Polio Update: Afghanistan

Progress, Challenges & Way Forward

For the 17th Meeting of the Independent Monitoring Board (IMB)

01 – 02 October 2019

Abbreviations

Short	Long	Short	Long
AFP	Acute Flaccid Paralysis	ICN	Immunization Communication Network
AGE	Anti-government elements	IHR	International Health Regulations
CIP	Community influential people	LQAS	Lot quality assurance sampling
CRC	Cluster refusal committee	NEAP	National Emergency Action Plan
CS	Cluster supervisor	NSS	Newborn, sleeping and sick children
DC	District coordinator	PCM	Post-campaign monitoring
DPO	District polio officer	PEI	Polio eradication initiative
EOC	Emergency Operations Center	PPO	Provincial polio officer
ES	Environmental surveillance	PTT	Permanent transit team
FLW	Frontlilne worker	S2S	Site-to-site modality
H2H	House-to-house modality	SIA	Supplementary Immunization Activity
HR	High-risk	WPV	Wild polio virus

Outline

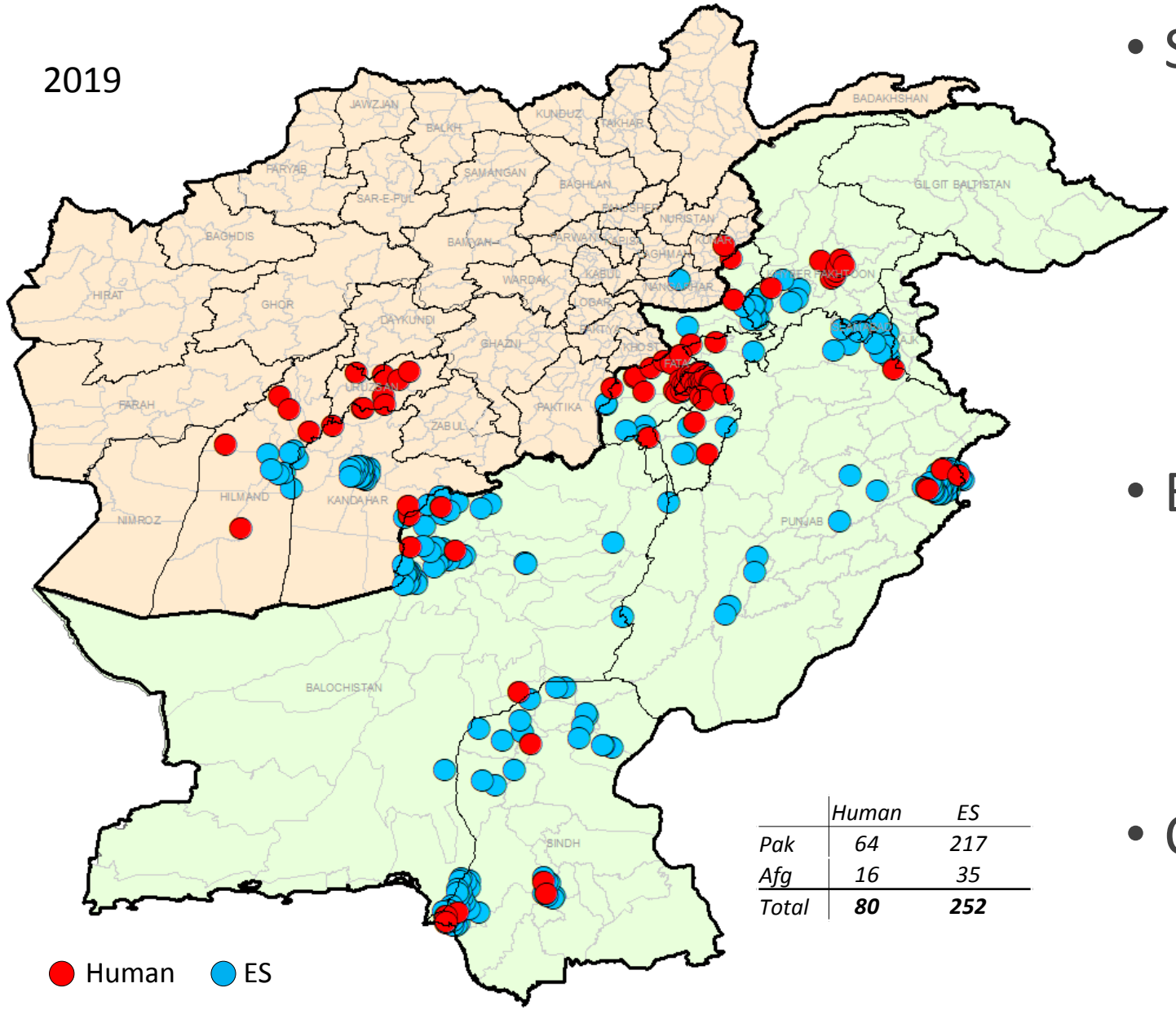
- *Epidemiology*
- *Surveillance*
- *Access for Supplementary Immunization Activities (SIAs)*
- *Other bottlenecks for the program*
- *Interventions to maintain immunity the inaccessible areas*
- *Interventions to maintain immunity the accessible areas*
- *Communication / Social Mobilization*
- *Way Forward (Scenario based planning)*

Bottom line Upfront

- **The overall security situation in Afghanistan remains volatile; has deteriorated over the last 2 years & might further worsen in the short term**
  - period around presidential elections is quite volatile
- **Continued Ban imposed on vaccination since May 2018, remains the most significant bottleneck for the program**
  - Unlike past, current ban is due to non-programme related reasons (security concerns of the AGE military wing)
  - Initially ban limited to parts of south region (program negotiated for site-to-site vaccination in these areas)
  - Since April 2019, the ban expanded countrywide on any kind of SIAs (house-to-house, site-to-site)
  - Efforts are ongoing at all levels to re-gain access
- **SIAs implemented in accessible areas during Aug & Sep 2019; reaching 51% and 57% target population respectively**
  - However, epicenter of the ongoing intense WPV-1 transmission could not be reached
- **Surveillance for polioviruses is generally sensitive to detect WPV-1 transmission anywhere in the country, including the areas inaccessible for SIAs**
  - 15/16 (94%) polio cases in 2019 are from inaccessible areas

Epidemiology

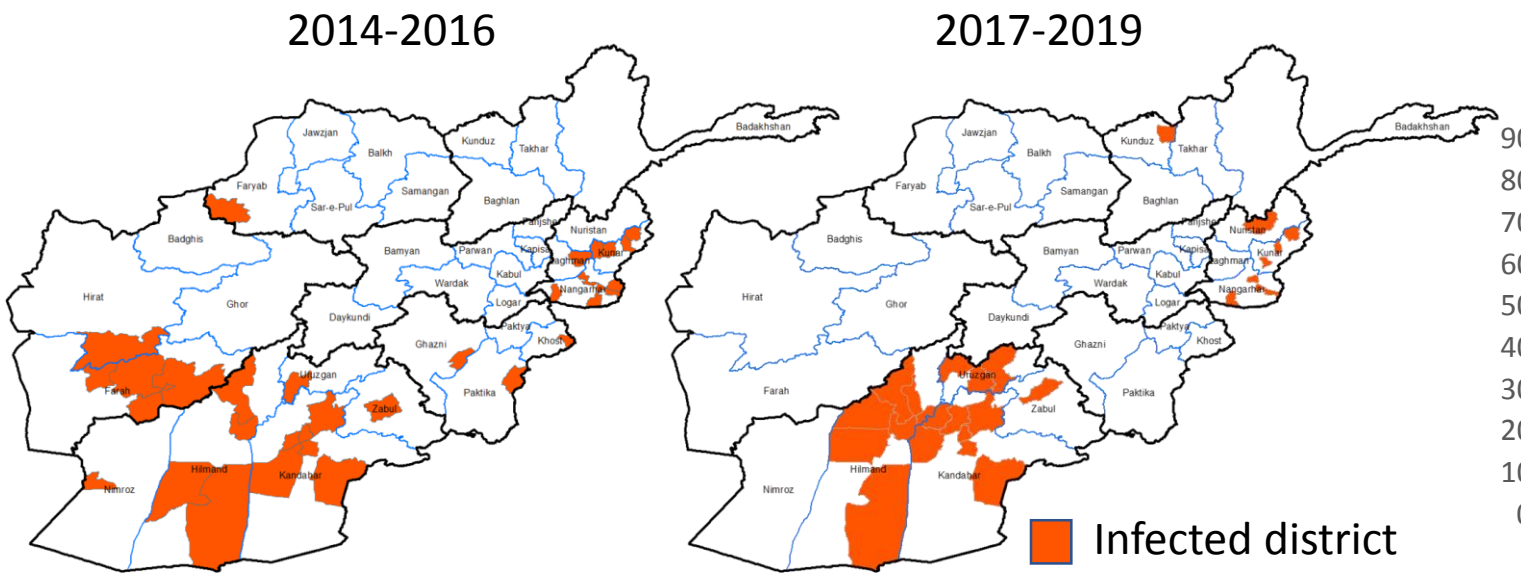
AFG-PAK Epidemiological block

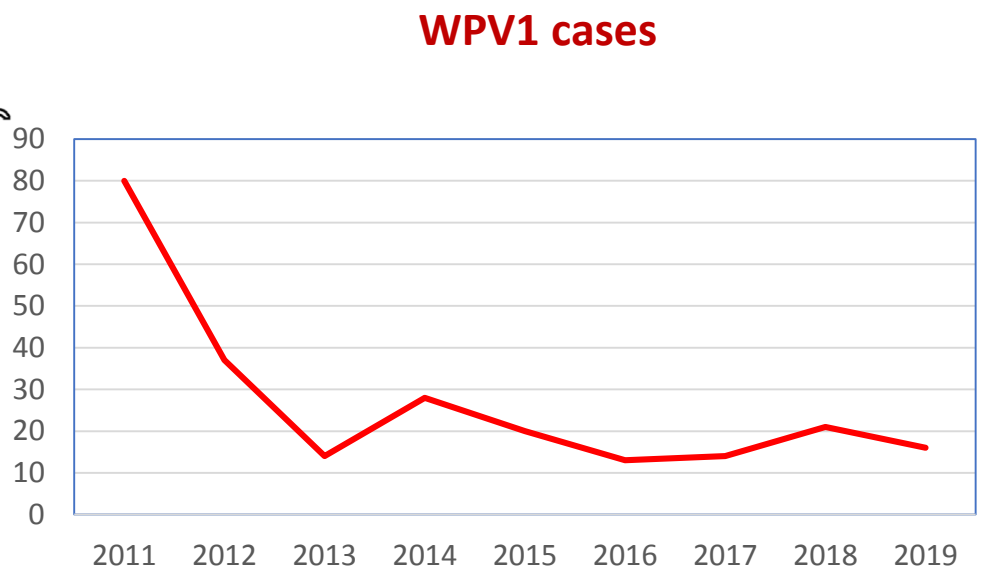


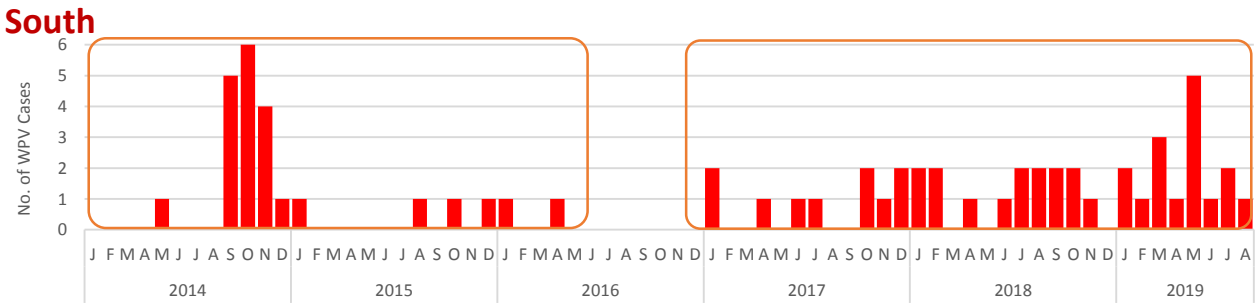
	Human	*ES*
Pak	*64*	*217*
Afg	*16*	*35*
Total	***80***	***252***

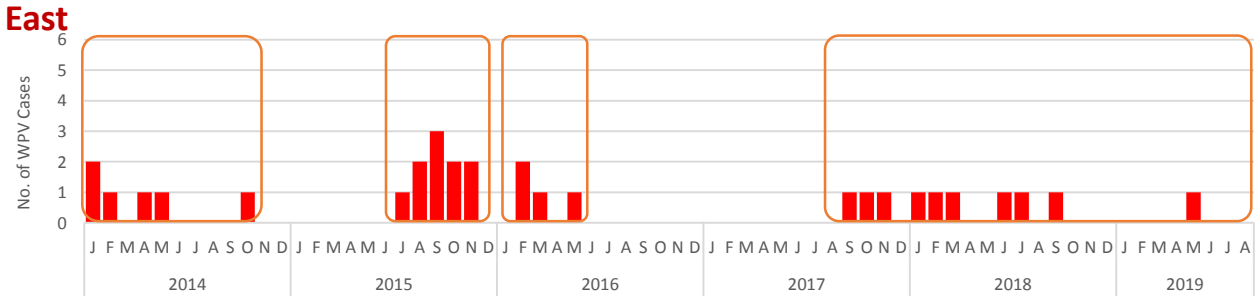
- Southern corridor:
  - 15/16 cases
  - 2 in Kandahar, rest in northern Helmand and Uruzgan (onset of last case on 02 Aug. 2019)
  - 14/15 cases in inaccessible areas
- Eastern corridor:
  - 1 case in Kunar in 2019
  - Onset on 8th May 2019
  - Active outbreak across the border
- Central corridor:
  - No confirmed case since 2016
  - Active outbreak across the border

WPV-1 Transmission Patterns; 2014 – 2019





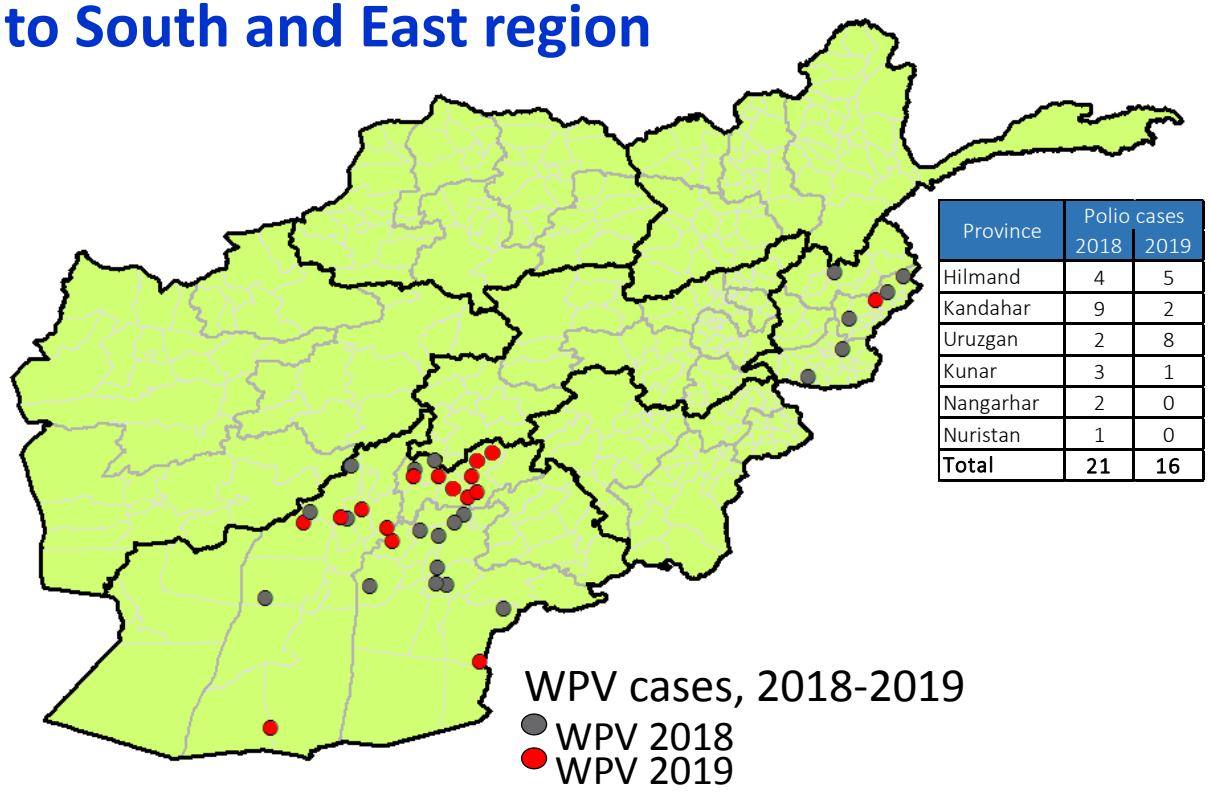




- **Transmission limited to South & East since 2017 (unlike past)**
- **In the past, South & East regions have demonstrated the ability to stop transmission, if program has access**

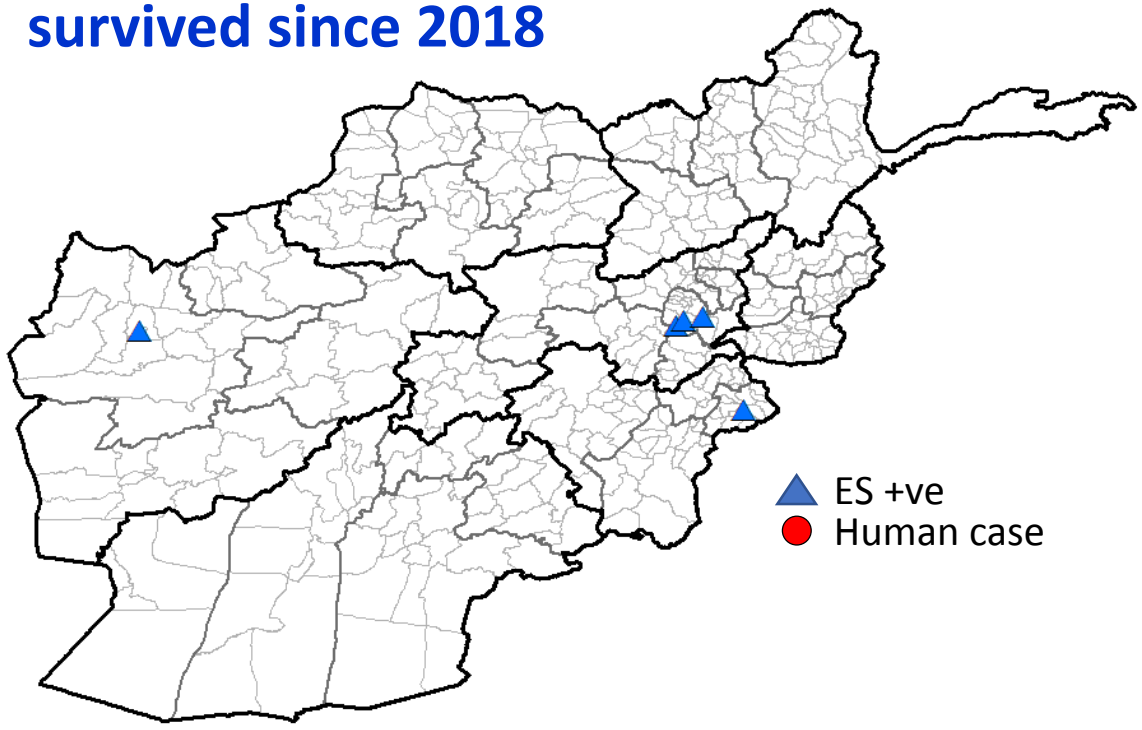
Polio transmission, 2018-2019

Transmission Currently limited to South and East region



Province	Polio cases 2018	2019
Hilmand	4	5
Kandahar	9	2
Uruzgan	2	8
Kunar	3	1
Nangarhar	2	0
Nuristan	1	0
Total	**21**	**16**

Importation to other areas stopped; No WPV event outside 5 HR provinces survived since 2018



- Engine of transmission – Kandahar has 2 confirmed cases so far compared to 9 cases last year
- Intensity of transmission in south has shifted to northern districts of Helmand and Uruzgan
- All wild poliovirus isolates detected outside endemic areas were rapidly eliminated without any secondaries

Site	Date		Outcome
Kabul	**25 Oct 2017**	**ES**	**No secondary**
	26 Feb 2018	**ES**	**No secondary**
	26 Jun 2018	**ES**	**No secondary**
Herat	**25 Jun 2018**	**ES**	**No secondary**
Khost	**25 Sep 2018**	**ES**	**No secondary**

- ***Currently, WPV-1 transmission geographically restricted to south region and parts of East region***

- ***Active outbreak in South Region***
  - *Intensity of transmission in Kandahar province (engine of transmission) seems to have diminished, however the environmental samples are persistently positive*
  - *The transmission spreading in inaccessible areas of north Helmand and Uruzgan*

- ***East region has shown lower intensity of transmission;***
  - *however, there is paramount risk from neighboring areas of Pakistan with active outbreak*

- ***Southeast Region at risk****, with major outbreak in the neighboring area of Pakistan*

- ***Poliovirus incidents outside endemic areas of the country contained rapidly***

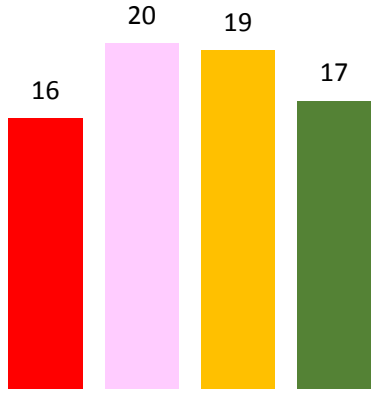
Do we have the complete picture?

