



# MEETING OF THE TECHNICAL ADVISORY GROUP (TAG) ON POLIO ERADICATION IN PAKISTAN

ISLAMABAD, PAKISTAN, 29 – 30 AUGUST 2019



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## LIST OF ACRONYMS

AFP	Acute Flaccid Paralysis	KPTD	Khyber Pakhtunkhwa Tribal Districts
AHC	Australian High Commission	LEAs	Law Enforcing Agents
ADB	Asian Development Bank	LPUCs	Low Performing Union Councils
BISP	Benazir Income Support Program	LQAS	Lot Quality Assurance Sampling
bOPV	Bivalent Oral Polio Vaccine	MNHS	Ministry of National Health Services
C4E	Communication for Eradication	mOPV	Monovalent Oral Polio Vaccine
CBV	Community-Based Vaccination	NA	Not Available Children
CDC	Centers for Disease Control and Prevention	NA3	Not Available Children Out-of-District
CHC	Canadian High Commission	NEAP	National Emergency Action Plan
CHW	Community Health Workers	NEOC	National Emergency Operation Center
COAS	Chief of Army Staff	NGO	Non-Governmental Organization
cVDPV2	Circulating Vaccine Derived Polio Virus Type 2	NHSRC	Ministry of National Health Services, Regulations & Coordination
CDWP	Central Development Working Party	NID	National Immunization Day
DC	Deputy Commissioner	NPAFP	Non-Polio Acute Flaccid Paralysis
DFID	Department for International Development	NPMT	National Polio Management Team
DPCR	District Polio Control Room	N-STOP	National Stop Transmission of Poliomyelitis
DPEC	District Polio Eradication Committee	NTF	National Task Force
DRAP	Drug Regulatory Authority of Pakistan	PC1	Planning Commission form 1
EI	Essential Immunization	PCM	Post Campaign Monitoring
EOC	Emergency Operations Centers	PDHS	Pakistan Demographic and Health Surveys
EPI	Expanded Programme on Immunization	PEI	Polio Eradication Initiative
ES	Environmental Sample	PEOC	Provincial Emergency Operation Center
EV	Enterovirus	PMFG	Prime Minister Focal Group
FCVs	Female Community Vaccinators	PMFP	Prime Minister's Focal Person
FGD	Focus Group Discussion	PTF	Provincial Task Force
FLW	Front-line Workers	PTP	Permanent Transit Points
FRR	Financial Resource Requirements	RADS	Risk Assessment and Decision Support
GAVI	Gavi, the Vaccine Alliance	RRU	Rapid Response Unit
GB	Gilgit Baltistan	RSP	Religious Support Persons
GIZ	Gesellschaft für Internationale Zusammenarbeit GmbH	SHRUC	Super High-Risk Union Council
GOP	Government of Pakistan	SIA	Supplementary Immunization Activity
GPEI	Global Polio Eradication Initiative	SMT	Special Mobile Team
HRMP	High-Risk Mobile Populations	SNID	Sub-National Immunization Day
ICM	Intra-campaign Monitoring	SOP	Standard Operating Procedure
IMB	Independent Monitoring Board	TAG	Technical Advisory Group
IPV	Inactivated Poliovirus Vaccine	TPCR	Tehsil Polio Control Room
IsDB	Islamic Development Bank	TPFM	Third Party Field Monitors
JICA	Japan International Cooperation Agency	TTM	Temporary Tehsil Monitors
KFW	KfW Bankengruppe	TTSP	Temporary Tehsil Support Person
KICA	Korea International Cooperation Agency	UC	Union Council
KP	Khyber Pakhtunkhwa	UNICEF	United Nations Children's Fund
WPV	Wild Polio Virus	VDPV	Vaccine Derived Polio Virus
		VNFM	Vaccinated but not Finger Marked
		WHO	World Health Organization

