

Agenda Item 1:

Afghanistan Programmatic Review



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Pakistan Programmatic Review

POLIO GLOBAL
ERADICATION
INITIATIVE

**Polio Oversight Board Meeting
September 25, 2015**

Presentation outline

- AFP surveillance
- Polio confirm cases
- Communication
- Vaccine management
- Status of TAG recommendation
- Major activities for 2015
- Major shifts in program
- Challenges

AFP surveillance indicators 2014 - 2015

Regions	Exp @2	Reported AFP Cases		NP AFP Rate (2014)		Stool ADEQ %		Detection within 7 days of paralysis		EV %		SL %	
		14	15	14	15	14	15	14	15	14	15	14	15
Badakhshan	11	52	9	9	11	98	97	90	95	15	21	14	5
Central	89	397	297	9	10	97	98	92	93	15	14	4	5
Eastern	38	301	226	16	17	91	96	85	90	26	27	7	6
North eastern	43	301	187	14	13	94	97	86	92	21	22	3	6
Northern	48	331	211	14	13	92	94	84	85	19	22	1	6
South eastern	38	204	124	11	10	98	96	93	91	22	20	7	10
Southern	68	444	350	13	15	82	89	75	78	27	21	7	13
Western	52	391	310	15	18	97	97	90	93	23	24	3	5
National	387	2421	1744	13	13	92	95%	86	88	22	21	5	7

- National level key surveillance meet the global criteria
- At the regional level southern region is slightly lacking behind the threshold of 80% for detection within 7 days (poor access to districts)

Environmental surveillance (Sep 2013 to date)

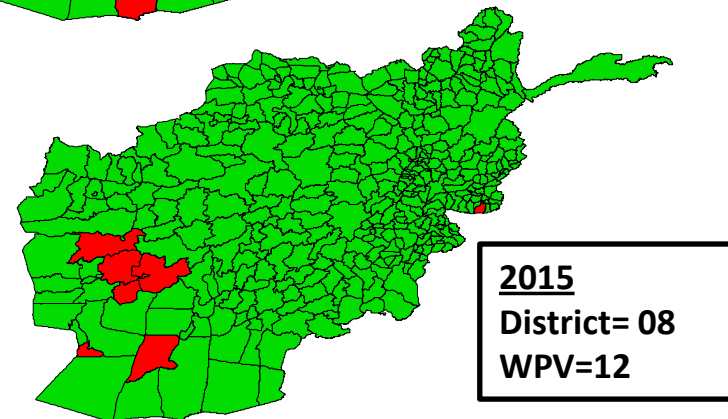
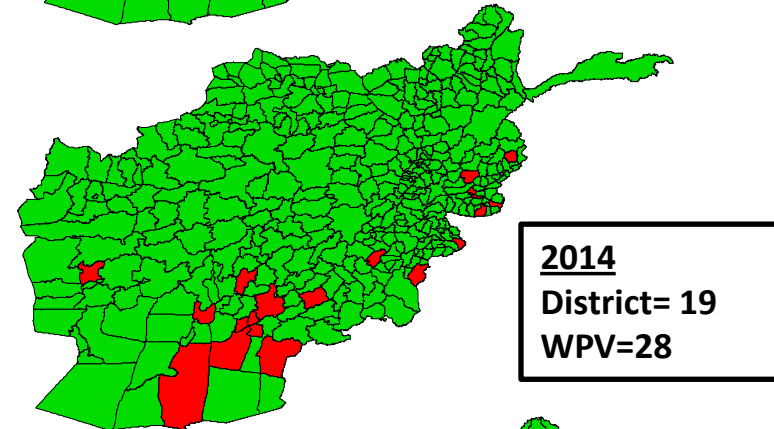
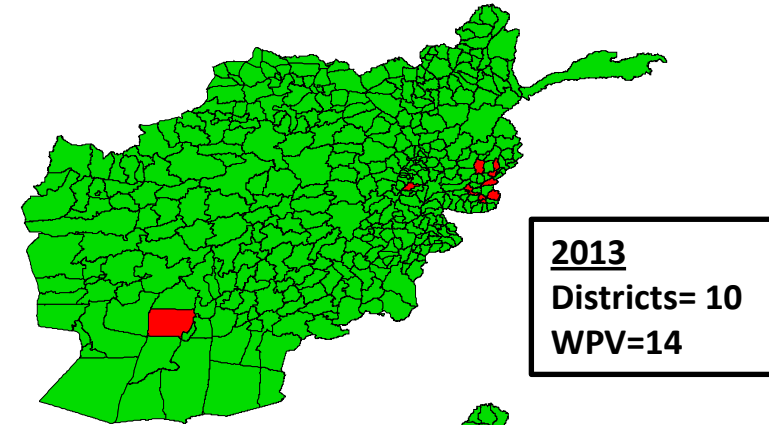
SN	Site Total Samples 2013- to date	Environmental samples collection by Month																								
		Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	
Kandahar Province		55																								
Kandahar city																										
1	KDH-Khandak	24	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	
2	KDH-Rarobat	24	Yellow	Yellow	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	
3	KDH-(Chawnie)	7			Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	
Helmand Province		54																								
1	LSK-Bolan Br	19						Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	
2	LSK-Radio M	19						Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	
3	Nahr-e- Siraj-Zarat Bagh	12																								
4	Nahr-e- Siraj-Baran Sarai	4																								
Nangarhar Province		37																								
1	J-abad-Radar Br	18																								
2	J-abad-Sangi Qala	18																								
3	Behsud- Hada Farm	1																								
Kunar Province		9																								
Asadabad city																										
1	Mandacool	9																								
Kabul Province		45																								
Kabul city																										
1	Qila-e-Zaman K	15																								
2	Karta-e-Naw	15																								
3	Khawaja Bughra	15																								
Afghanistan		200	10				97												93							