Surveillance for polioviruses; Sensitivity / Quality

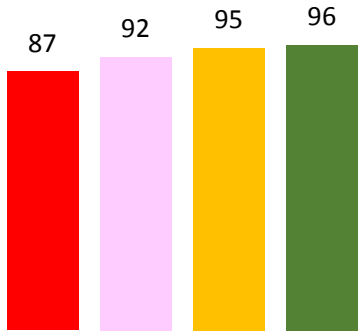
Surveillance system

Surveillance is equally sensitive across access categories

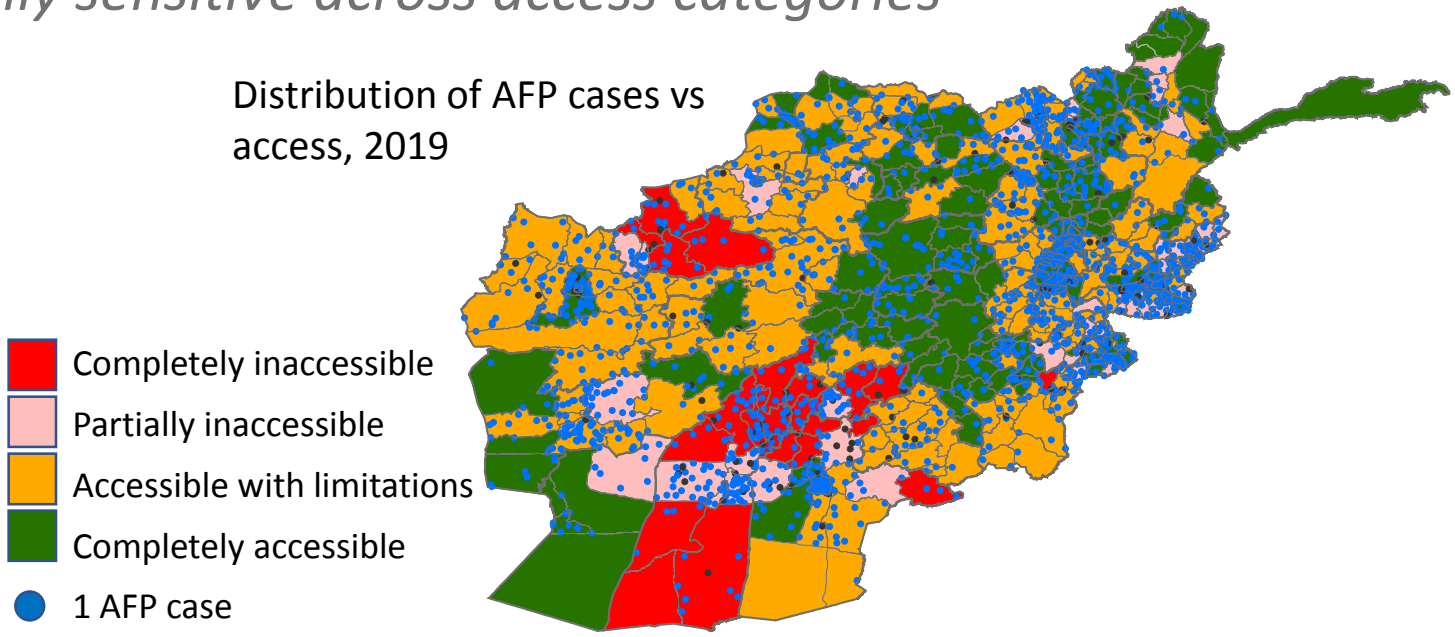
Non Polio AFP rate, 2019



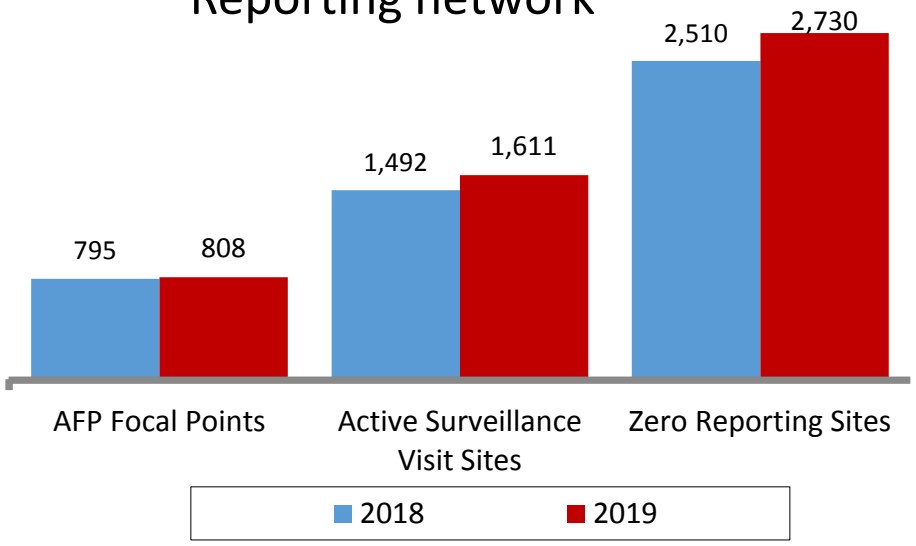
% stool adequacy, 2019

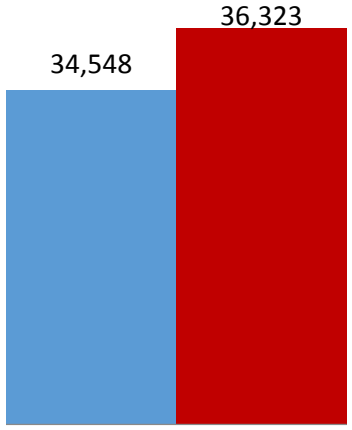


Distribution of AFP cases vs access, 2019



Reporting network



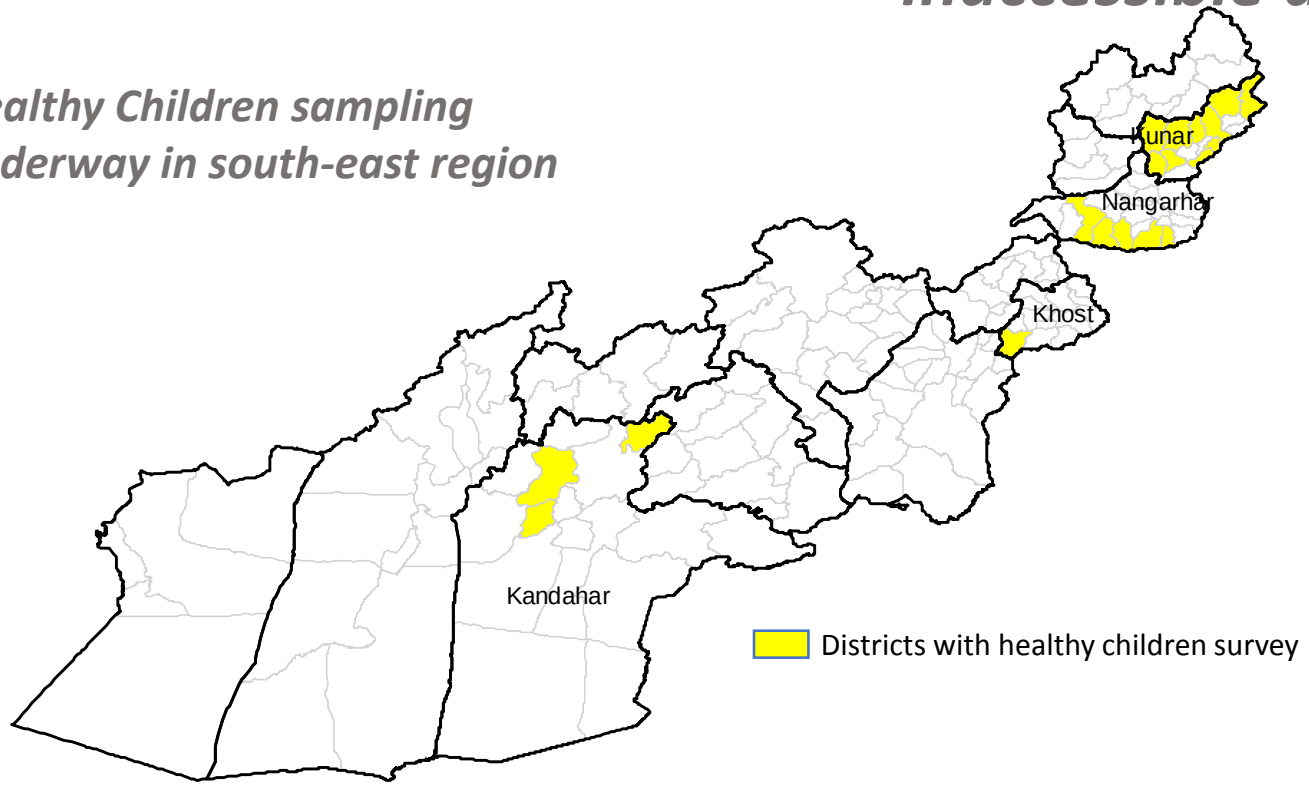


- Key surveillance indicators in all access categories comparable and above targets
- AFP cases reported from all areas of the country
- Efforts to expand AFP surveillance network

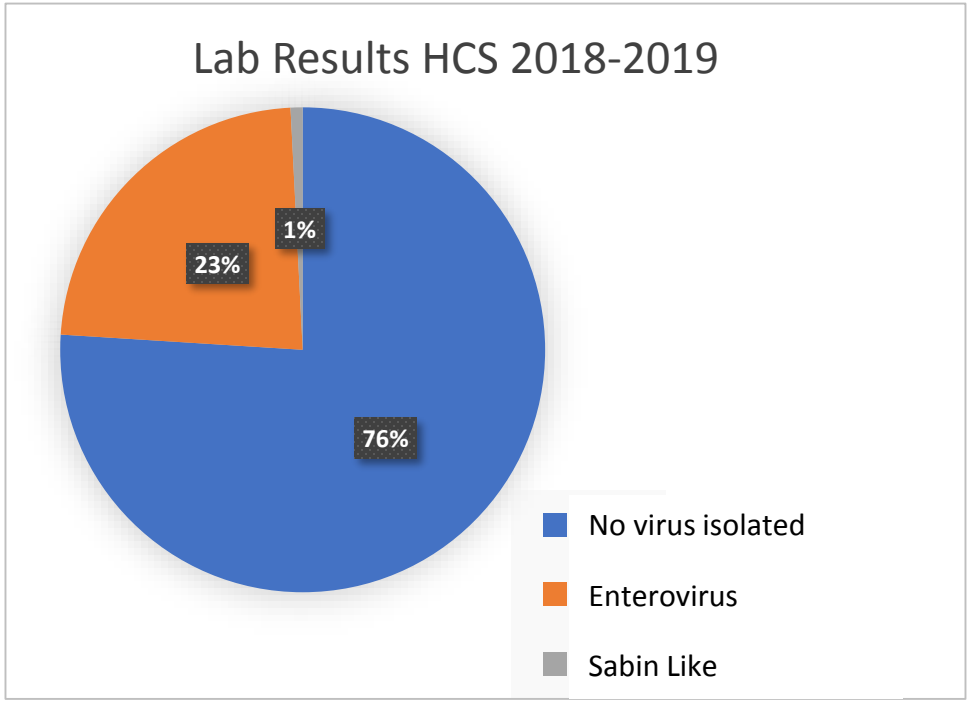
Surveillance system

Additional measures to ensure sensitivity – healthy children sampling in chronic inaccessible areas

Healthy Children sampling underway in south-east region



Year	Qtr.	# of Samples Collected
2018	Q4	132 (~10 from each district)
2019	Q1	80
2019	Q2	78



- Healthy children stool sampling done in chronically inaccessible areas to ensure that no transmission is missed
- Laboratory results show adequate reverse cold chain and absence of any wild poliovirus

Surveillance system

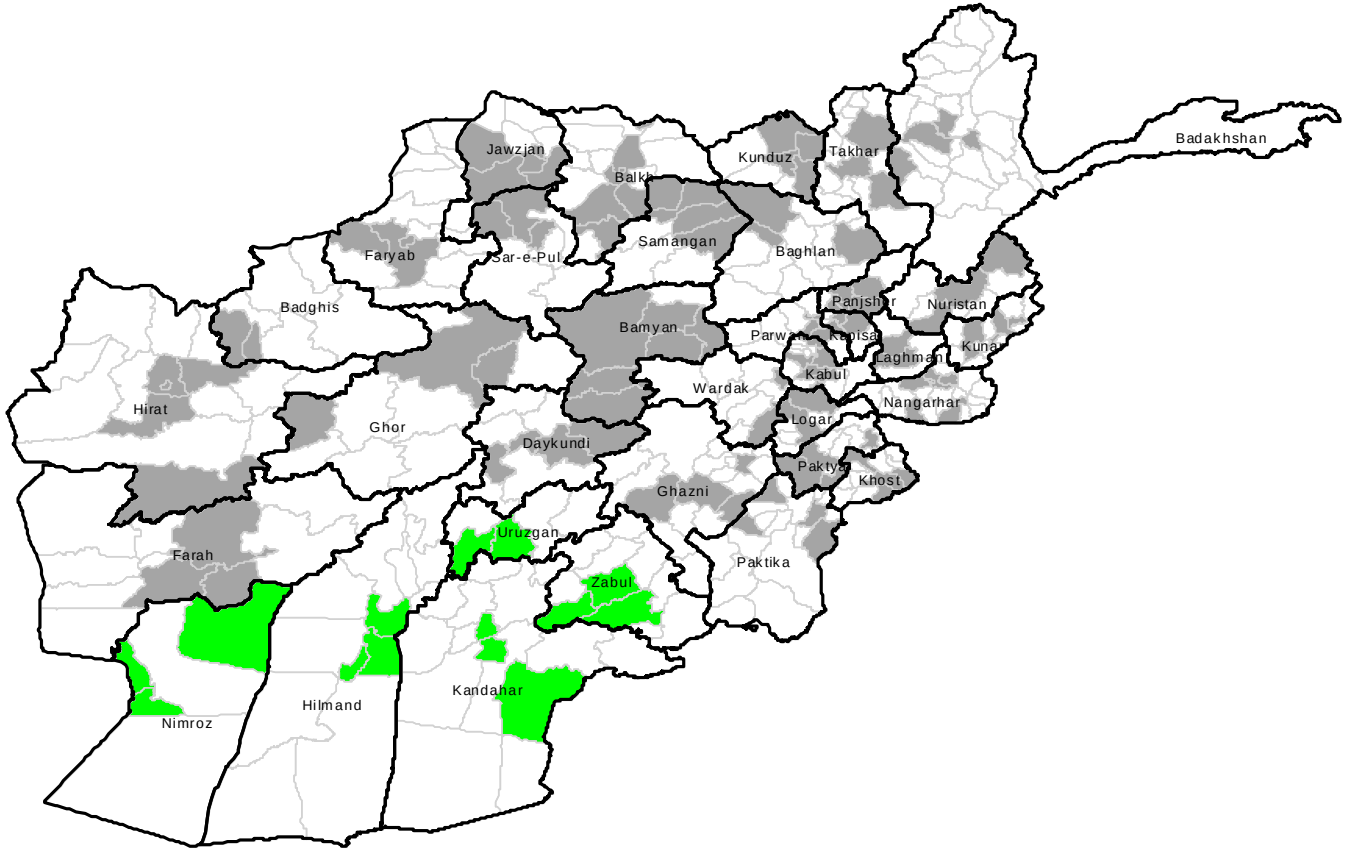
Continued Internal AFP surveillance reviews to Assess the Surveillance, Identify and Plug the Gaps

Key findings of last review - South Region

- No evidence of missing AFP cases
- Functional, responsive & sensitive surveillance system in place
- Comprehensive surveillance network including public and private sectors
- Some weakness in documentation in Uruzgan and Zabul
- Inadequate awareness of regional EPI staff about surveillance

Conclusion

- The poliovirus surveillance system in south region is unlikely to miss detection of poliovirus transmission for a long time



Districts Reviewed Dec 2018: Visit to 114 key districts of 29 provinces in 6 Regions

Districts Reviewed 2019: Visit to 14 key districts of 5 provinces in South Regions

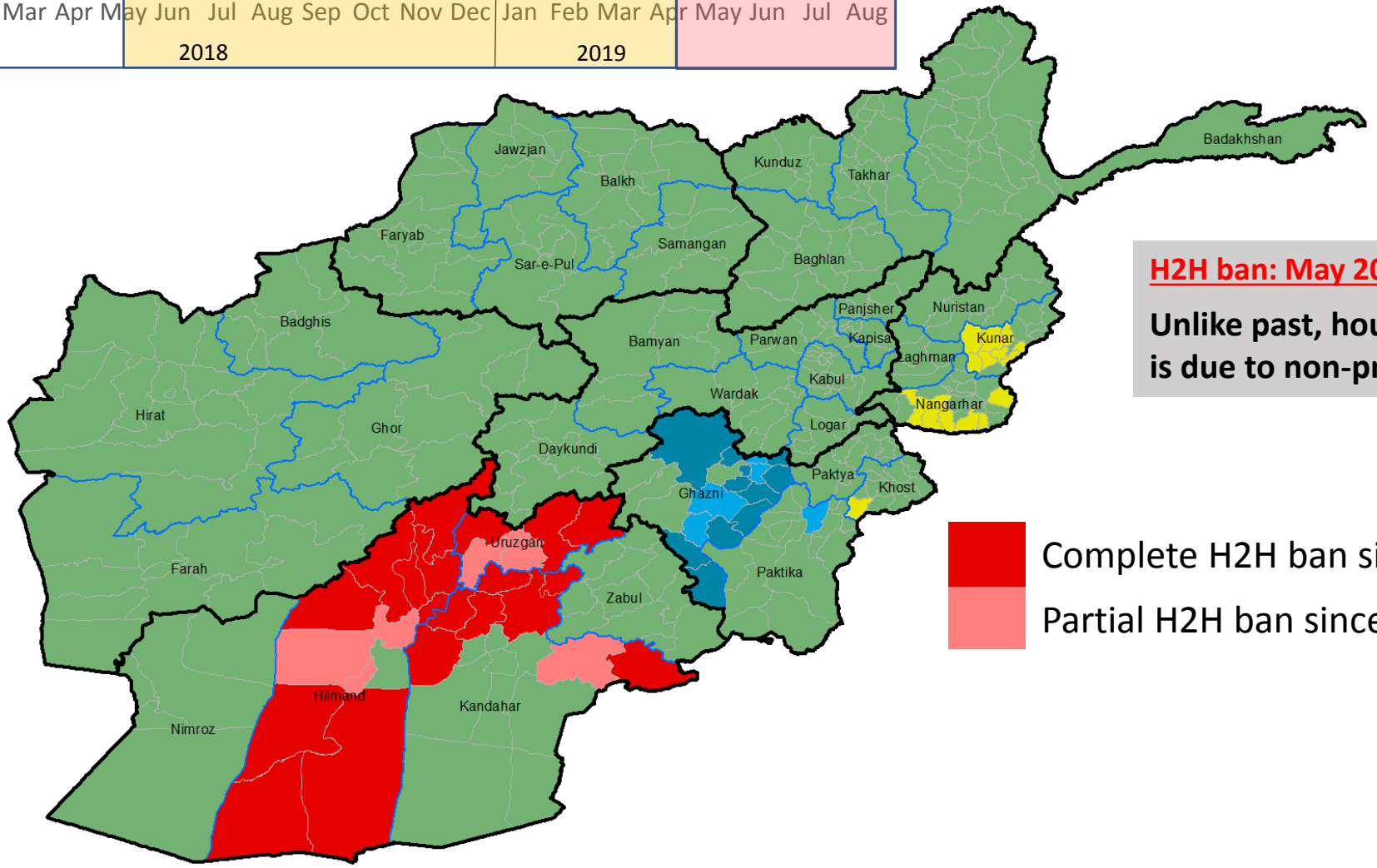
- ***Unlikely to miss any poliovirus transmission / event across all access categories***
- ***No ban on surveillance activities, only SIAs are banned***
  - *Surveillance is a low profile activity in general (low visibility); unlike campaigns*
- ***There is ongoing review and active efforts to expand surveillance network***
- ***Complementary surveillance activities are undertaken to ensure high sensitivity***