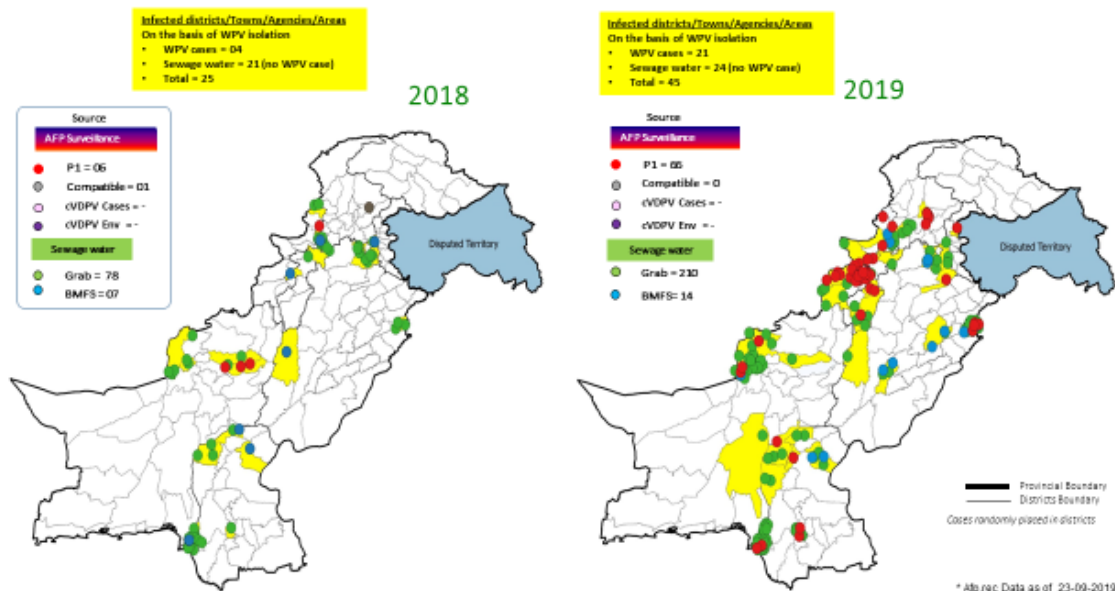
## EXECUTIVE SUMMARY

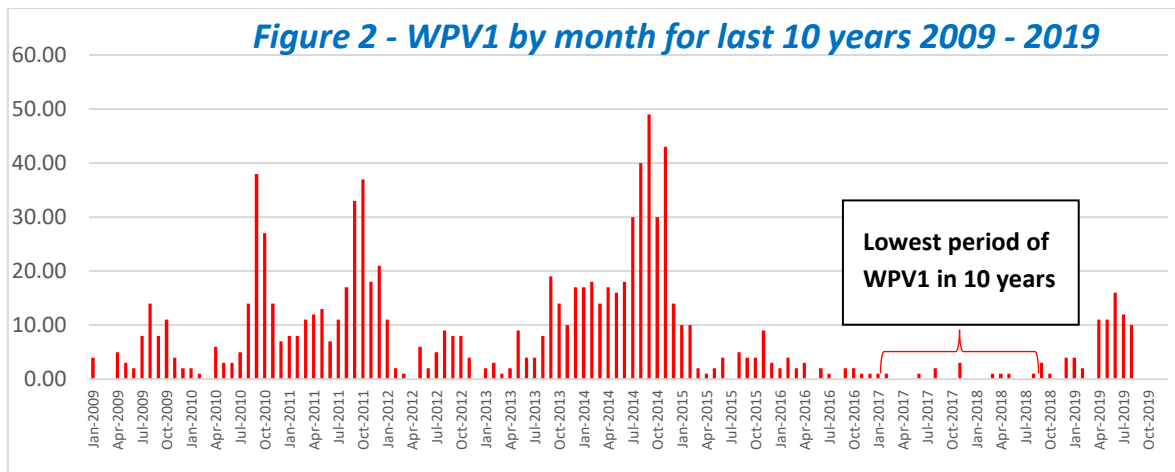
The Technical Advisory Group (TAG) on Polio Eradication in Pakistan met in Islamabad on 29<sup>th</sup> and 30<sup>th</sup> August 2019. The two-day deliberations were led by the Chair, Dr Jean-Marc Olivé, attended by six of the seven members and supported by the Pakistan Polio Eradication Team, led by Dr Zafar Mirza, Minister of NHSRC and Mr. Babar Bin Atta, the Prime Minister’s Focal Person for Polio Eradication. The TAG welcomed the representatives from Federal and Provincial Governments, local and international partners and donors.

The TAG was convened at this critical juncture of the Pakistan Polio Programme, to review eradication efforts, analyze the key challenges and risks to eradication, and provide strategic technical guidance to help pave the way forward. Through information presented by the National and Provincial Emergency Operations Centers (EOCs), the TAG was appraised of the changes in the programme since its last meeting in January (including the status of implementation of TAG recommendations) and recognized the significant challenges faced by the programme since the beginning of 2019.

