and EPI programs, and the actual implementation of synergy activities
- There are a variety of activities ongoing in Afghanistan to improve RI supported by a variety of donors (World Bank, USAID, GAVI, BMGF, CDC, Canada, EU, etc.)
- BPHS NGOs are receiving feedback from the polio program (e.g., 0 dose reporting, monitoring checklists, etc.), but it is unclear the actions the NGOs are taking in response to this data.

Differences between reported and survey Penta-3 coverage (AHS 2018) by province, 2018



Biggest gaps in highest priority polio provinces, especially Kandahar, Helmand, and Urozgan – this is a huge opportunity for the polio and EPI teams

Improving routine immunization

Recommendations

- Polio infrastructure to support EPI strengthening, especially during the ban and focused on highest risk areas leveraging polio strengths:
 - RI monitoring
 - Support planning, implementation and monitoring of multi-antigen campaign utilizing lessons from measles/S2S campaigns
- NEOC/EPI to develop SOPs for BPHS NGOs response to polio program feedback (e.g., 0 dose reporting, supportive supervision) and immediately begin systematic implementation.
- NEOC/EPI to regularly report to TAG on efforts to strengthen EPI with focus on high-risk polio areas:
 - RI monitoring results by polio staff and actions informed/undertaken by the Review Committee
 - Identification and vaccination of 0 dose children
 - Creation of new EPI centers, progress in addressing white areas
- Donors should aggressively prioritize support to EPI strengthening in highest risk polio areas; NEOC/EPI should report on this in the next TAG.

Complementary approaches

Observations

- The program is delivering and considering a variety of complementary approaches to help boost polio vaccine coverage (e.g., plusses, community development, etc.)
- However, the strategy, scope, rationale, and implications for the polio program remain unclear.
- Polio circulates in the most deprived communities lacking basic services
 - Basic services are urgently needed in these areas – some are experiencing a humanitarian crisis
 - Delivering such services may enhance community perception of the polio program supporting eradication
 - The polio program may play a role in this but there are risks

Complementary approaches

Recommendations

Polio Plus

- Review and evaluate Polio plus activities to ensure focus on improving OPV uptake (e.g. in S2S) –
 - Small-scale health items are preferred
- Larger goods distributions (e.g. conditional non-cash) not advisable

Community development

- Polio program to assist in identifying most marginalized communities in polio high-risk areas and supporting through existing resources (such as ICN).
- Polio program to work with other development partners to direct integrated initiatives focused in these geographies to create the enabling environment helping eradication and addressing basic needs

Overall

- NEOC should draft a clear, comprehensive plan covering complementary approaches and send to TAG within 30 days for review and recommendations.

Question to TAG – East Region

- We have talked about the initiatives that we have undertaken to address the issue of inaccessibility. What can we do more so that there is no immunity gap among the children in inaccessible areas to sustain circulation if there is any new importation of virus?
- In view of widespread circulation of virus across the border what other additional measures can be taken in addition to strengthening Cross Border OPV vaccination and all- age vaccination for travelers?

TAG: Strong progress on addressing inaccessibility challenges and increasing cross border efforts. Intensify tracking/vaccination of incoming travelers, expand border teams at informal sites, and evaluate PTT impact on immunity in inaccessible areas and adjust as appropriate

Question to TAG – South Region

- Kandahar city has no human case since August 2018, but environmental samples are continuously positive with the following interventions done, what else should be done
 - Regular campaign reviews with the whole team
 - Identification of HRMP, their mapping and response
 - Relocation/re-appropriation of campaign transit teams
 - Focus on training of FLWs by WHO & Unicef staff
 - Assignment of best workers in the city with dedicated focal points

TAG: Restart safe high quality H-H campaigns and immunization as soon possible. Accelerate improvements to EPI. Evaluate PTT strategy to be immunize people entering Kandahar city.



Questions from NEOC for TAG's Guidance

- Does TAG recommend any specific adjustments / measures for the presented scenarios? **TAG endorses**
- Adjusted SIAs schedule for “Sep 2019 – Mar 2020” in view of the ban & dropping population immunity? **TAG endorses**
- What is TAG's advice on the presented IPV plan? **Rationalize IPV campaigns against multi-antigen campaigns**
- What is TAG's advice on the newly proposed community engagement plans? How can the country raise additional funding? **See relevant recommendations.**

Thanks