Access situation and its impact on population immunity

Access situation

Deterioration in access situation since May 2018

No ban	H2H ban in high risk provinces												Complete Ban			
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
				2018								2019							

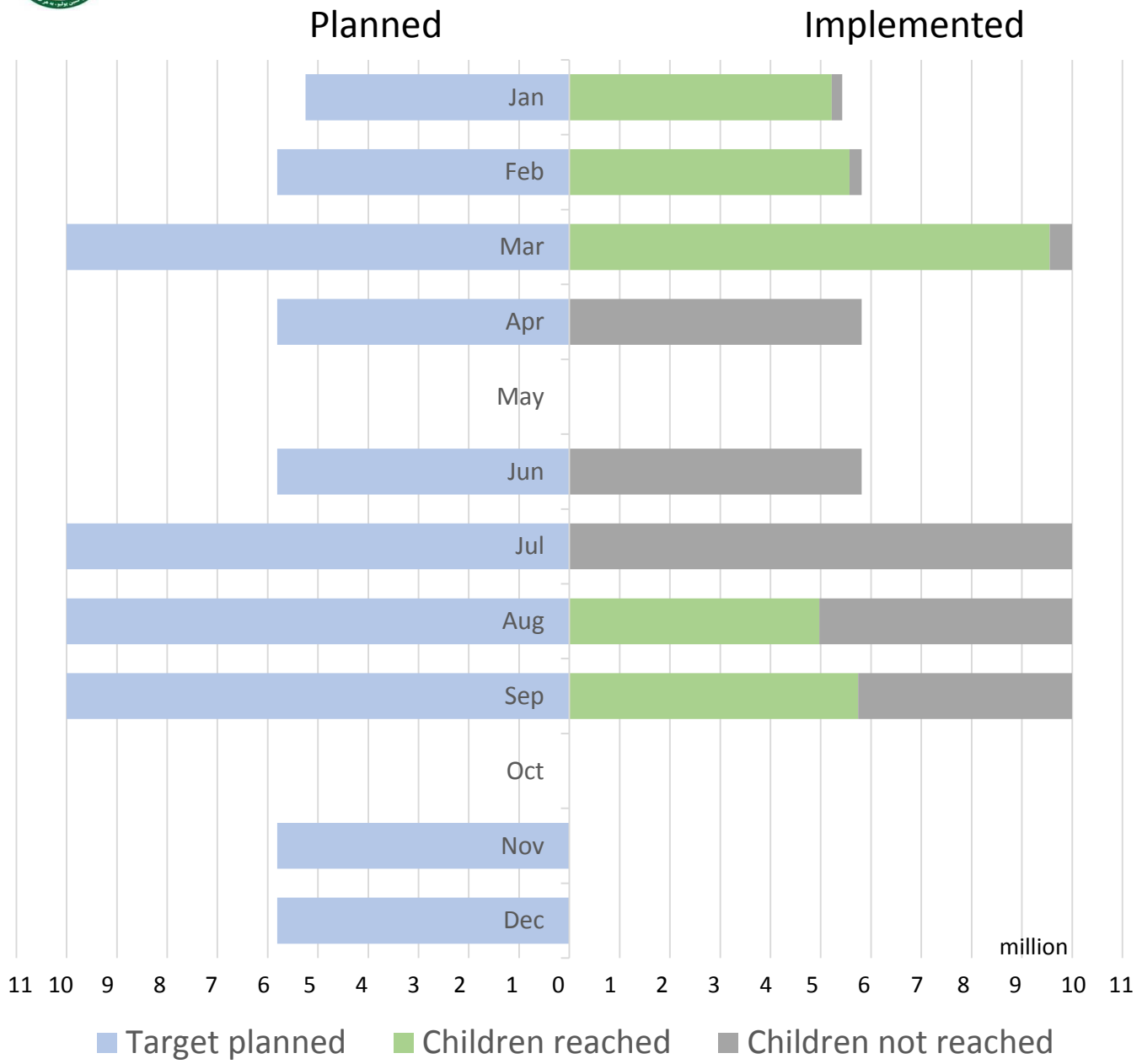


H2H ban: May 2018 – April 2019

Unlike past, house to house ban from May 2018 is due to non-programme related issues

Complete H2H ban since May 2018	558,300
Partial H2H ban since May 2018	186,678

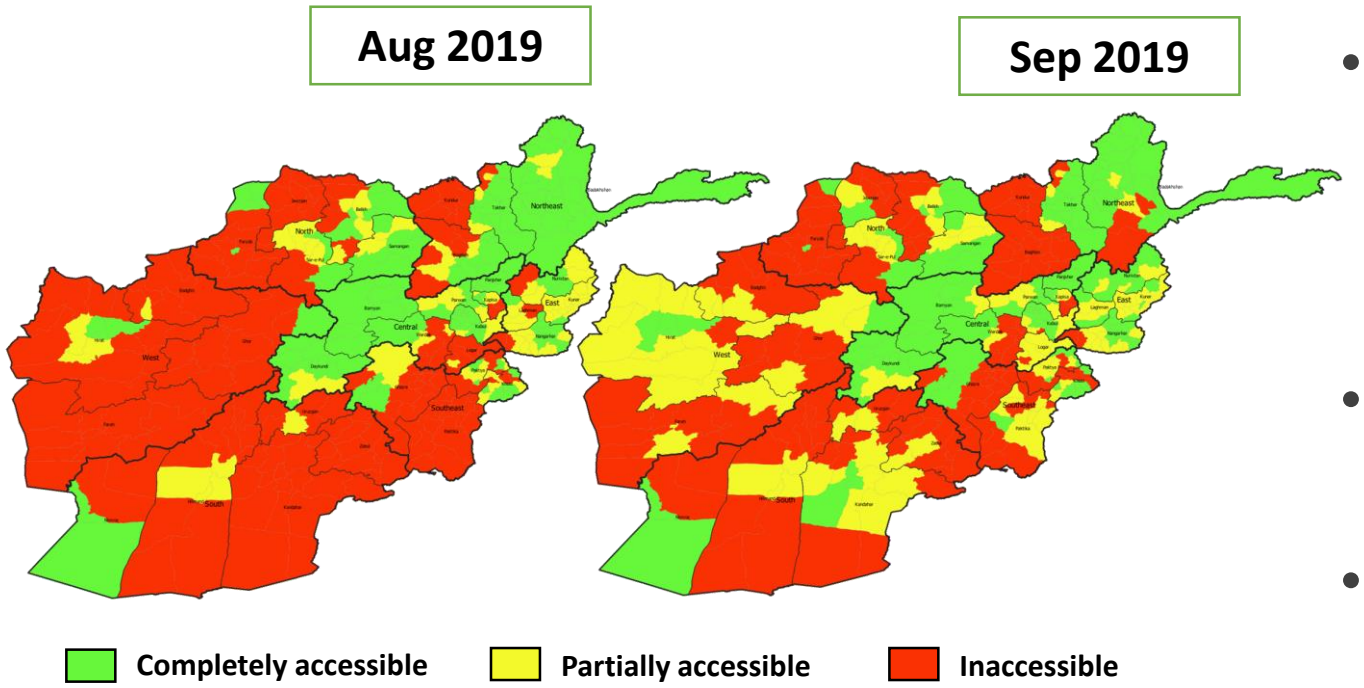
SIAs Status; Planned vs Implementation



After ban was announced in April 2019, SIA in April, June and July could not be implemented due to:

- Security threat to frontline workers
- Limited epidemiological gain by implementing SNID in accessible areas only (while most polio are cases in inaccessible areas)
- Since campaigns in April, June & July were not implemented; nationwide rounds were planned in Aug and Sep; but could only reach 51% and 57% target children only

SIAs Implemented in Accessible Areas during Aug & Sep 2019



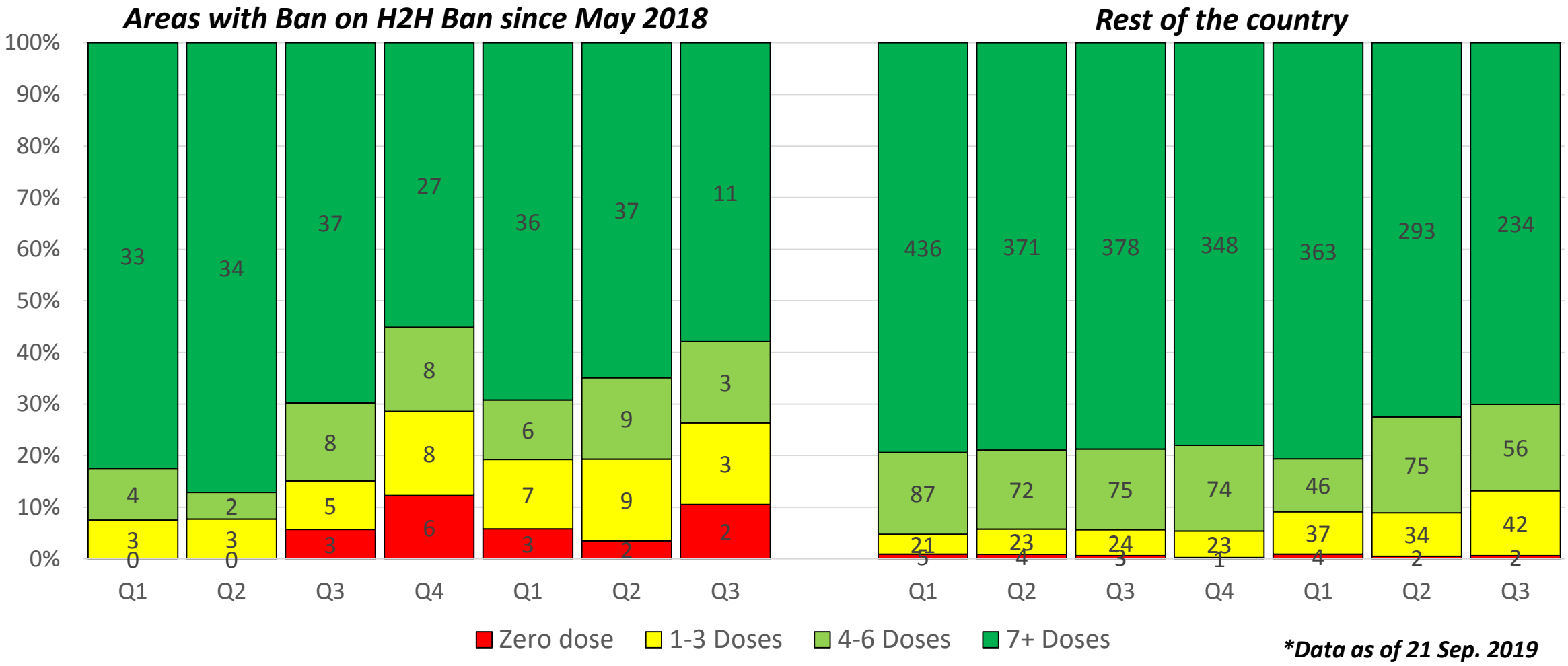
Region	Target 0-59 months	Aug 2019 NID		Sep 2019 NID	
		0-59 months inaccessible children	% Inaccessible children	0-59 months inaccessible children	% Inaccessible children
South	1,759,286	1,455,668	83%	991,160	56%
West	1,208,398	902,560	75%	736,047	61%
Southeast	1,017,752	627,885	62%	610,704	60%
NER	1,058,631	640,227	60%	665,320	63%
North	1,280,257	745,003	58%	755,664	59%
East	1,144,312	200,432	18%	156,077	14%
Central	2,265,522	332,117	15%	323,635	14%
Badakshan	265,069	7,223	3%	19,307	7%
Grand Total	**9,999,227**	**4,911,116**	**49%**	**4,257,913**	**43%**

- Following imposition of ban in April 2019, the program made an effort to implement NIDs in Aug & Sep 2019
  - Despite high security risk
- 49% & 43% children could not be accessed respectively
- ***House to House campaign implemented in Kandahar City in Sep. 2019 after more than 5 months (last campaign in March 2019); >155,000 children vaccinated***
- Threat calls / messages were received & some contractors were detained with no further damage

Data as of 19-Sep-2019

Impact of Ban on Population Immunity

*Campaign OPV doses received by non-polio AFP cases, 6-59 months, 2018-19**



**Data as of 21 Sep. 2019*

Ban on H2H vaccination led to drop in population immunity. This is visible in the immunity profile of non-polio AFP cases

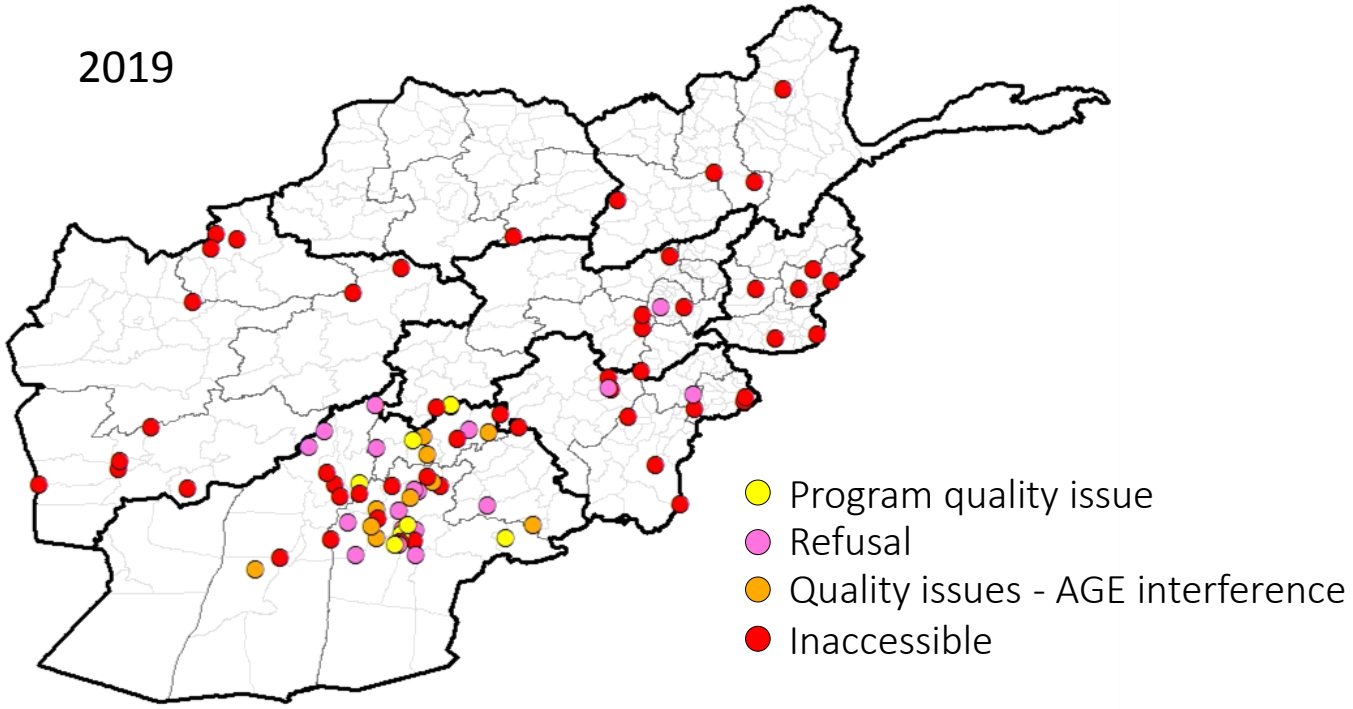
- *Ban in major areas of Afghanistan since May 2018, due to non programme related factors (security concerns from AGE)*
- *Program devised contingency plan - negotiated site to site vaccination & implemented 3 campaigns during Jan – Mar 2019*
- *After complete ban declared in April 2019, campaigns missed in April, June & July 2019*
- *Around 50% children missed in campaigns during Aug & Sep 2019, due to inaccessibility in Anti-Governments Elements Areas and Security threat to frontline workers*
- *Evidence of deteriorating population immunity due to missed campaigns*

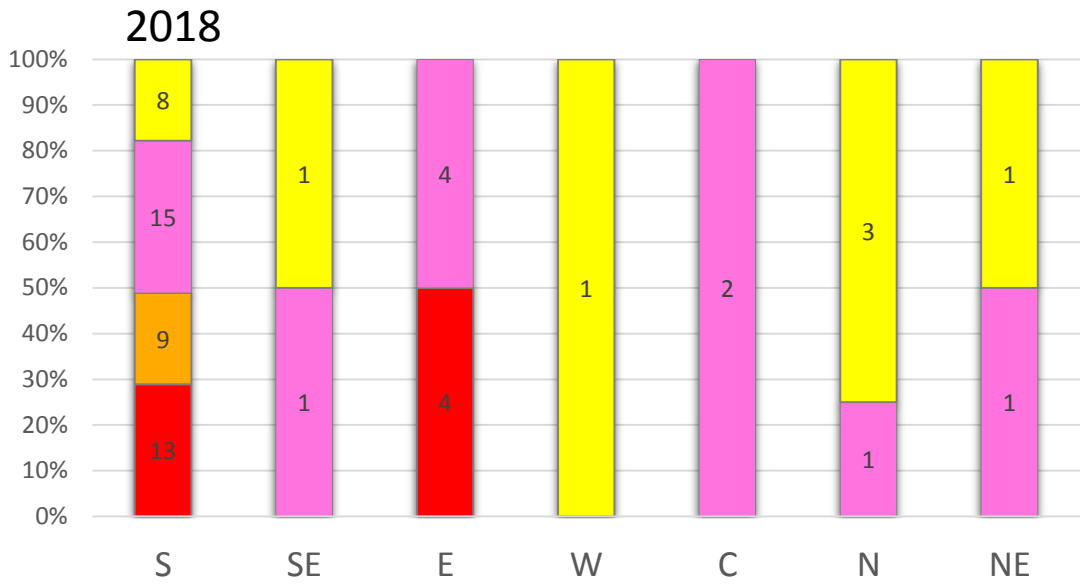
Other bottlenecks for eradication

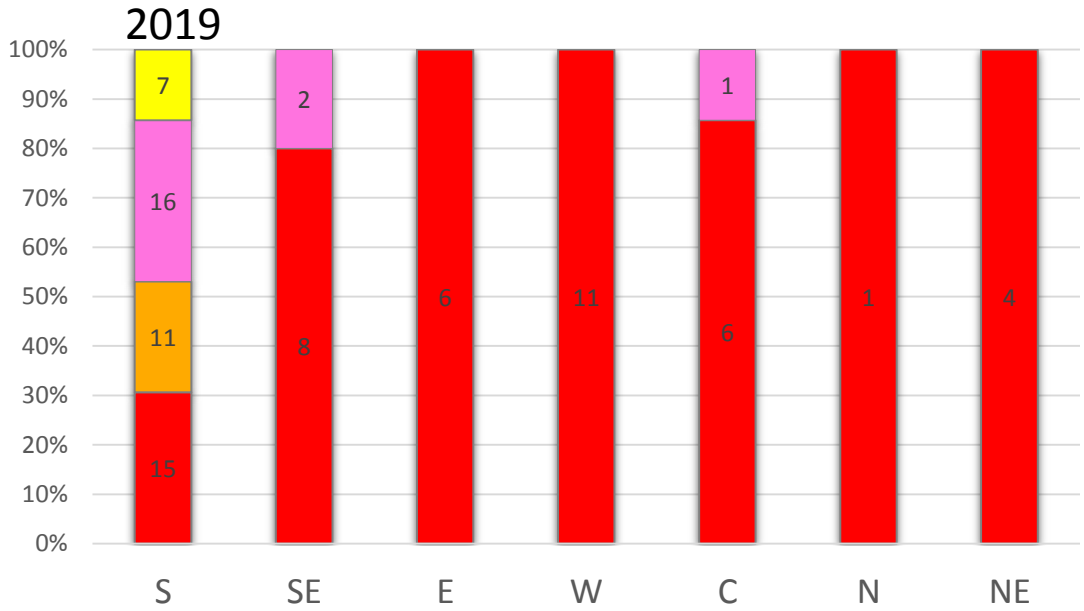
Reasons for Immunity Gap Among AFP Cases

Outcome of investigation of under-immunized and zero dose AFP cases, 2019

- Inaccessibility is the primary reason for under-immunized children
- Refusals play a significant role in immunity gap in south region
- Programme quality also a concern in south