Pakistan has reported 58 cases of wild poliovirus as of August 31, 2019 – representing 80% of the global case count (figure 1) – and 43.4% of environmental samples collected have been positive, indicating widespread virus circulation across the country.

**Figure 1 - Point in Time Comparison of Wild Polio virus, Compatible and cVDPV2 isolates**





There has been a dramatic increase in WPV1 cases and positive environmental samples in 2019. This is alarming because it follows an 18-month period from January 2017 to mid-2018 that saw Pakistan achieve the lowest number of WPV1 cases in 10 years, including multiple months without report of a single case (figure 2). This was a golden opportunity for Pakistan to achieve its long sought-after goal of interrupting poliovirus transmission. The increase in cases in 2019 shows that the momentum and opportunity created at that time has now been lost.

The increased cases and positive environmental samples are symptoms of a programme in crisis. There are serious problems in coordination and implementation and to-date unresolved issues with campaign quality, monitoring, accountability and community engagement.

The difficulty in resolving these issues speaks to a programme in need of a well-articulated evidence-based strategic vision implemented by a well-coordinated, accountable and unified team from national to provincial levels. That strategic vision and that unified team are not yet in place and must be rapidly brought together.

It also speaks to a programme that has become so complex and so focused on implementing continual SIAs and case responses that it now has little time to concentrate on fixing the things that improve quality such as supportive supervision, careful analysis of District and UC level data, intense focus on Super High-Risk UCs (SHRUC), regular and well-planned community engagement where it is needed most, and rational utilization of resources.

There are welcome signs that the programme has recognized these problems and has begun to address them through changes that amount to a 'transformation'. Indeed, transformation is a running theme through the rest of this document and the TAG's recommendations.

There are reasons to be optimistic that such a transformation is possible. The leadership of the Government of Pakistan, through the Prime Minister, the Army Chief of Staff, the

Minister of Health and the Prime Minister's Focal Point, Chief Ministers and the Chief Secretaries, offers an unprecedented level of cross-government support. Recent and ongoing reviews of communication, surveillance and management structures, improved coordination between PEI and EPI and a greater focus on developing synergies with other service providers in the highest risk areas are all positive initiatives with the potential to contribute to real change.

In order to support this transformation and change the present trajectory, the TAG has developed its overarching recommendations (below, with key observations in italics):

- Capitalize on the strong commitment from national and provincial leaders and the military leadership.
  - *With the recent renewal of political commitment and with the support of all institutions, there is a real window of opportunity – now – to correct the programme's course.*
- Develop a unified strategy led by a reconstructed 'One Team' approach at all levels.
  - *There is no coherent vision and unified strategy at National and Provincial levels; the 'One Team' approach is in disarray. Trust among institutions and individuals must be rebuilt, focusing on the core goal of eradication and not using the polio programme as a political football. The Government and its polio partners throughout all levels must be united in purpose and implementation. They must have an operating culture that can identify challenges and collectively develop and implement solutions. This is not a characteristic of the way the programme is currently run and until there is a change, success with global polio eradication will remain elusive.*
- Implement plans for 'transformation' focused on SIA quality and community engagement by simplifying management structures, simplifying processes and simplifying operations; focus on the areas that are the drivers of transmission over time and have resisted programme initiatives to date—the SHRUCs.
  - *The quality of the programme in Pakistan has declined in 2019 and outbreaks have revealed unresolved longstanding gaps in quality across the board. There is an apparent inability to address persistent longstanding poor SIA quality especially within the core reservoirs and other high-risk districts, which must be fixed.*
- Concentrate on building community trust as a programme priority.
  - *Community trust in the programme has hit a new low and will continue to erode without strong public support from government and civil society actors beyond the polio programme and the immediate introduction of sustained and evidence-based community engagement activities especially in SHRUCs.*

*Changes must be made to the management structure at District and UC level to ensure that communication staff are dedicated to communication activities, including ensuring time for such activities to be planned and implemented effectively, and developing strategic responses to political and anti-vaccination disinformation.*