Summary: Total sites= 13
 Total samples collected= 200 Total samples with results available= 183
 Total samples positive for WPV= 25 Total samples positive for SL or SL+NPEV= 115
 Total samples positive for NPEV= 39 Total samples NVI= 4

- Wild poliovirus type 1
- SL and SL+NPEV
- NPEV
- No Virus Isolated
- Under Process

Region wise WPV cases 2013 - 15

Region	Confirmed cases		
	2013	2014	2015
Central	1	0	0
East	12	6	5
South east	0	4	0
South	1	17	2
North	0	0	0
Northeast	0	0	0
West	0	1	5
Country	14	28	12



- Eight cases are 0 doses for routine
- Three cases are zero OPV dose for both routine and SIAs
- All cases are of NSL1 serotype and of genetic lineage R4B5C (3 cases newly confirmed on 22nd Sep)

Cross border, PPTs and PTTs

PPTs

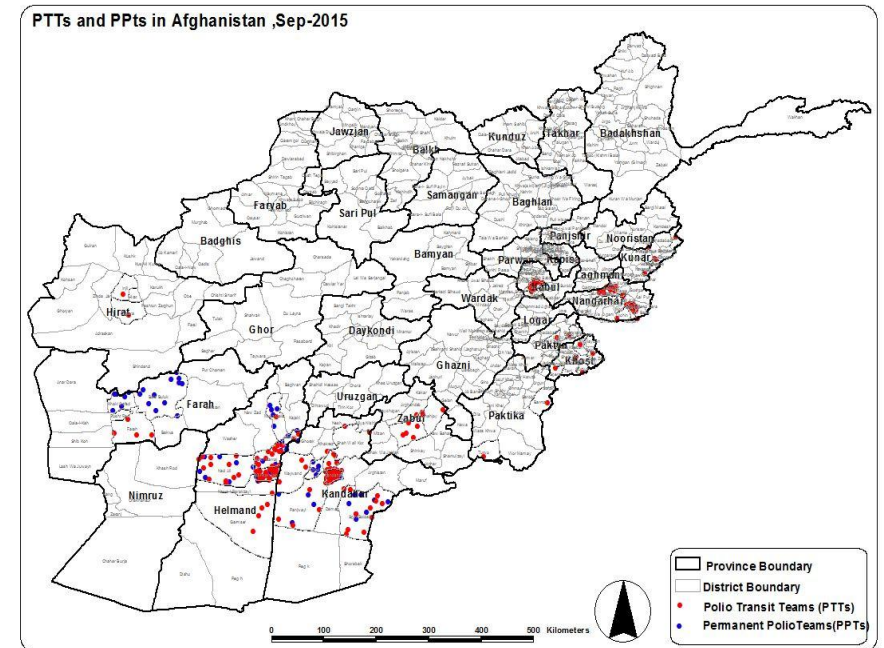
- 33 teams in Kandahar (4 districts), 36 in Helmand (6 districts) and 12 in Farah (2 districts)
- Jan-June 2015: **619,836** doses of OPV administered to <5 years children
- PPT activities is related to access

Cross border teams

- 17 CBTs , using bOPV
- Age group: <10 years (Boldak gate and Kunar) and <5 years (all other CBT)
- On average **103,000** Children vaccinated/month

PTTS

- Increased from **61 in January to 148** in August 2015
- On average **552,700** children vaccinated per month: 47% coverage reported from South where 103/148 teams are functioning
- New assignment of PTTs according to field dynamics: access issue, movement of special groups