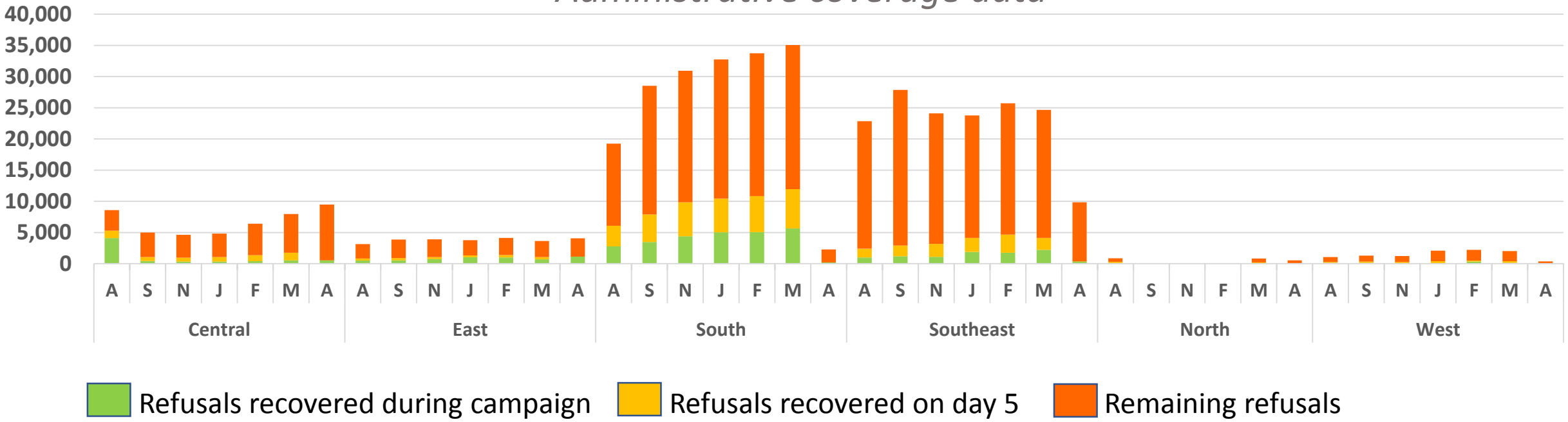




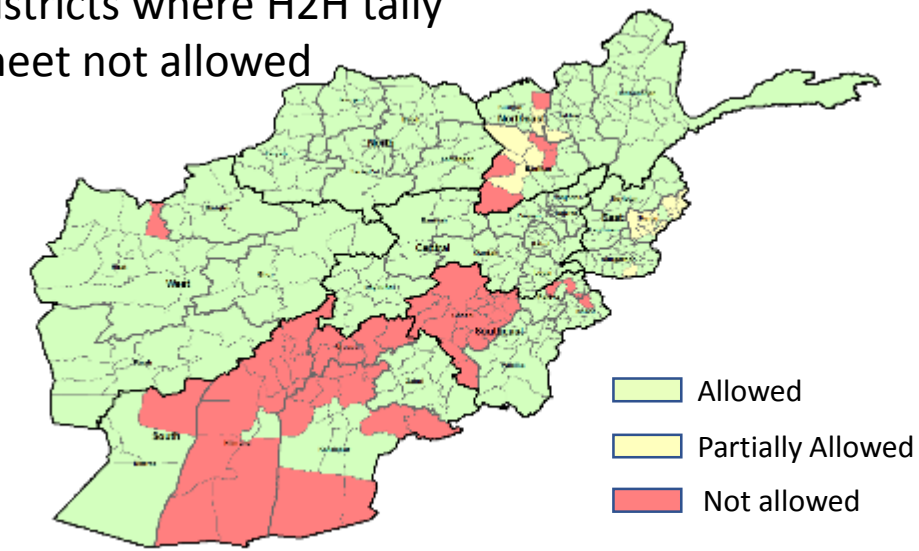
1 case from Badakhshan included in NE region in 2019

Refusals remain a challenge

Administrative coverage data



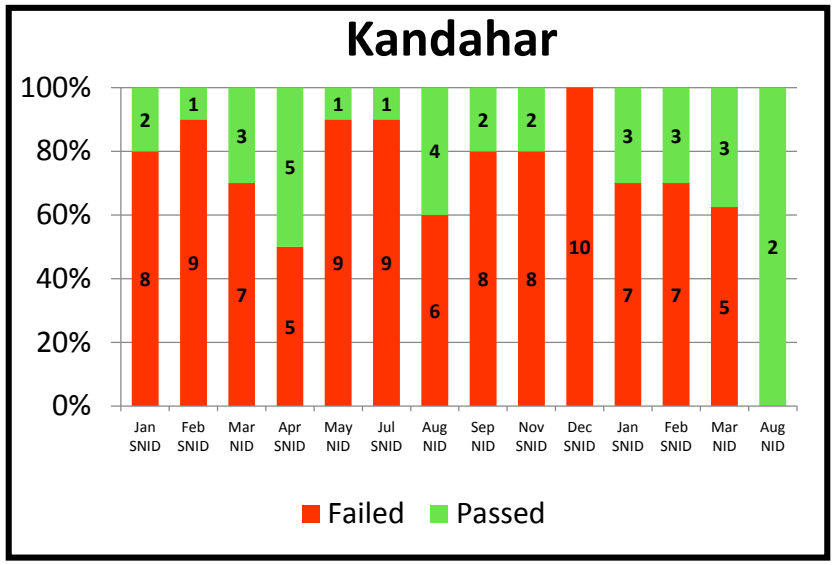
Districts where H2H tally sheet not allowed

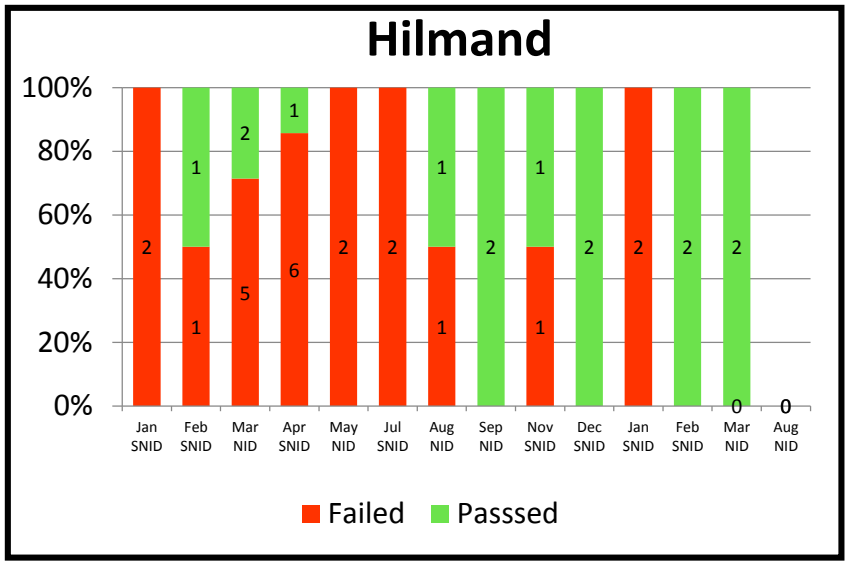


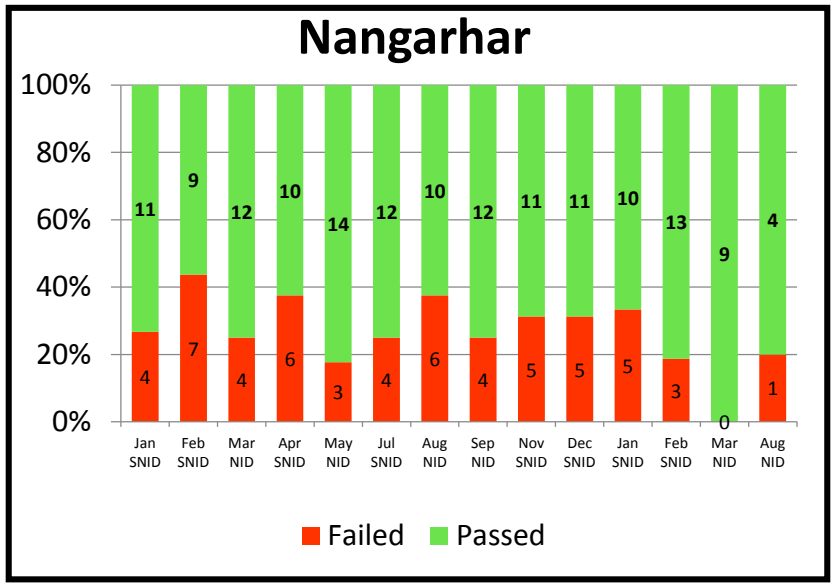
- Refusals remain a key issue in South and Southeast regions
- H2H tally sheet and recording of missed children not allowed in major parts of south region – refusals not recorded
- Entire villages refusing do not get recorded in reported data

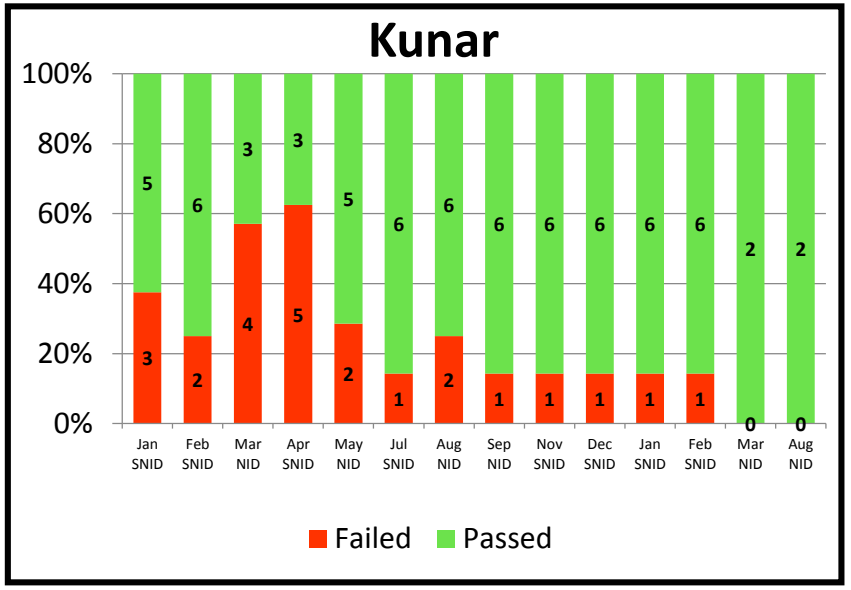
Campaign Quality

Post-campaign LQAS data



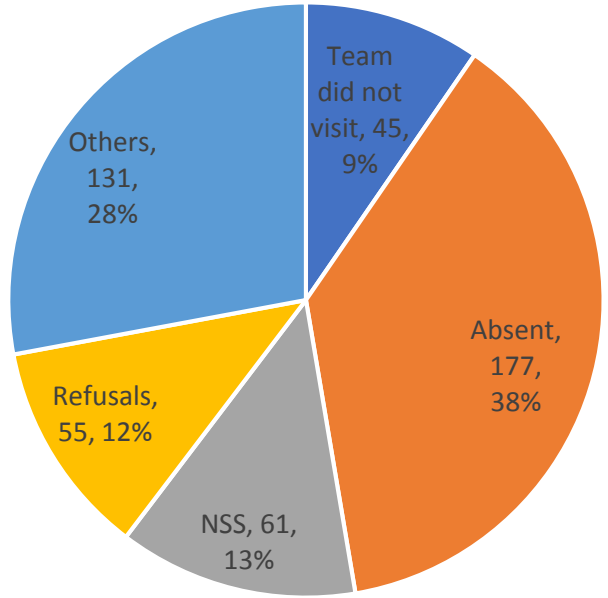




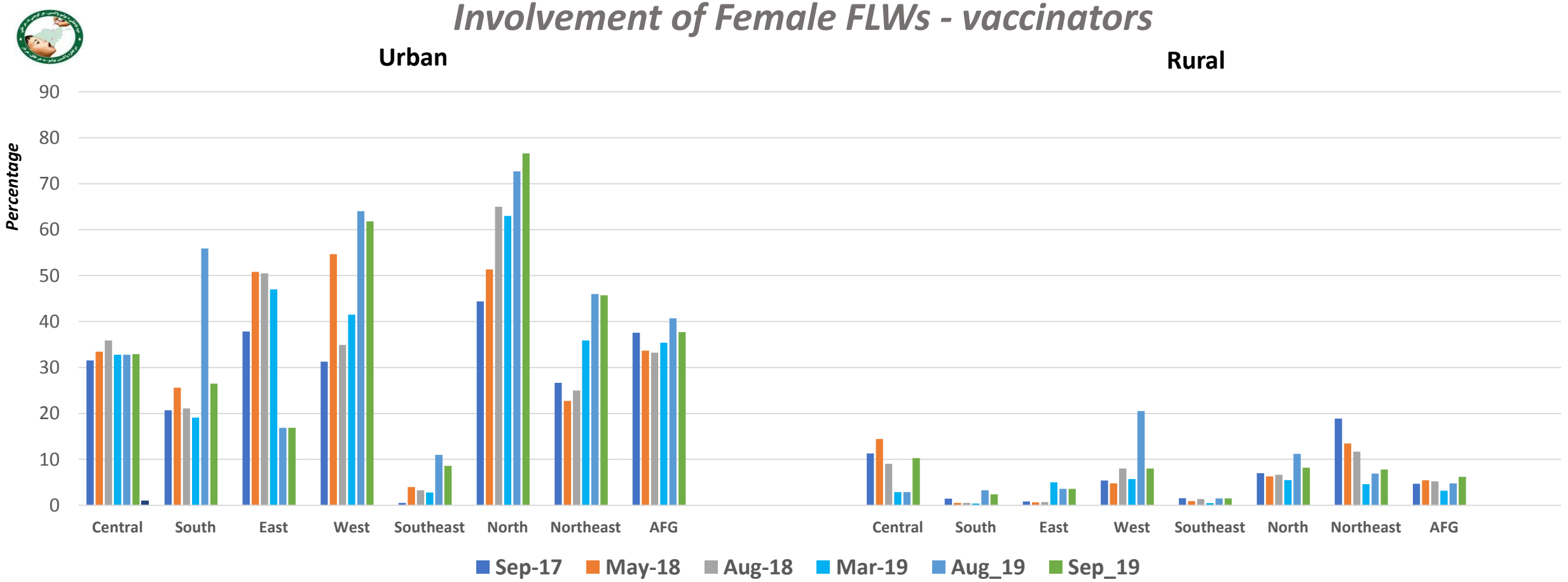


Campaign quality remains an issue in south region

Reasons of missed children – Mar 2019



One of the Key Challenges in Accessing Children inside Households

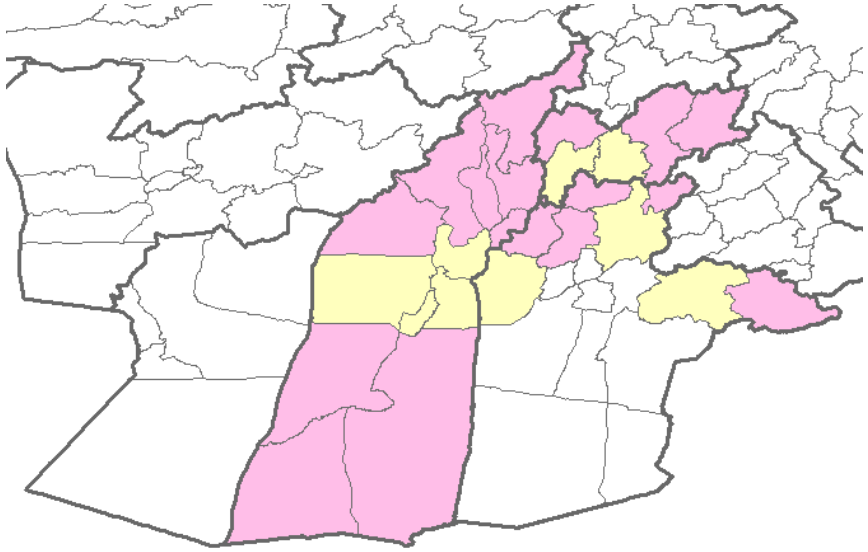


- Challenge in recruiting females as vaccinators who have better access to households
- Some Increase in % of female in Aug & Sep 2019 is mainly because campaign was conducted in only accessible areas

Interventions to maintain immunity in inaccessible areas

Contingency Plan Rolled out in South Region

Inaccessibility in South



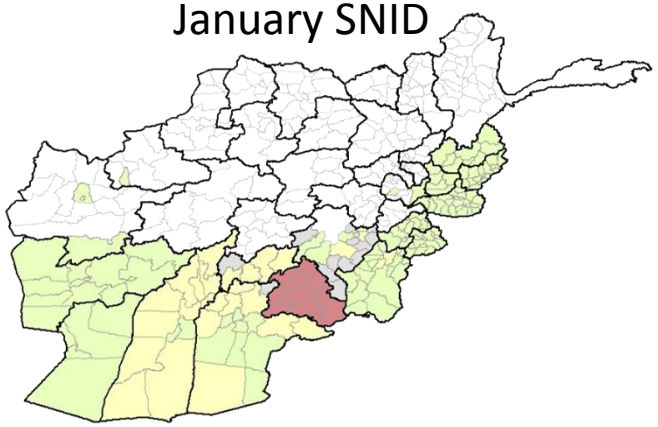
Districts with H2H ban since May 2018

Partially inaccessible since May 2018

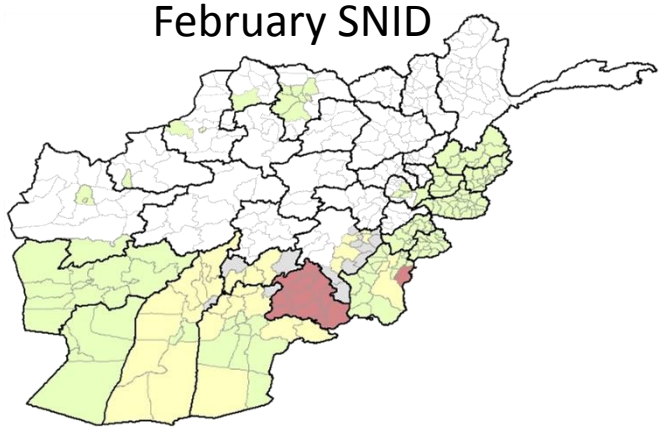
- Continued access dialogue at all levels for H2H access
- Maintaining preparedness to implement 3 consecutive H2H SIAs as soon as access gained
- Permanent Transit Teams strengthened multi-fold (some PTTs banned in Aug/Sep 2019)
- More than 360,000 children vaccinated with OPV using the opportunity of measles SIAs in Dec 2018
- Three site-to-site vaccination campaigns implemented in H2H ban districts
- Strategic re-deployment/strengthening of mobile health teams
- Efforts to strengthen EPI

Site to Site Vaccination Strategy Adopted as Contingency

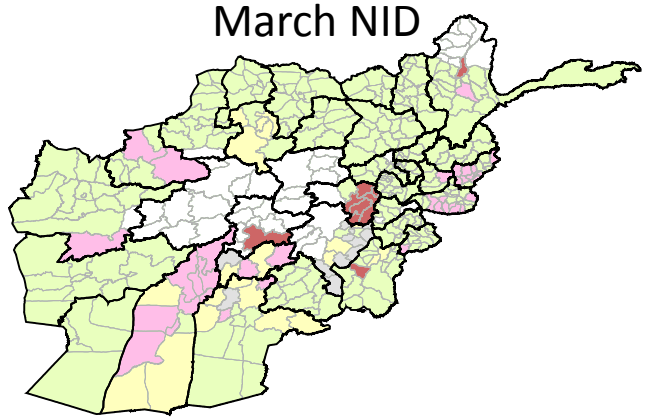
January SNID



February SNID

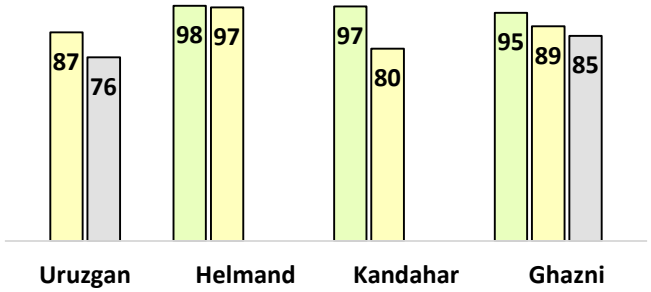


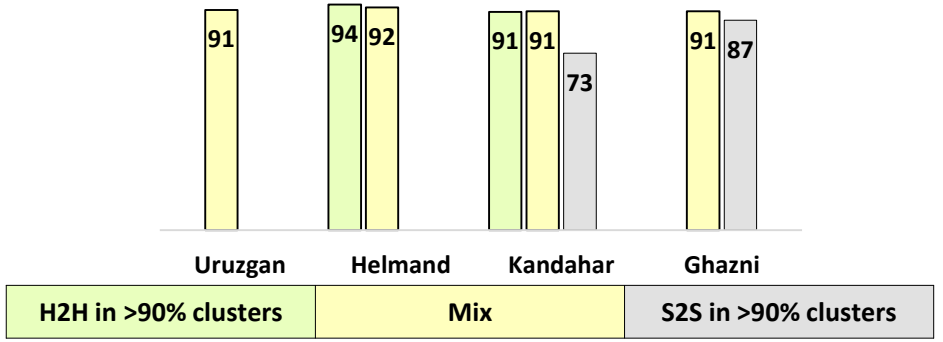
March NID

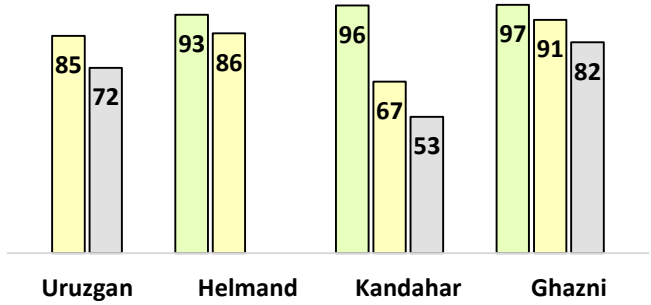


H2H in >90% clusters	Mix	S2S in >90% clusters	Complete district banned	Ban in >60% clusters, rest H2H	Not planned – cold districts