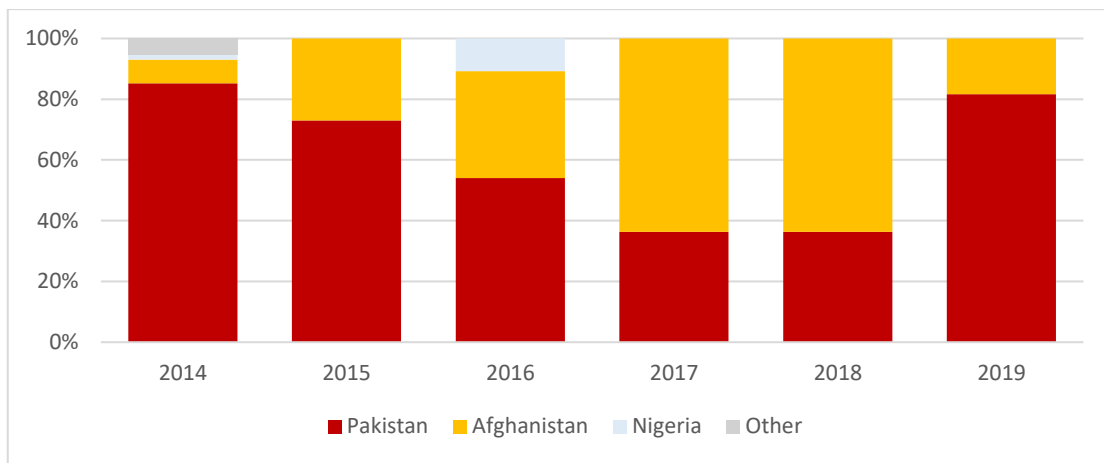
To create space and time to do what must be done, the TAG recommends that all SIAs including outbreak response be frozen for at least two months. The programme must use this opportunity to fundamentally address the issues currently confronting the national polio eradication effort.

The TAG members would like to express their gratitude to the Government of Pakistan and the partners for the open and frank discussions during these two days and for the support in organizing the meeting. Without those discussions and that openness, the opportunity for renewal identified in this report would remain unexploited and the virus will likely continue to circulate.

**Epidemiology**

As of 31<sup>st</sup> August 2019, Pakistan had reported 58 WPV cases compared to 12 in 2018 and eight in 2017. Pakistan now represents more than 80% of the global burden of WPV1 reported this year (figure 3 & 4). The recent acceleration in WPV cases began in the third quarter of 2018 with outbreaks in parts of former FATA and Bannu. Accelerated transmission continued unabated into the low season of 2019 with major outbreaks occurring in South and North KP, Punjab, and Sindh.