The shift in communication for PEI

- Comprehensive Communication Action Plan for PEI developed
- Number of stories about Polio as a health concern has grown since June, from almost 0 to about 30 per month
- Training of local media personnel on-going to improve coverage of polio stories
- IPC training needs assessment jointly (WHO/UNICEF) conducted to improve vaccinator/ICN skills and trust
 - There is positive association between [local vaccinators and trust](#) and [trust and commitment to take OPV](#) (*Harvard KAP 2014*)
- Radio, key trusted and most frequent source of Polio info being engaged more

Strategic partnerships for revising PEI communication

- Cetena: An Afghanistan based creative communication and media agency
 - Production of new generation IEC materials for moving beyond “awareness of” to increasing “knowledge about” polio targeting specific population groups
- Program Cooperation Agreement with Cricket Board to boost national momentum on polio
- Contract signed with 4 Mobile Network Operators for bulk SMS messaging
- VOA and BBC Media Action
 - Engaging local FM radio stations for public health education on polio

Cold chain and vaccine management

Achievements

- 2014: 82.6 Million OPV doses procured, dispatched and on site on time
- 2015: 58.0 million OPV doses procured, dispatched and on site on time for all SIAs until September
- 10.9 million doses of tOPV for October NIDs arrived in country on Sep. 14th
- VM & Cold chain capacity development:
 - TOT for cold chain conducted in July
 - Dissemination plan at zonal level developed

Challenges

- Efficiency of Vaccine Stock Reporting, VURs on monthly basis to be stream lined at provincial level
- Standard Operating Procedures and tools (VUR and VSBI) being rolled out

Country report on recent TAG recommendations

- The Minister of Public Health appointed his senior advisor as PEI focal point
- Interim EOC established
- NEAP has been developed
 - A six month operational plan has been developed
 - A set of indicators for monitoring of NEAP has been developed

Country report on recent TAG recommendations

- Missed children
 - Inclusion of IPV in quick short interval campaigns
 - Revision of micro-plans to capture more miss children
 - Training of frontline workers
 - More focus on social mobilization
 - Review and increased the number of PTT
 - Establishment of PPT in inaccessible areas
 - Revisit strategy was adjusted

Plan activities for the rest of 2015

- Access
 - Mapping out inaccessible areas
 - Complementary strategy for PEI in LPD
 - District level access negotiations
 - Conduct complementary immunization activities
 - Increase the number of teams in cross borders points
 - Increase number and performance of permanent transit teams to vaccinate children on the move
 - Targeted campaigns for underserved population groups such as Nomads, agricultural seasonal migrants/workers
 - Review and redistribute PPT

Plan activities for the rest of 2015

- Campaign management
 - Management training for district and provincial level managers to improve managerial skills
 - Regular post campaign [reviews and surveys](#)
- Cross border movement and ongoing transmission in Pakistan
 - Vaccination of outgoing/incoming children
 - Cross-border meeting at national and regional levels
 - Regular communication between PEI teams of both countries at various level
 - Cross notification of AFP cases

Plan activities for the rest of 2015

- Quality of campaigns
 - Strengthen monitoring using indirect methods
 - Intra campaign monitoring through the engagement of independent third party
 - Close monitoring by high level officials of MoPH
 - Triangulation by separate methods such as LQAS, PCA
 - Improve coordination at the provincial and district levels
 - Improving micro-planning
 - New communication strategy aiming at increased demand
- Routine EPI
 - Introduction of IPV 30th Sep
 - Regular performance review meetings with NGOs
 - Special plan for 28 high risk districts

Plan activities for the rest of 2015

- IHR implementation
 - Vaccination of traveler to India, Qatar, Saudi Arabia
 - Immunization of incoming/outgoing children at AFG/PAK border posts
 - Immunization of all travelers by air to all countries provided that vaccine and financial requirements are meet

Major shifts in program

- Government to play a greater role including in planning and budgeting
 - Request the partners, particularly those engaged in program operation, to further collaborate/support the Gov. in assuming its responsibilities
- Introduction of IPV in routine EPI on 30th Sep
- Selection of CHWs as frontline volunteers
- Greater engagement of BPHS implementing NGOs in PEI
- Optimizing complementary immunization activities (PTT, PPT)

Challenges

- Accessibility in east is getting worse
 - Emergence of new and more complicated groups of AGEs
- Partners concerns to operate under the new arrangement of EOC
- Overall security situation remains challenging
- The number of children missed in Kandahar, Helmand, Nengarhar and Farah is of great concern
- Knowledge about polio is substantially bellow desired level in LPDs



Thanks