Vaccination Rates as per Post Campaign Monitoring (%)

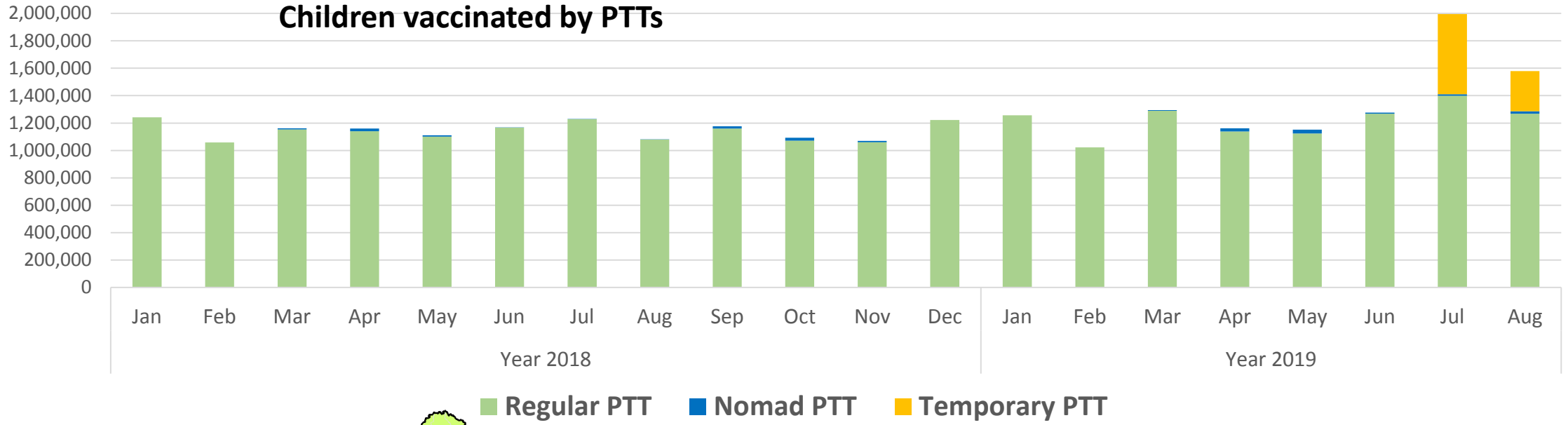




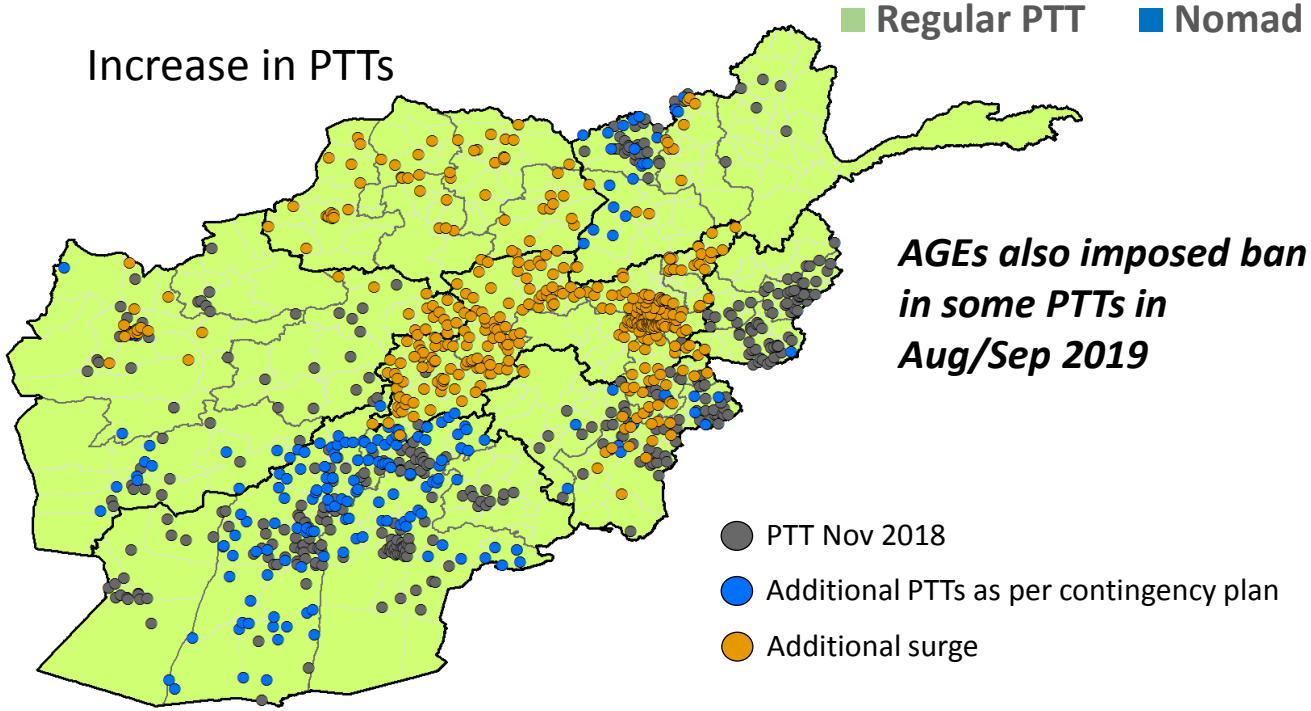


- 3 site to site campaigns implemented
- Post campaign Monitoring (with all its limitations), indicates lower quality in S2S campaigns
- Limitation: potential of missing younger children (non-walking, usually remain in house) both in vaccination and monitoring
- March Campaign was interrupted on 3rd day due to sudden announcement of complete ban by AGEs
- Intense dialogue to restore access, final stages

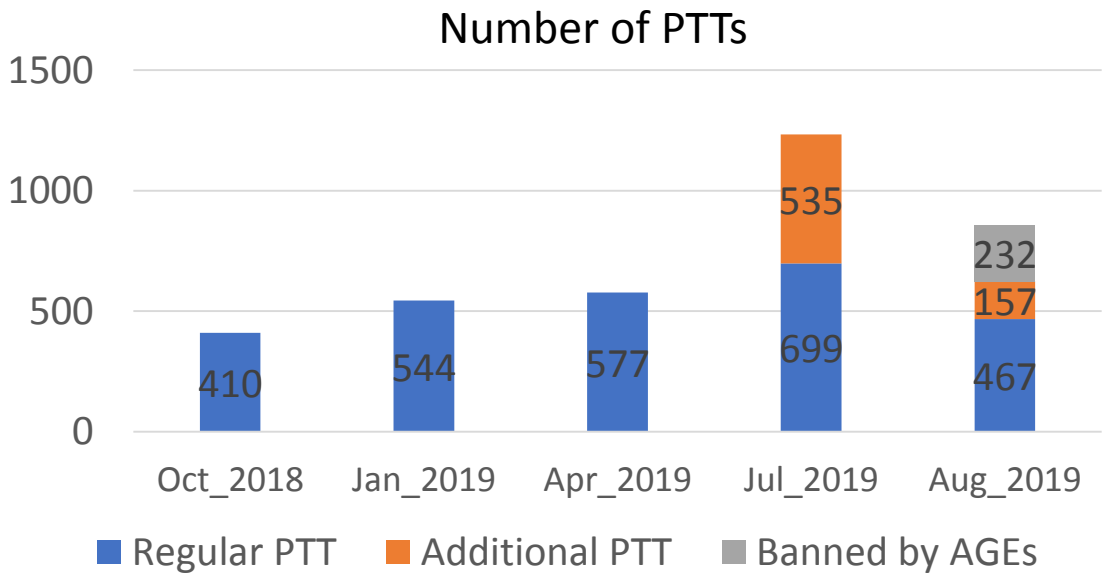
Enhanced Permanent Transit Teams (PTT) Strategy for Inaccessible Areas



Increase in PTTs



AGEs also imposed ban in some PTTs in Aug/Sep 2019



Interventions to maintain immunity in accessible areas

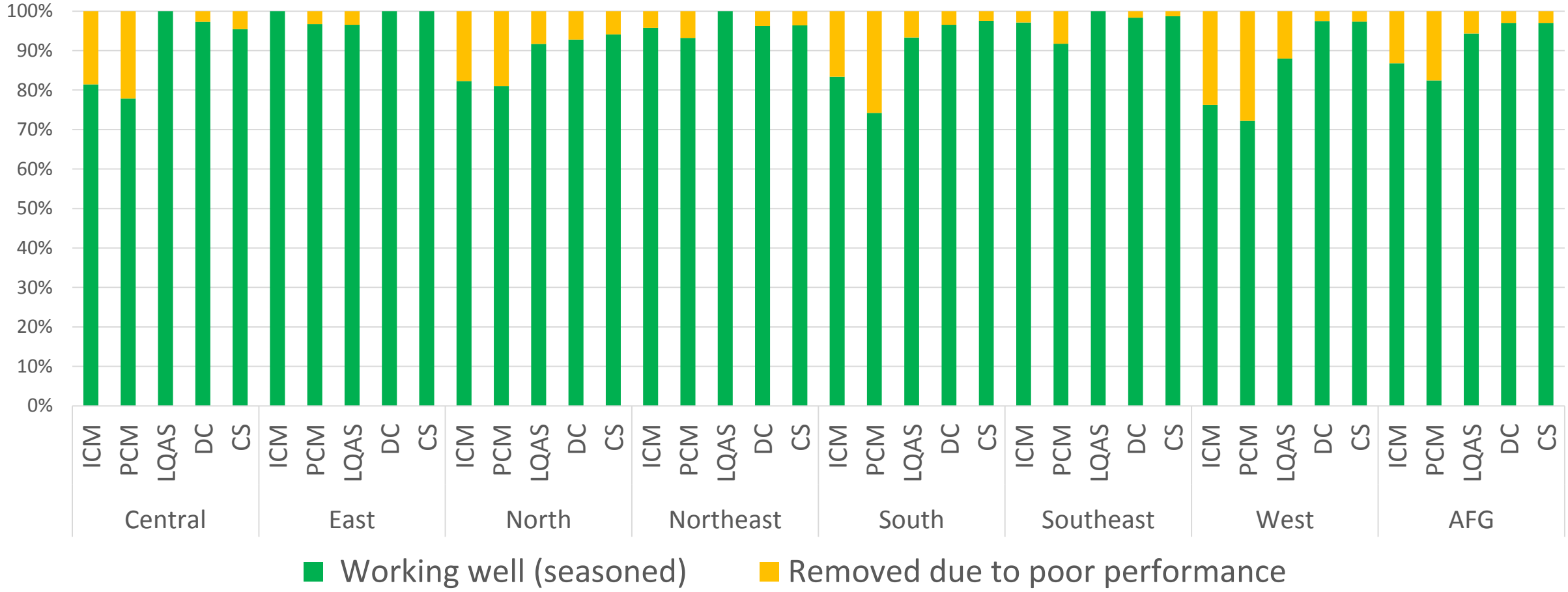
Time Since April 2019 Utilized to Improve SIAs & Surveillance

- Intense focus on quality in accessible areas, particularly south region
- Fixing accountability
  - Kandahar districts divided into three tiers (based on access & operational challenges)
  - No tolerance policy for tier 1 & 2 districts (accessible districts)
  - District focal person appointed for each district
  - ToRs for focal person developed (for performance tracking)

- Better planning and capacity building
  - Refresher trainings for polio staff
  - Systematic cluster level analysis and plan of action
  - Restructuring national level support (dedicated national level focal persons for high risk districts)
- Surveillance refresher trainings of reporting network / volunteers (>500 surveillance focal points trained)
- Active surveillance visits enhanced (>11,100 visits made)
- Review of PTTs with strategic PTT surge
- Strengthening of EPI outreach with additional sites
- Strategic use of mobile health team with OPV vaccination

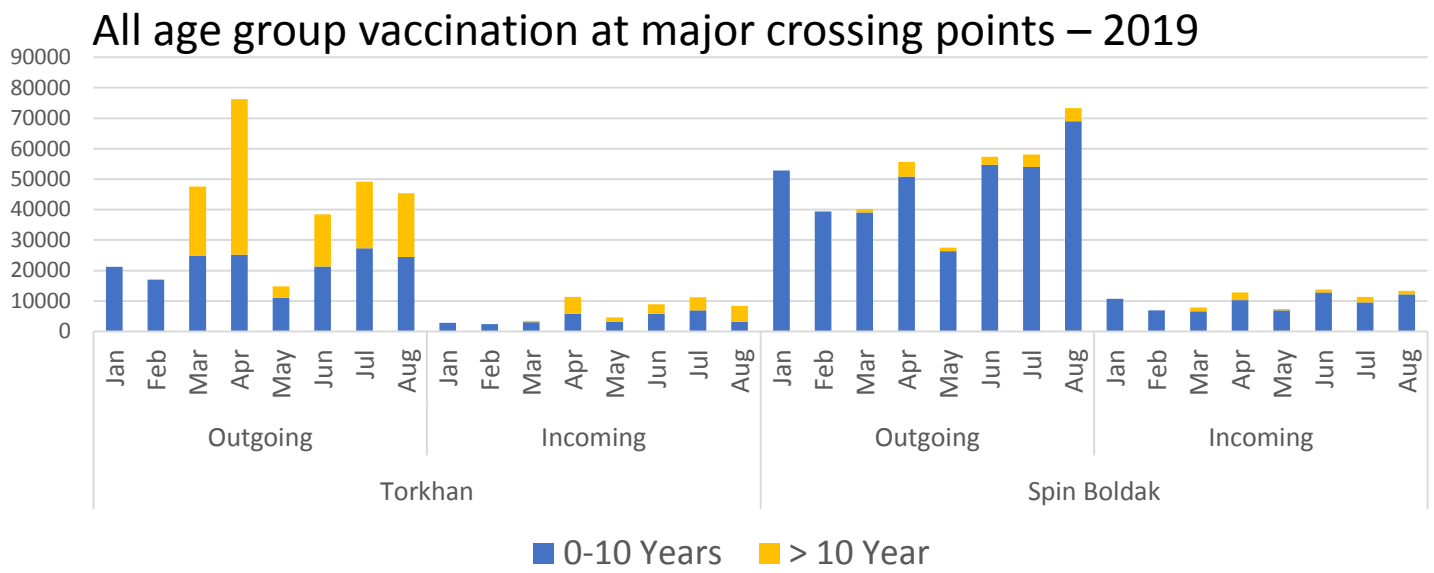
Focus on Accountability Measures as per NEAP

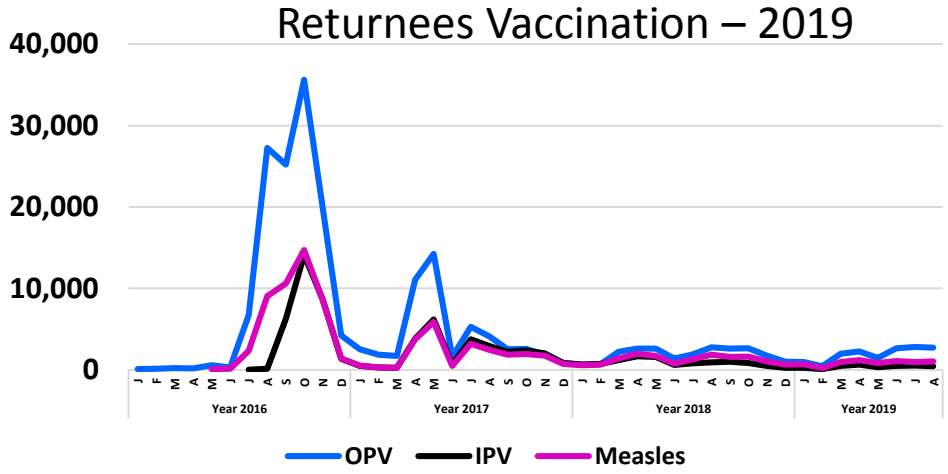
Example: Performance evaluation & action taken for intra-campaign monitors, post campaign monitors, LQAS surveyors, district coordinators, cluster supervisors - March 2019 NIDs

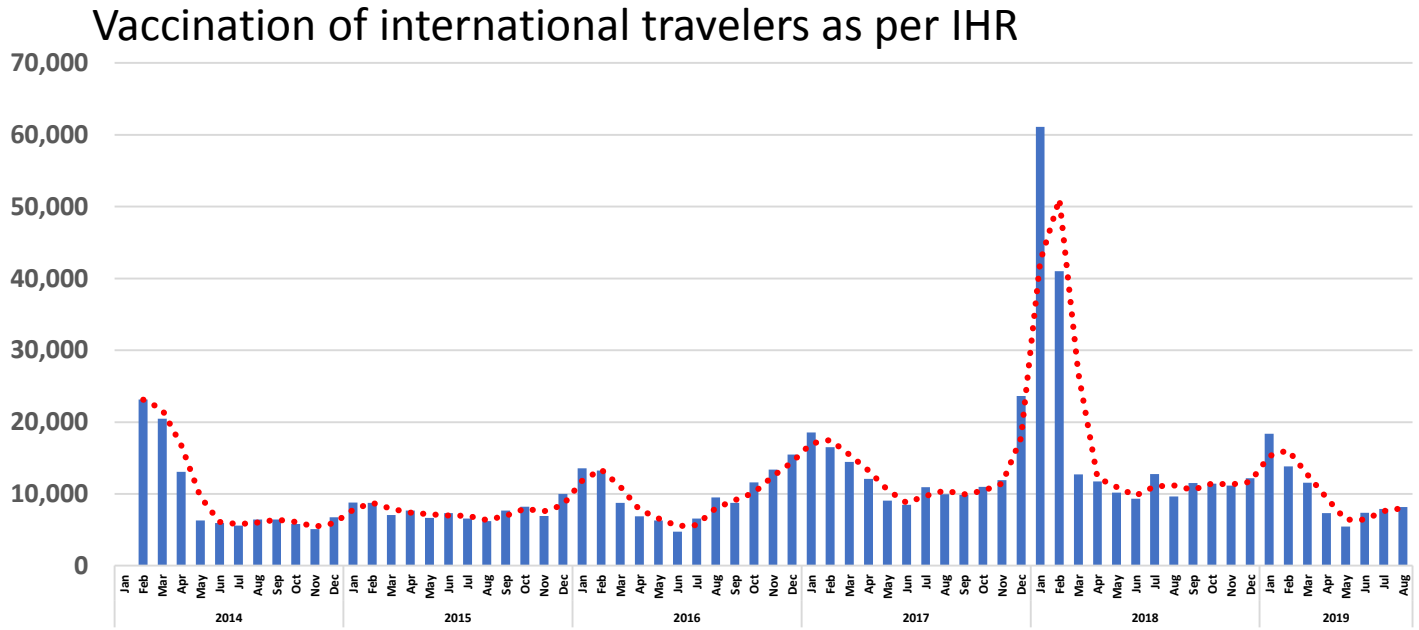


Note: Limited ICM and LQAS and no PCM done in Aug & Sep 2019 campaigns (that is why not included in the above graph)

Reaching High Risk Mobile Populations







- All age group vaccination started on 25 March 2019
- Mandatory at Torkham border, optional at friendship gate (spink boldak)
- Vaccination as per IHR and OPV, IPV and measles continued for returnees

NGO Involvement & Coordination

1. MoUs with 5 NGOs revised Feb 2019 and extended to Urozgan province May 2019
2. Accountability framework reviewed
    1. On the partners side still need for improvement
3. NGOs immunized over 150 missed children and converted over 100 refusals in Q1 2019 (example)
4. BARAN successfully piloted an integrated outreach and sub health centers are being operationalized
5. All NGOs revised/developed 2019 micro plan for EPI but only Kandahar province (BARAN NGO) implemented new tools
6. NGOs provided on average 3 vehicles and supervisors to monitor SIAs in Q1 2019 (in the past, no contribution taken place)
7. NGOs ran health facilities provide night immunization services in delivery room, IEC activities, support microplanning