**Figure 3: Proportion of WPV cases reported globally by endemic country, 2014-2019**



**Figure 4: WPV cases reported in Pakistan, 2017-2019**

**Increase in cases across major provinces of KP, KPTD, Punjab, and Sindh**

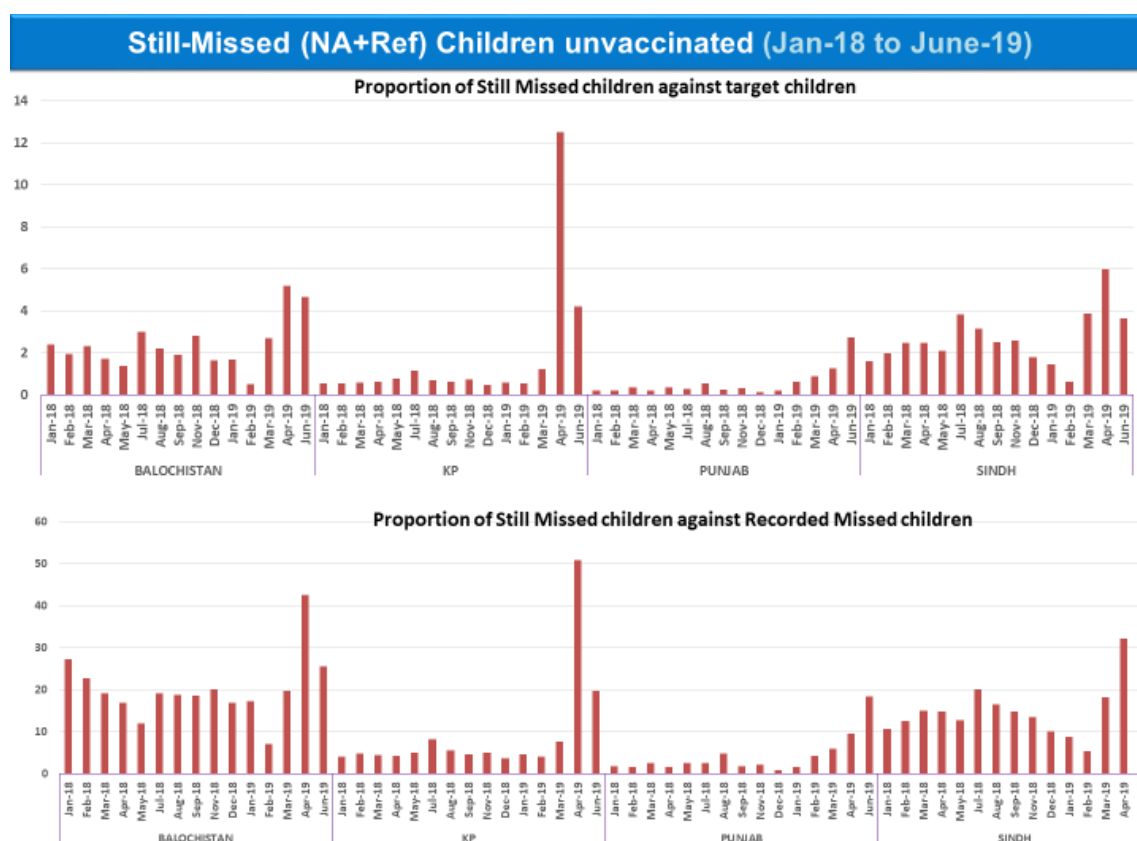
Year & Month of onset		2017					2018					2019								
Country	Province	Jan	Feb	Jun	Aug	Nov	Mar	Apr	May	Aug	Sep	Oct	Dec	Jan	Feb	Apr	May	Jun	Jul	Aug
Pakistan	BALUCHISTAN			1		2	1	1	1								1	1	2	1
	GILGIT BALTISTAN		1																	
	KHYBER PAKHTUNKHWA				1					1			1	2		4	8	12	7	6
	KPTD										2	1	3	1	1	3	2	1	2	1
	PUNJAB	1												1		2				
SINDH				1	1					1					1	2			1	2

The proportion of environmental samples testing positive this year has drastically increased compared to same period in 2018 (figure 5).





Figure 6: Proportion of still missed children by Province January 2018 – June 2019