Contingency plan implemented in inaccessible areas to reach as much children as possible, improvements made based on learnings

Complete ban on campaigns has hindered in implementation of SIA schedule in first half of 2019, time without SIAs used to improve preparations

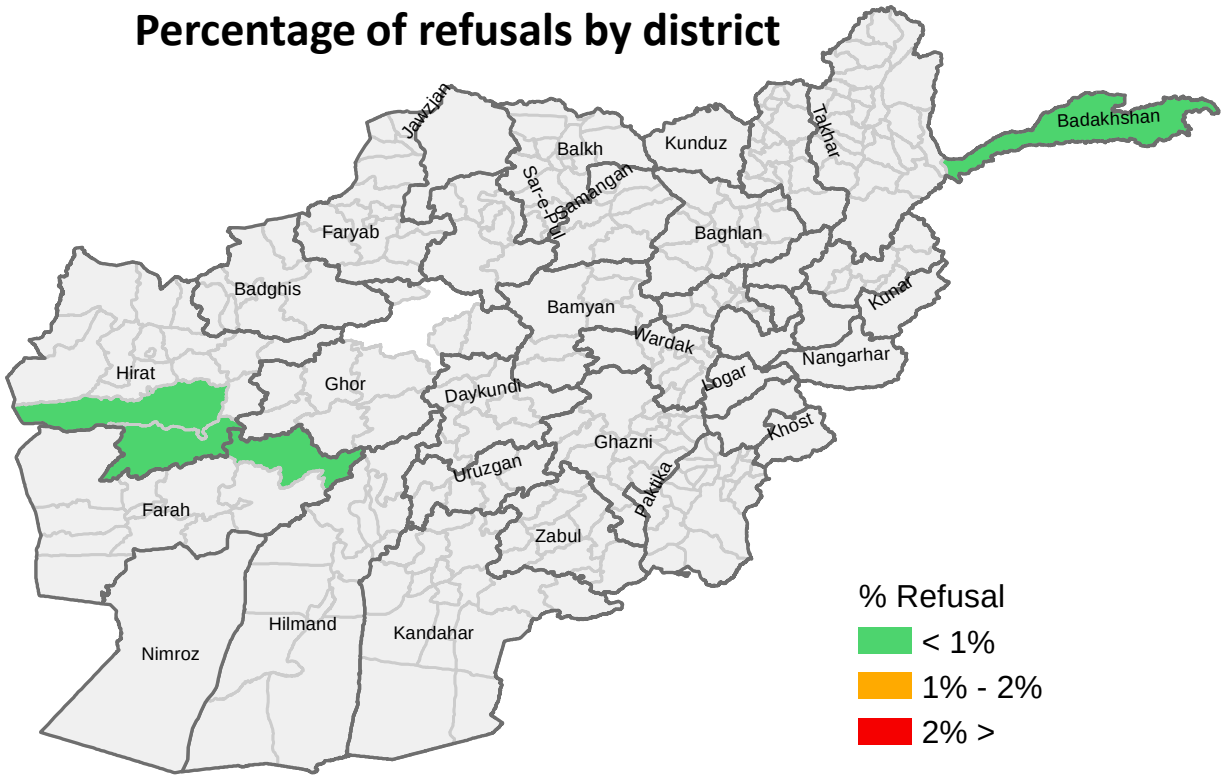
Programme continues to focus on improving SIAs in assessable areas with oversight from national level

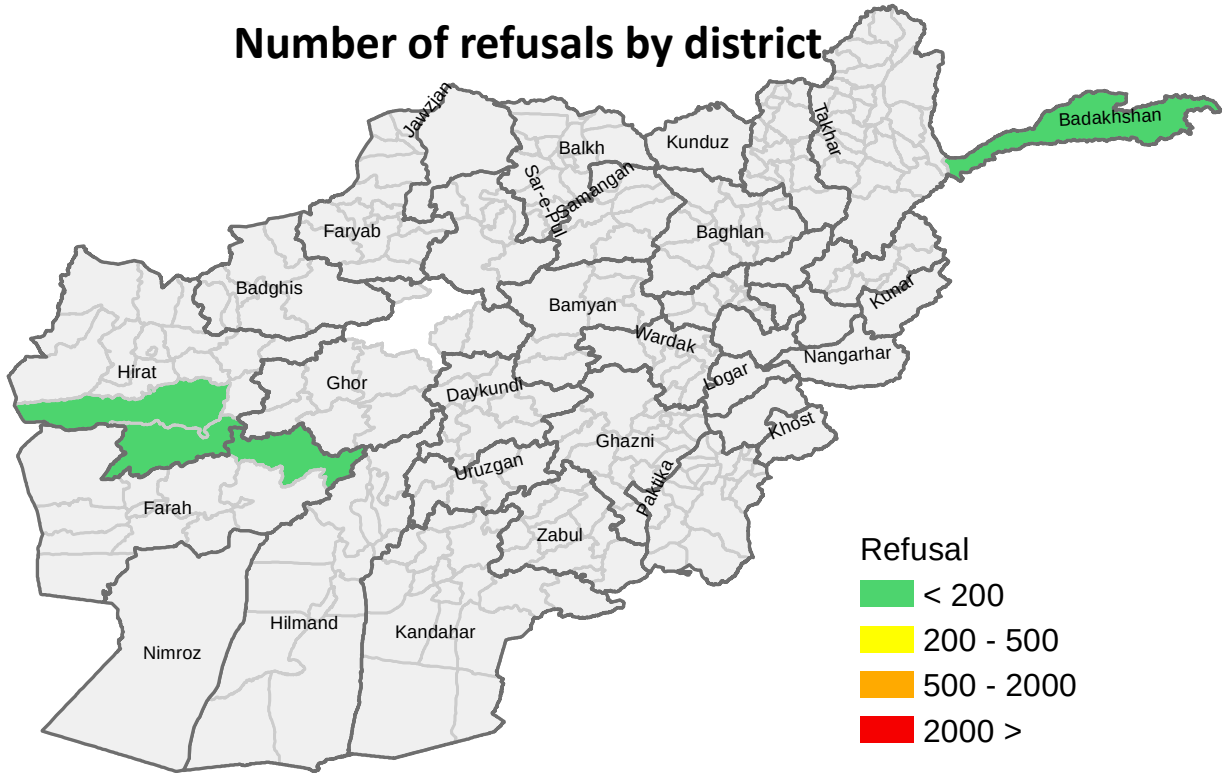
Mobile populations being addressed, all age group vaccination started

Communication / Social Mobilization

Refusals remains an issue in South and South East .

Source: Admin, ICN and refusals committees data , March NID 2019

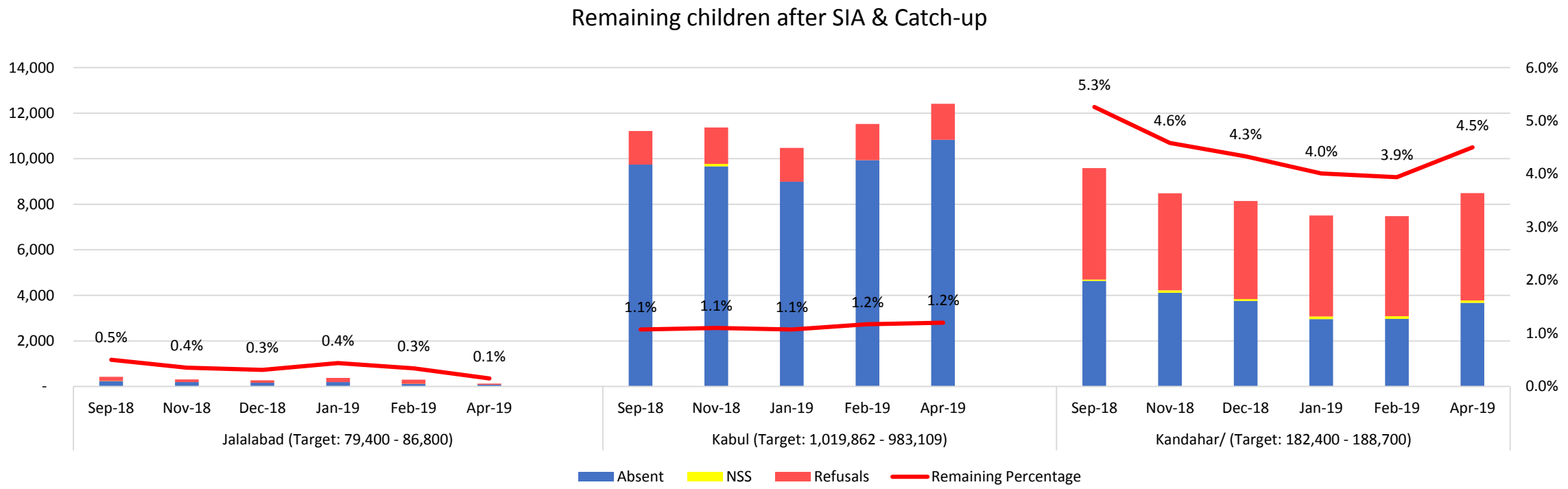




- Refusals are concentrated in south and south East but still limited in percentage .
- **Kandahar city/Dand** is the only district with more than 2,000 children missed due to refusals (target 240,700- refusals 4,035)
- High number of districts with percentage of refusals more than 2 % in Paktika and Khost (South East) but this is relatively low in term of number by district (between 200- 2,000) .
- Limited Impact on refusals of Peshawar anti-polio propaganda.

Remaining missed children after SIA & Catch-up
Urban areas comparison - Jalalabad, Kabul and Kandahar

Number of children missed, Urban areas (Jalalabad, Kabul , Kandahar), Sep 2018-Apr 2019
Source: Admin and Catch-up data, Polio Dashboard



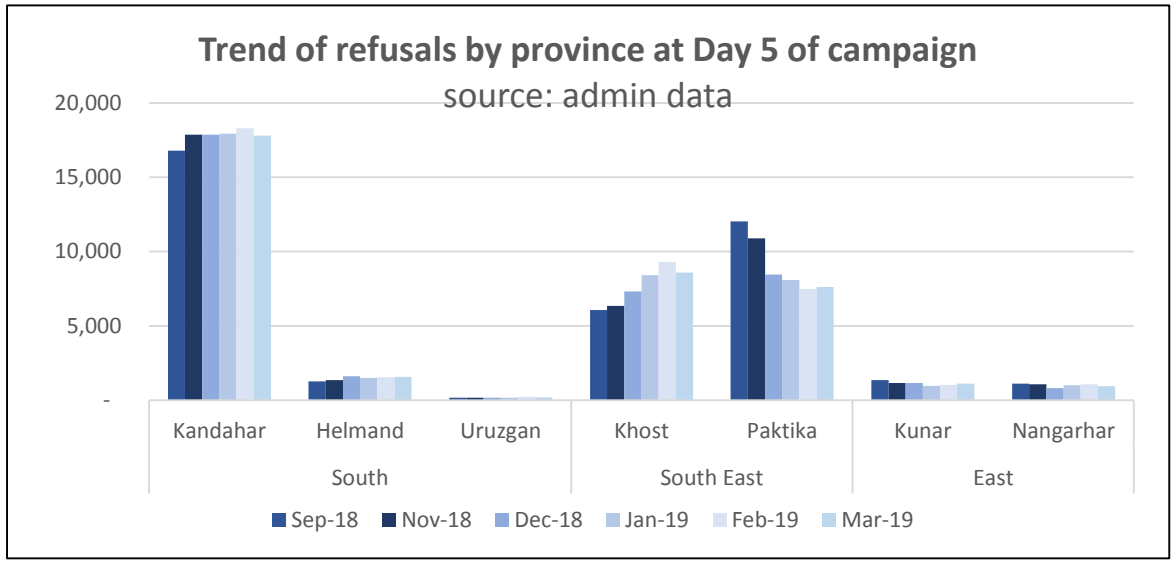
Jalalabad: Missed children percentage is low. Focus on tracking mobile population.

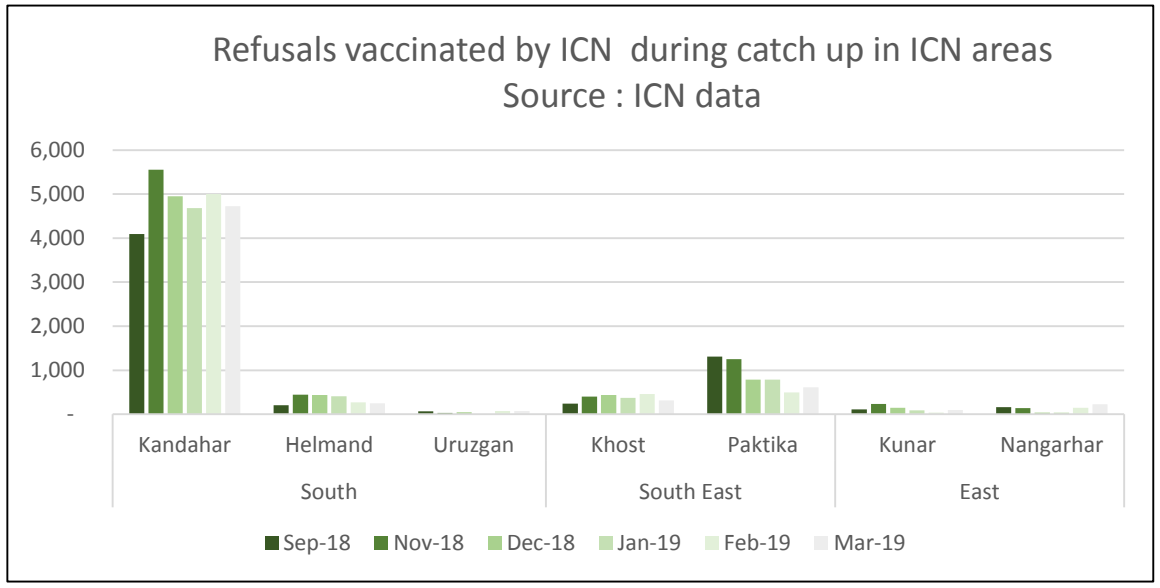
Kabul: Absence as main reason for children being missed

Kandahar: Refusals remains a challenge

Trends in refusals

(source : admin , Catch up and refusals committee/CIP data)





Refusals vaccinated by CIP/ refusals Committees

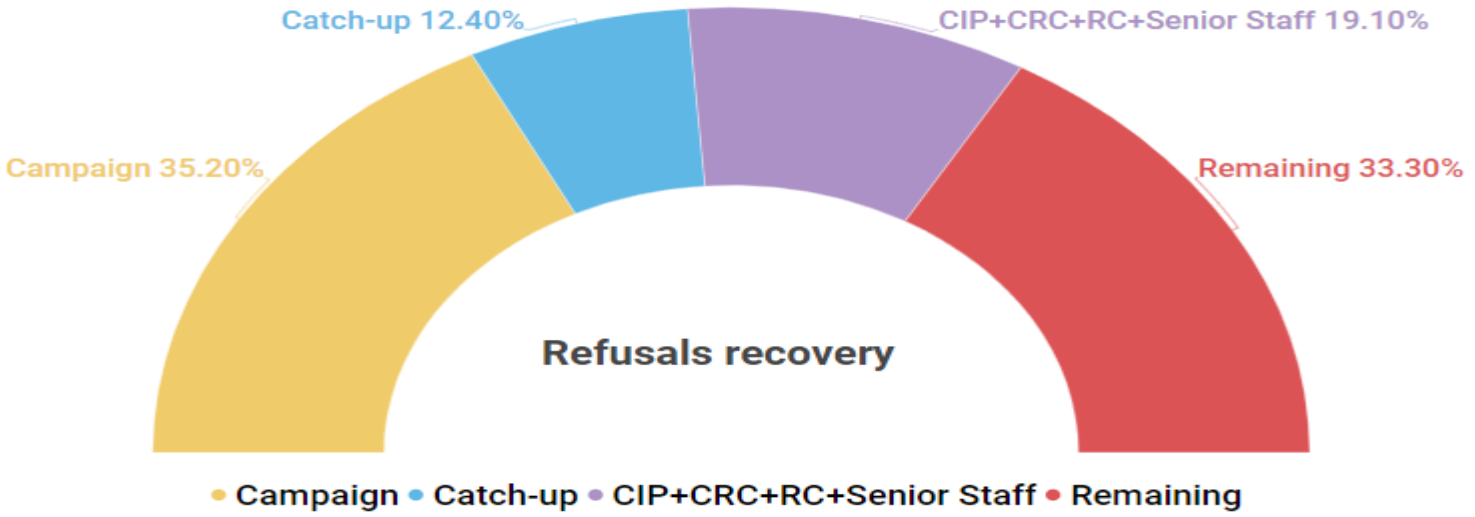
	Jan-19	Feb-19	Mar-19
Kandahar		1,311	3,663
Khost	2,786	3,141	3,019
Paktika	484	279	513

- After day 5 revisit, ICN are tracking refusals during catch up activities in ICN districts along with Refusals committees (religious leaders, doctors, CIP, female refusals cluster committee…).
- ICN recovers an average of 56% of absent and 27% of refusals in ICN districts
- CIP interventions especially in Kandahar city and in SE (Khost and Paktika)

Summary of refusals conversion – April 2019 NID

Region	No. of districts	Target population	Refusal After Revisit Source: Admin	% Refusal after revisit day 5 Source: Admin	Refusal recovered in Catchup Source: Catch-up	% Refusal Recovered in Catchup Source: Catch-up	# Refusals recovered by CIPs/CRC/RC/ Senior staff Source: ROC	% Refusals recovered by CIPs/CRC/RC/ Senior staff Source: ROC	% refusals after catch-up +CIP + CRC + RC + Senior staff
ER (ICN districts)	14	592,458	1,026	**0.2%**	236	23.0%	-		**0.1%**
SR (ICN districts)	14	1,014,120	18,687	**1.8%**	5,055	27.1%	3,663	19.6%	**1.0%**
SER (ICN districts)	5	82,668	2,837	**3.4%**	925	32.6%	1,516	53.4%	**0.5%**
SER (Non ICN districts)	15	442,472	10,083	**2.3%**			4,376	43.4%	**1.3%**

Refusals recovery in campaign, Catch-up and by CIP/ Refusal committees in SR, ER and SER, April 2019



Target population : calculated based on children immunized + children missed. Excluding children inaccessible.
CRC- Cluster refusal committees, RC- Refusal committees, CIP- Community Influential People, Senior- Senior Polio Staff

Reasons for refusals as per Focus group discussions

(source : FGD East and South 2018, South August 2019)

Qualitative key themes: misconceptions	
	The vaccine makes children behave badly, they are shameless and wicked, makes their children mature too quickly or with lack of respect for religion;
	The vaccine is made Afghans people and pigs/monkey blood 'America, killing of c against muslim chilc children'
	The vaccine is not in of another agenda b number of children t
	Many refusal caregiv since the campaigns without eradication

Qualitative key themes: fear of side effects (AEFI)	
	Many refusal caregivers believe that the vaccine is making their children sick (mild fever/pain). Some claimed that the vaccine has killed their own children or their relatives' children;
	The vac vac awa Uru
	Chi so p

Qualitative key themes: low risk percept	
	Never saw a polio case;
	Too Much is done for polio while there are more dangerous diseases around;

Qualitative key themes: religious reasons and other external influence	
	Some Imams and mullahs are actively advising people not to vaccinate;
	Some doctors, health staff, and educated people are advising people not to vaccinate;
	Vaccine is haram (eg: produced in non-islamic countries may have haram ingredients);
	There is some exposure to online anti- polio vaccination videos, which focus on polio AEFI (the vaccine can kill or paralyze children);
	A.G.E. disapproved vaccine in the Eastern region.

During FCG discussion, different reasons are mentioned or refusing the vaccines :

- Vaccine composition (haram)
- Western conspiracy – modify behavior of children
- Association with military search , air strike and violence
- Only polio where there are other needs
- Some exposure to online anti- polio vaccination videos

Ongoing Interventions to improve vaccine acceptance

- Cluster level refusal analysis and **action plan** on campaign basis
- **Qualitative analysis** to understand reasons of refusals (FGD) and revised messages -July 2018 (South, East), Aug 2019 (South)
- **Immunization Communication Network Deployment focused on VHRDs (**Campaign mobilization, Refusal tracking and negotiation (Post campaign catch-up activity), Identification of reasons for refusals, Identification and engagement of influencers, Child registration + microplanning contribution, Integrated Health promotion and referrals: RI, Nutrition screening)
- **Influencers engagement according to local need:** advocacy with high level influencers (religious/ medical), local influencers engaged in refusal resolution at community level in ICN and Non-ICN districts
- **Refusals oversight committees** at national and provincial level to track and monitor all field activities related to refusals and refusals conversion activities (catch up by ICN, CIP , mobile mullahs…)
- **Media and Social Media engagement**
- **IEC Materials:** Use of banners, leaflets, balloons for campaigns and broadening IEC to include videos, fact sheets,etc. / Rebranding of material , Wall Art paintings
- **Engagement of ministry of Hajj and Auqaf:** Meeting for religious scholars (IAG)
- **Integrated activities:** high risk areas of Southern corridor (Water supply/ sanitation, mobile health team including nutrition services, support to outreach vaccination, advocacy through other community networks, additional community based education….)
- **Polio + activities:** Vit A / Mebendazole during campaign, hygiene kits distribution
- **Implementation of Communication External review recommendations**

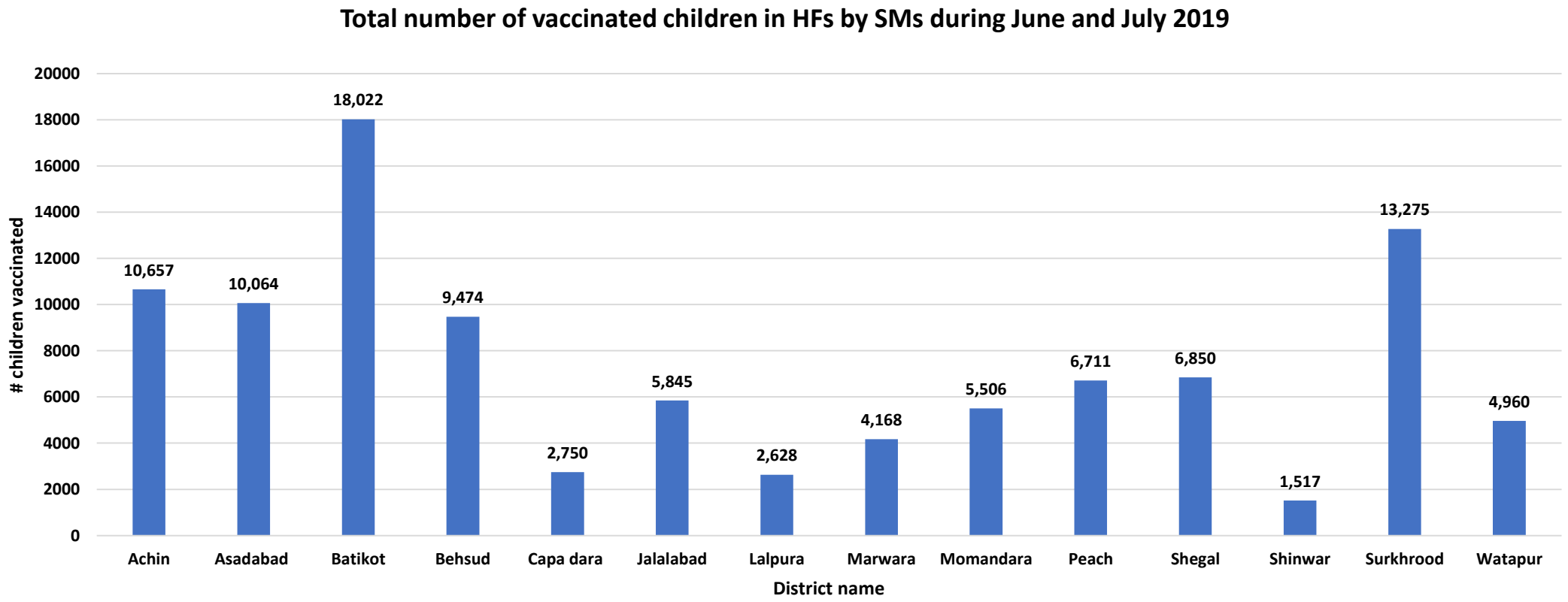
Integrated Services Implemented in focus districts, as of July 2019

- 97,850 people supported with CLTS initiatives including hygiene promotion interventions in communities, schools and health centres in focus districts
- Provided safe drinking water facilities in communities, schools and health facilities in polio high-risk areas serving population of 12,785
- Severe Acute Malnutrition (SAM) treatment services improved and scaled up to 13 health facilities.
- 29 Mobile outreach integrated nutrition services in 15 focus districts
- 7 mobile RI outreach teams setup in Kandahar city to cover white areas.
- 20 Midwives trained on life-course immunisation services in 15 focus districts
- 2,000 School management shura members and teachers from focus districts oriented on polio

New Interventions to improve vaccine acceptance

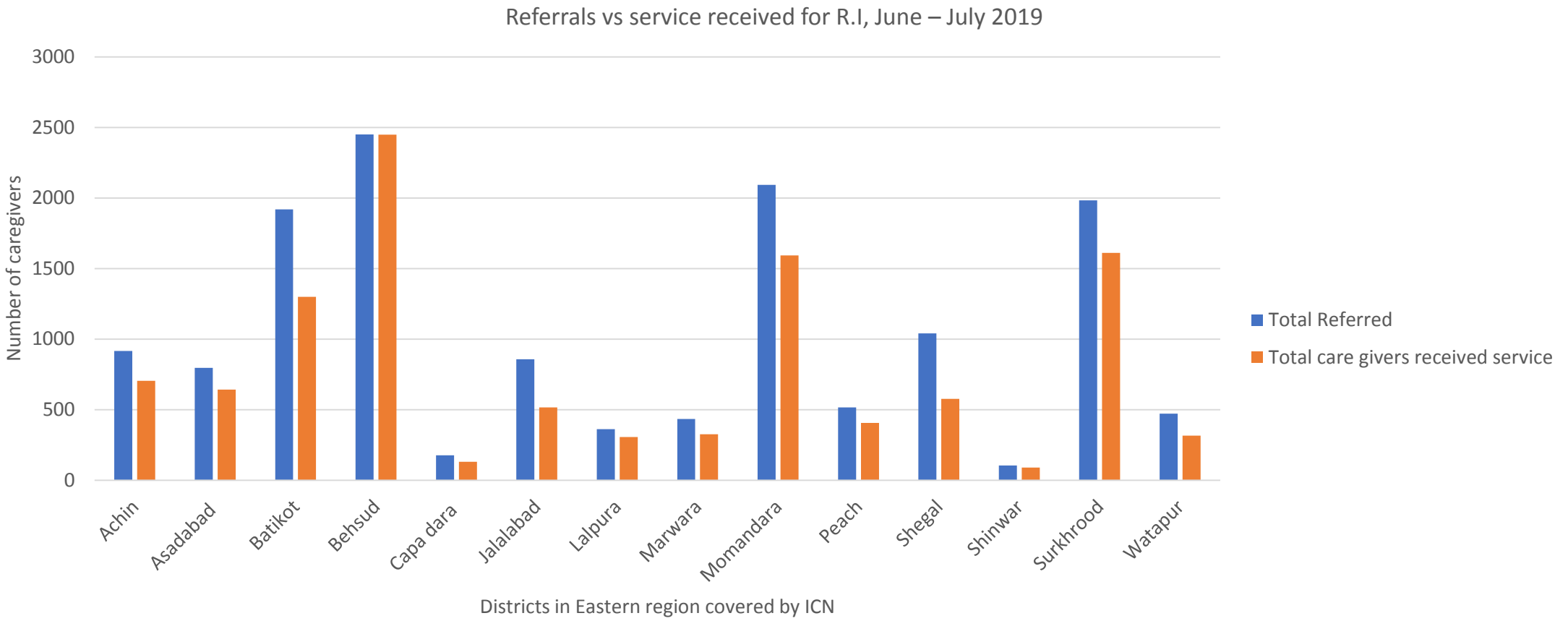
- Implementation of **regional specific communication and advocacy plans** in South, East and Western regions
- **External ICN review planned for November 2019** to assess role and distribution of ICN distribution, Community engagement strategies – regional context focus
- **Assessment** of risks and actual activities in **social media**, to quantify risk/benefit and possible interventions (beginning 2020)
- Support **Routine EPI and integrated approaches** to address other felt needs
  - Continue Microplanning and monitoring and ICN to trace defaulter
  - Polio + (hygiene kit, delivery kits, Vit A, Mebendazole..)
  - Decentralized UNICEF sub-offices in south to support basic services delivery (Wash, Education, EPI, MNCH and nutrition)
- Expand digitalization of ICN registers in urban area (Kandahar city as priority) to individually track not only refusals but also absent children

Additional vaccination efforts: 14 ICN districts in Eastern region, June & July 2019

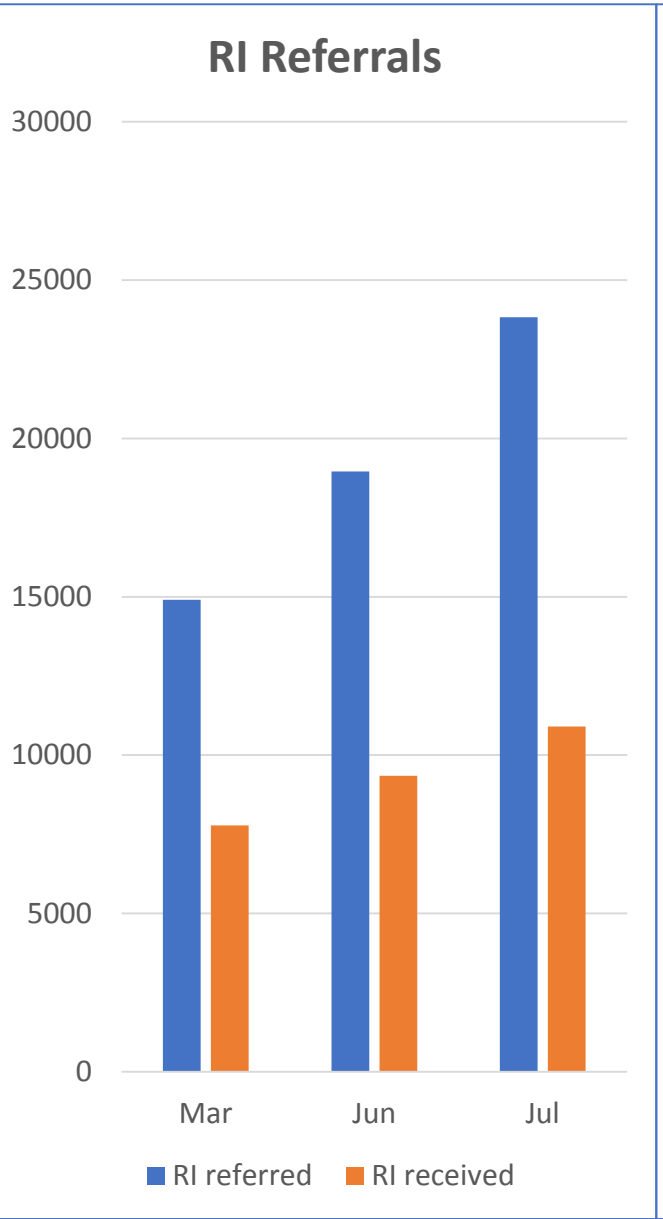


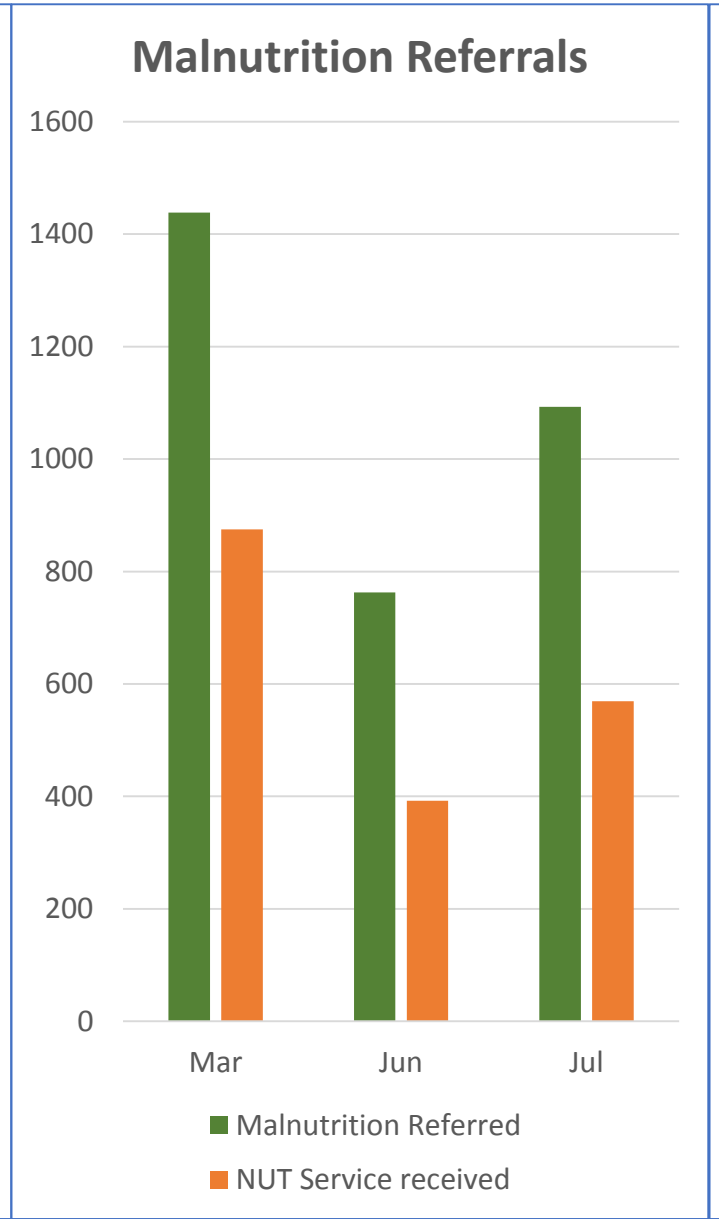
Social Mobilizers in Eastern Region were deployed as vaccinators at the health facilities

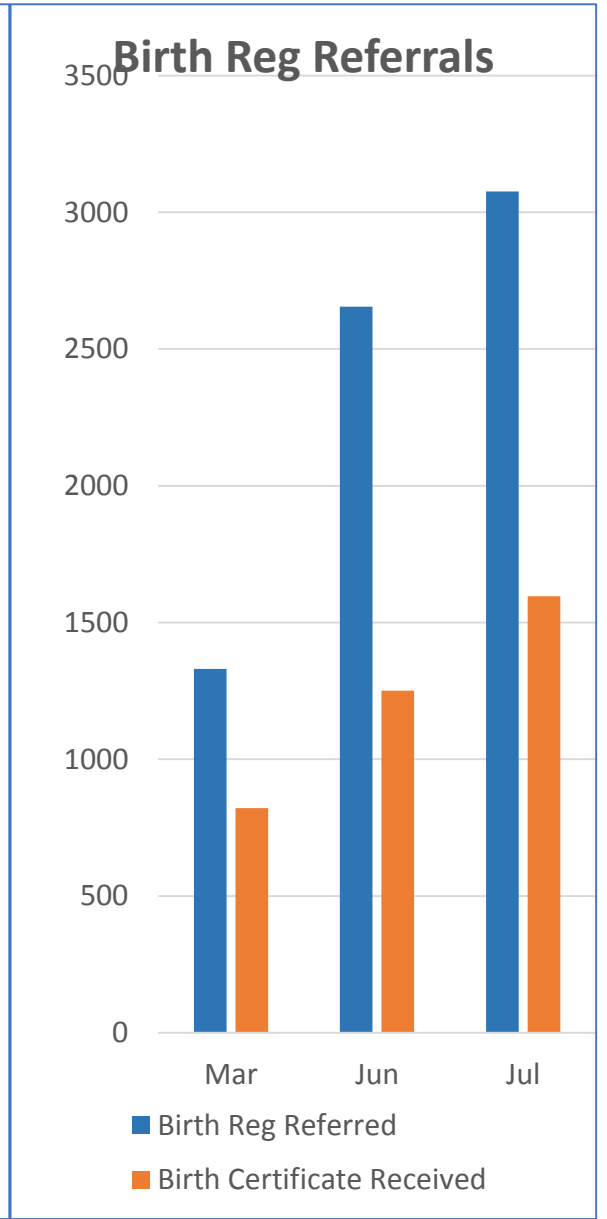
Referrals for RI by ICN vs. service received by care givers in districts, Eastern region, June & July 2019



Other ICN activities in areas with fulltime ICN, Southern Region







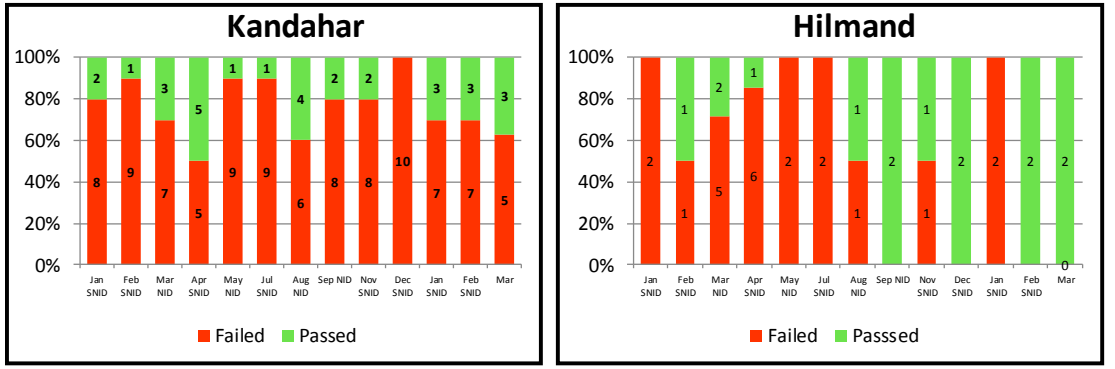
- In between rounds ICN is mobilizing households for other services such as RI, treatment of SAM, birth registration and ANC
- From Mar, >57,000 have been referred for RI and >28,000 received service

Way Forward (Principles / Scenario based contingency planning)

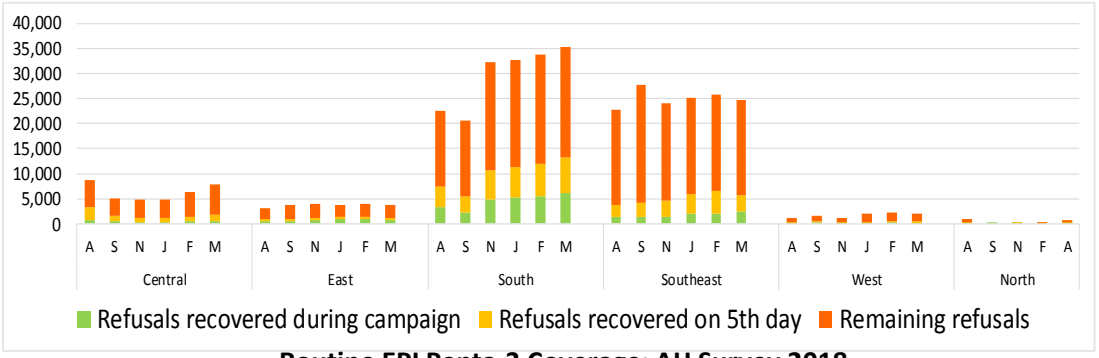
Major Bottlenecks

1. **Inaccessibility / Campaign cessation**
   - H2H campaigns banned in Very High Risk Provinces since May 2018
   - AGEs announced complete ban on H2H in April 2019
   - Chronic Inaccessibility (>37,000 children in east)
2. **Sub-optimal campaign quality**
   - Compromised management and interference in AGE areas
   - Inadequate supportive supervision
   - No provincial EOCs in some high risk provinces (e.g. Helmand province inadequately supervised)
3. **Pockets of refusals**
   - Particularly in & around Kandahar as well SE region
4. **High risk and mobile populations**
   - Intense movement within & across our borders
5. **Low EPI coverage** in high risk polio areas

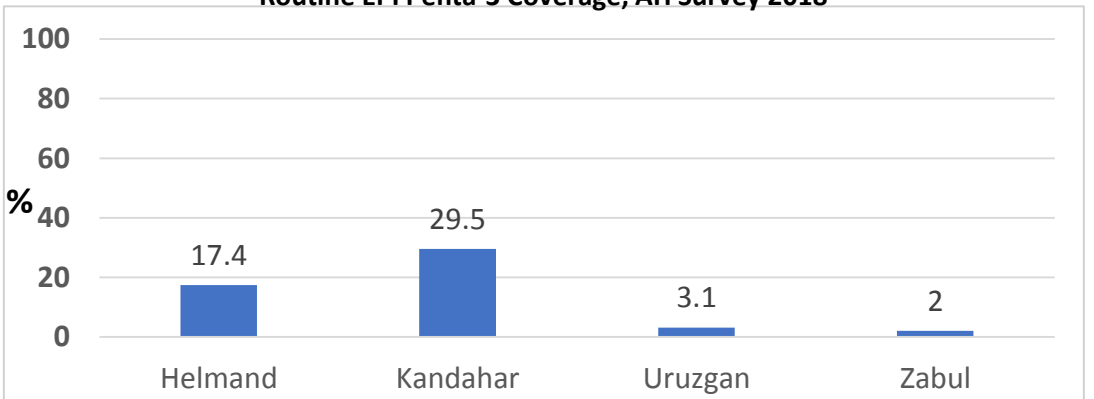
LQAS Results; 2018 – 19



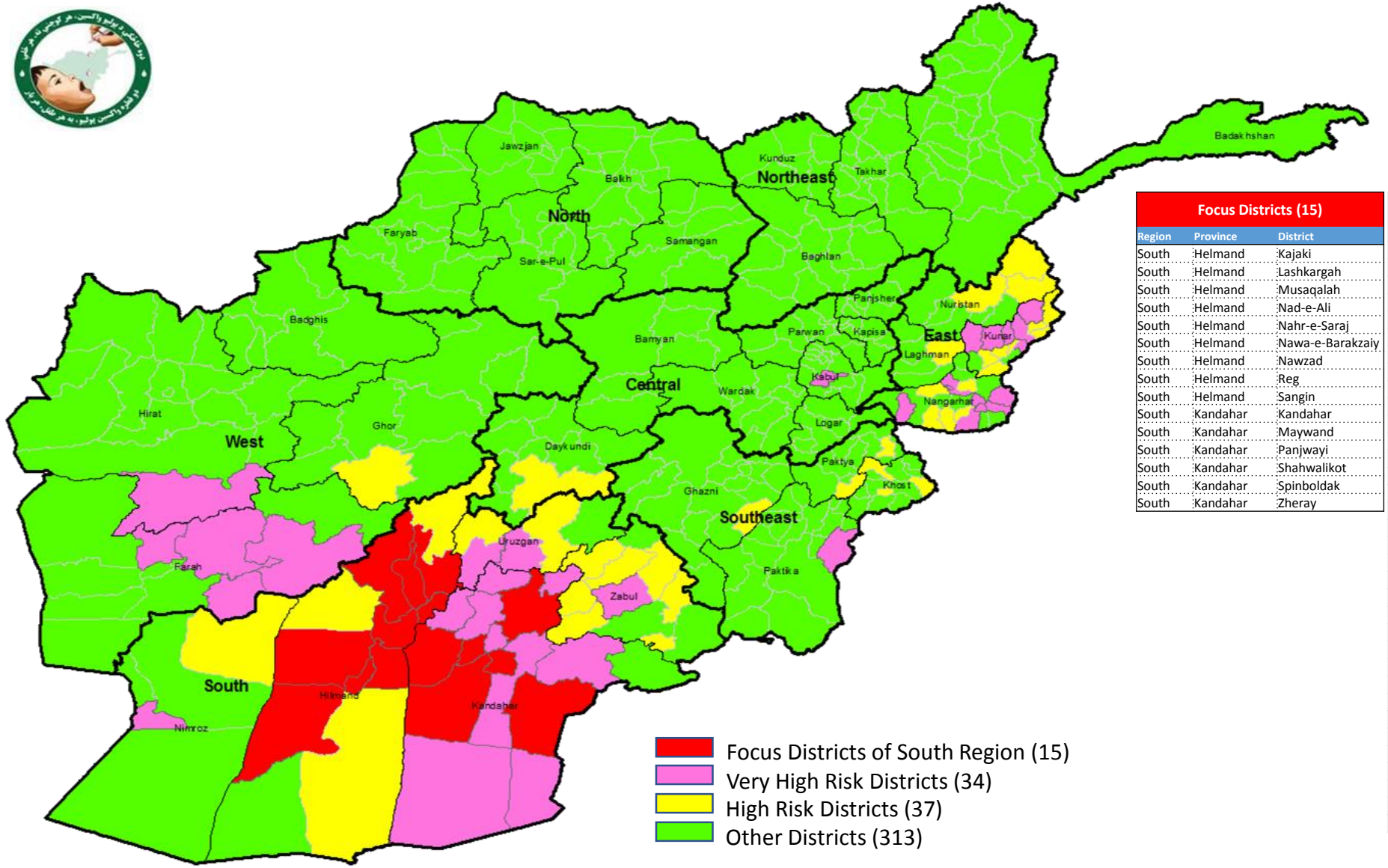
Reported / Covered / Remaining Refusals by region & by campaign; 2018-2019



Routine EPI Penta-3 Coverage; AH Survey 2018



NEAP 2019 Risk Categorization of Districts Remains Valid



Focus Districts of South Region (15)
Very High Risk Districts (34)
High Risk Districts (37)
Other Districts (313)

Focus Districts (15)		
Region	Province	District
South	Helmand	Kajaki
South	Helmand	Lashkargah
South	Helmand	Musaqalah
South	Helmand	Nad-e-Ali
South	Helmand	Nahr-e-Saraj
South	Helmand	Nawa-e-Barakzaiy
South	Helmand	Nawzad
South	Helmand	Reg
South	Helmand	Sangin
South	Kandahar	Kandahar
South	Kandahar	Maywand
South	Kandahar	Panjwayi
South	Kandahar	Shahwalikot
South	Kandahar	Spinboldak
South	Kandahar	Zheray

Very High Risk Districts (34)		
Region	Province	District
Central	Kabul	Kabul
East	Kunar	Chapadara
East	Kunar	Dara-e-Pech
East	Kunar	Ghaziabad
East	Kunar	Marawara
East	Kunar	Shigal Wa sheltan
East	Kunar	Watapur
East	Nangarhar	Achin
East	Nangarhar	Batikot
East	Nangarhar	Behsud
East	Nangarhar	Jalalabad
East	Nangarhar	Lalpur
East	Nangarhar	Muhmand Dara
East	Nangarhar	Sherzad
East	Nangarhar	Shinwar
South	Kandahar	Arghandab
South	Kandahar	Arghestan
South	Kandahar	Daman
South	Kandahar	Ghorak
South	Kandahar	Khakrez
South	Kandahar	Miyanshin
South	Kandahar	Nesh
South	Kandahar	Reg
South	Kandahar	Shorabak
South	Nimroz	Zaranj
South	Urozgan	Dehrawud
South	Urozgan	Tirinkot
South	Zabul	Qalat
Southeast	Paktika	Bermel
West	Farah	Bakwa
West	Farah	Balabuluk
West	Farah	Gulestan
West	Farah	Khak-e-Safed
West	Herat	Shindand

High Risk Districts (37)		
Region	Province	District
East	Kunar	Asadabad
East	Kunar	Barkunar
East	Kunar	Chawkay
East	Kunar	Dangam
East	Kunar	Khaskunar
East	Kunar	Narang
East	Kunar	Nari
East	Laghman	Alingar
East	Nangarhar	Dehbala
East	Nangarhar	Kama
East	Nangarhar	Kot
East	Nangarhar	Pachieragam
East	Nangarhar	Surkhrod
East	Nuristan	Barg-e- Matal
East	Nuristan	Kamdesh
East	Nuristan	Poruns
South	Daykundi	Gizab
South	Helmand	Baghran
South	Helmand	Garmser
South	Helmand	Washer
South	Nimroz	Khashrod
South	Urozgan	Chora
South	Urozgan	Shahid-e-Hassas
South	Zabul	Arghandab
South	Zabul	Atghar
South	Zabul	Daychopan
South	Zabul	Mizan
South	Zabul	Nawbahar
South	Zabul	Shahjoy
South	Zabul	Tarnak Wa Jaldak
Southeast	Ghazni	Giro
Southeast	Khost	Mandozayi
Southeast	Khost	Musakhel
Southeast	Khost	Terezayi
Southeast	Paktia	Chamkani
Southeast	Paktia	Zadran
West	Ghor	Taywarah

Key Principles for the Six months "Action Plan"

In the light of the NEAP (2019)

1. **All efforts to implement high quality SIAs**
   - Contingency / creative ideas under different access scenarios
   - IPV/OPV SIAs in VHRDs/chronic inaccessible areas
   - Ensure preparedness to implement 3 SIAs within 8-10 weeks of ban reversal
2. **Review/revise the communication plan**
   - Engaging ICN (>8000) in vaccination, systematic referral, EPI defaulters tracing & mobilization
   - Utilizing "Polio plus" for S2S campaigns in the highest risk areas
   - Strengthen partnership with other community development programs to effectively engage/mobilize the high risk/marginalized/underserved communities
3. **Complementary Strategies**
   - Adjusting PTTs firewalling strategy as per access situation
   - Expansion of mandatory "all age vaccination" in south & south-east international border crossings
4. **Strengthening EPI**
   - Coordinated efforts with N.EPI to boost EPI in white areas by improving outreach and fulfilling the HR and cold chain needs
   - Develop innovative strategies to enhance community demand for EPI / Polio
     - Conditional non cash transfer
     - Integrated outreach
   - Expand EPI target age group for OPV / IPV to <5 yrs. in VHRDS
   - All antigen EPI campaign with enhanced support by PEI staff during the ban
   - Community based outreach vaccinators & additional upgrading of SHCs
5. **Establishing EOCs in Helmand & Urozagn (one team under one roof)**
6. **Maintaining sensitive surveillance in all areas & further boosting in South, East & South-east**

Adjusting NEAP Implementation as per Access - Scenario Based Plannning

(+ sign indicates program focus on an activity in the given scenario)

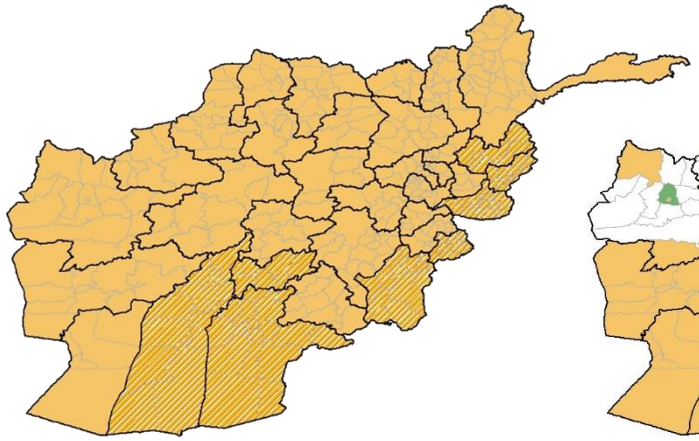
Strategies	Scenario-1; H2H ban Lifts	Scenario-2; Site to site Strategy	Scenario-3; Ban Persists	Resources Availability
OPV SIAs	+++	+++		Available for all scenarios
IPV / OPV SIAs	+	+	+	Available for all scenarios
Permanent transit teams (PTTs)*	+	++	+++	Available for all scenarios
Enhanced EPI in HR areas + expanded age group for OPV/IPV + Integrated outreach	+	++	+++	▪ 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	+	++	+++	Partially available (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*

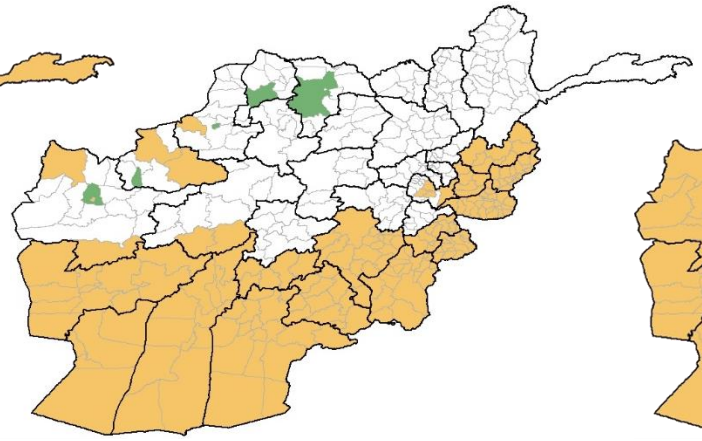
*** multi-antigen campaign will be implemented irrespective of the ban situation*

SIAs Calendar Sep 2019 – Mar 2020; Endorsed by TAG in Aug. 2019

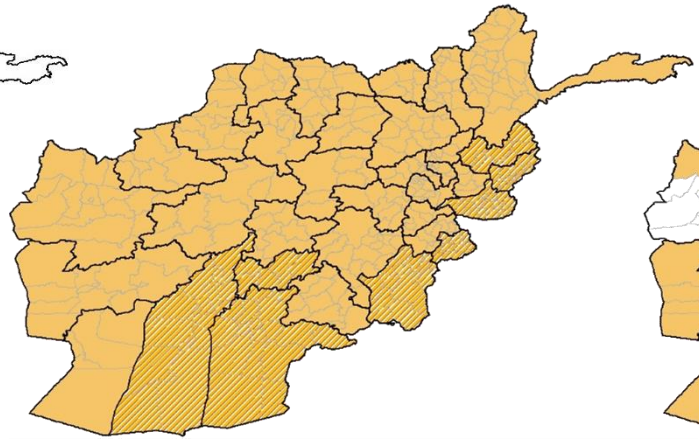
Mid – September



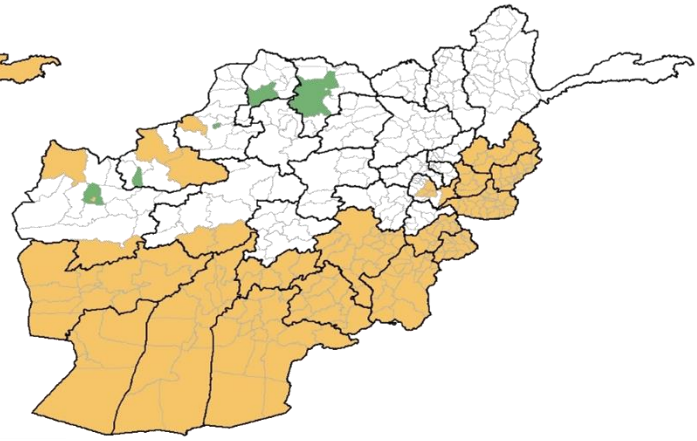
Mid – October



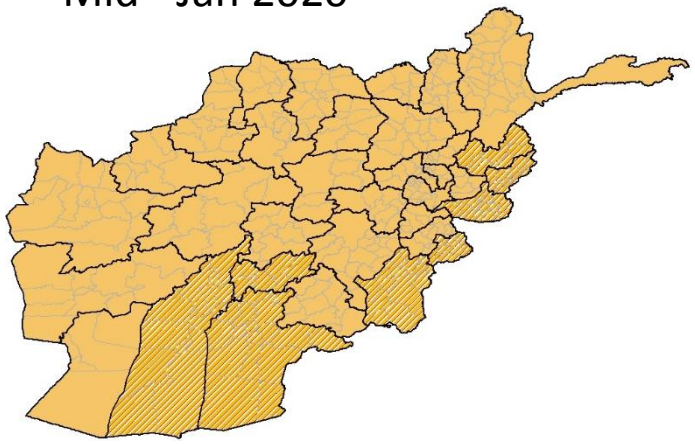
Mid – November



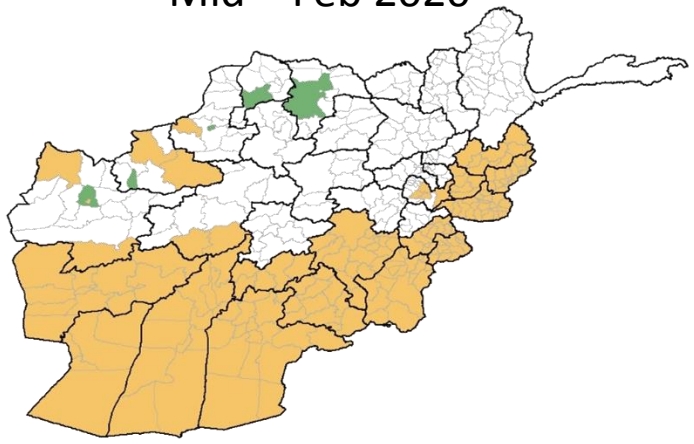
Mid – December



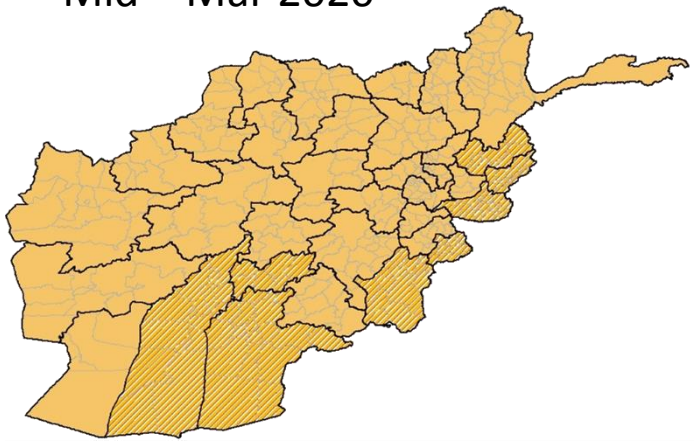
Mid - Jan 2020



Mid – Feb 2020



Mid – Mar 2020

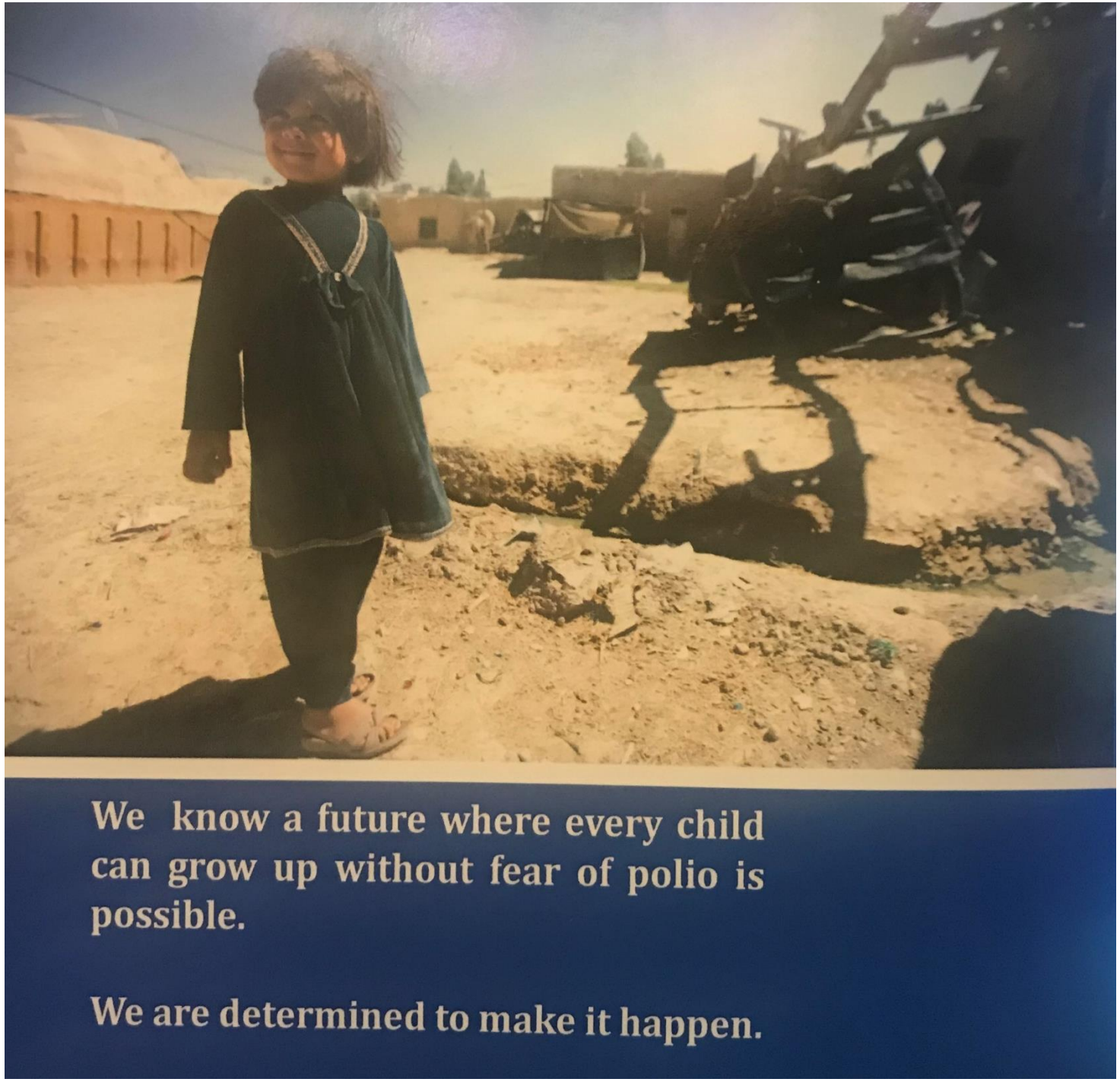


- ***The SIAs schedule will be adjusted as per the timing of ban reversal***
- ***Three SIAs within 8-10 weeks of ban reversal in the high risk areas***
- ***mOPV-1 will be used if available***

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

SNIDs TP: 5,813,470

Thank you


We know a future where every child can grow up without fear of polio is possible.
We are determined to make it happen.