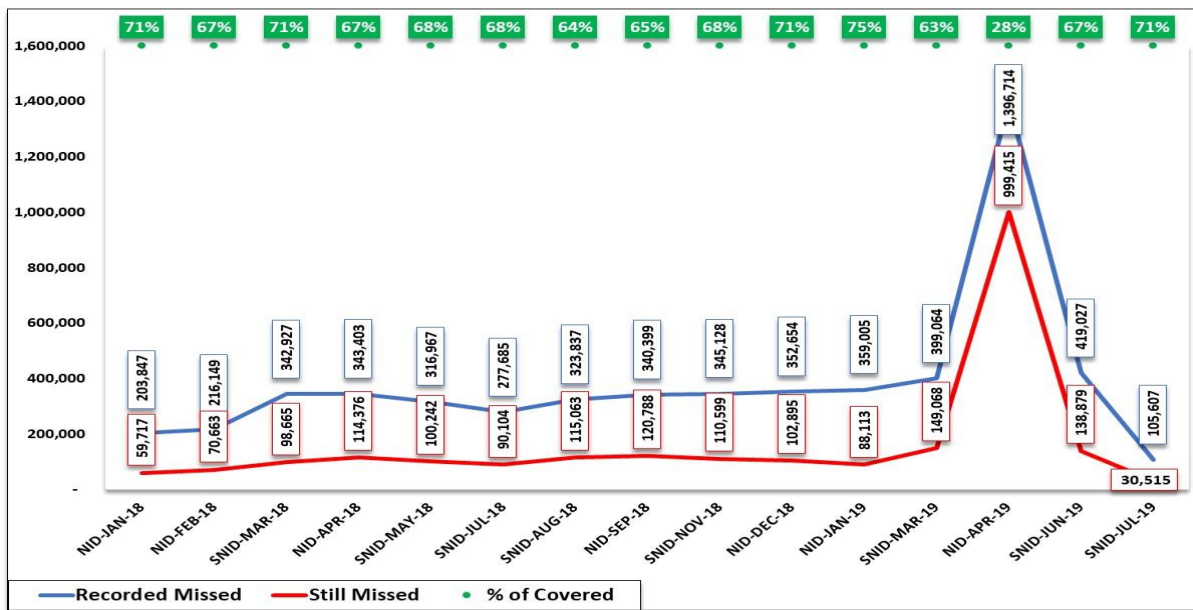


According to the management review, campaign processes at each stage (pre-campaign, during campaign and post-campaign), “follow a formulaic procedure and are burdensome, without a focus on solving problems”. Performance management is ineffective, and microplanning is reported to be under-utilised as a key programme tool for reviewing target populations at local level in order to maximise systematic coverage. The quality and consistency of training of front-line workers (FLW) remains a major challenge to which programme partners have not risen. Collection of bulk data is burdensome, taking up to 70% of UC level programme staff time, and is poorly utilised for performance analysis and adjustment, round by round.

### Missed children

The predictable result of these quality issues is a continuing – and in many areas rising – rate of missed children, including ‘not available’ as substantially the largest group by cause, with some evidence of clustered refusal and hence localised refusal density in some areas (figure 7). Between January 2018 and the most recent SIA, the proportion of recorded missed children covered through effective OPV vaccination has remained around 70% except for April 2019.

Figure 7: Proportion of recorded and still missed children, January 2018 – July 2019



Moreover, the areas with the highest rates of missed children continue to be the highest-risk/highest-priority areas for the national polio programme (figure 8).

Figure 8: Areas with the highest average rates of 'still missed children', January 2018 – July 2019



From January to July, a total of five Case and Event Response SIAs were implemented in South Waziristan (January); Hyderabad (February), Larkana (May); Lahore (May), KPK (July). An IPV campaign was implemented in core reservoirs of Peshawar, Karachi and Quetta block in February.

### Communication

In addition to the McKinsey management review, two communication reviews have been conducted – a C4E and an External Consultant Review. The reviews report that communication has developed as a standalone programme, operationalized primarily around campaigns, with poor delivery of interpersonal communication (IPC) at the doorstep, weak management of key resources and the absence of a broader integrated community engagement strategy. There is clarity following the 'Peshawar Incident' that

community trust in the Pakistan Polio Programme is very low. Community trust has been neglected as a genuine core feature of the overall programme strategy, with a lack of dedicated resources focused on sustained evidence based activities and has been continually undermined by the co-option of the programme as a political football for contesting groups. The surge of negative social media leading up to the ‘Peshawar incident’ was a new challenge for the program. Community trust building went unsupported by strategic alliances/coalitions that might counter political co-option and help rebuild trust. There is a broad recognition that failing to rebuild community willingness to engage with PEI is potentially fatal to the national endeavor.

The TAG recognized a much more responsive social media management effort during recent campaigns – an important lesson learned from the ‘Peshawar incident.’

Overall, the communication component of the national programme remains unduly focused on vaccine refusal and poorly-defined incidence of ‘resistance’ (figures 9 & 10). There has been lesser and inadequate emphasis on continuous strategic efforts to build positive engagement at community level as the basis for enabling better reception of OPV during SIAs, as well as build a stronger understanding of and demand for Essential Immunization services (EI).

**Figure 9: Proportion of ‘still refusals’ in target population, by province 2018 –2019**

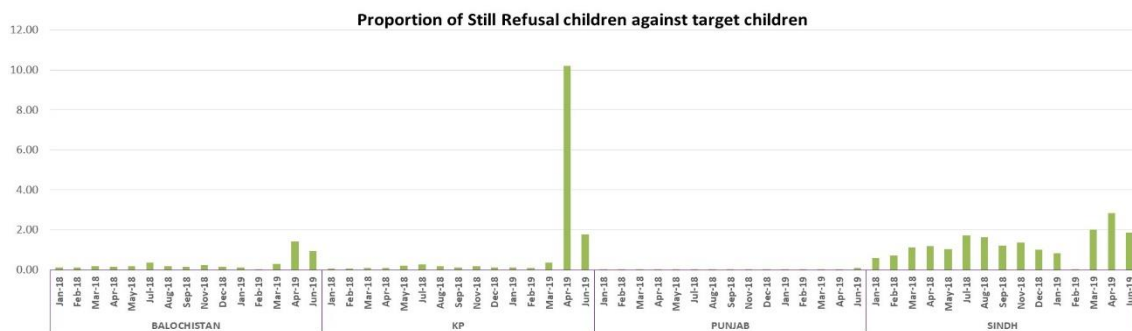
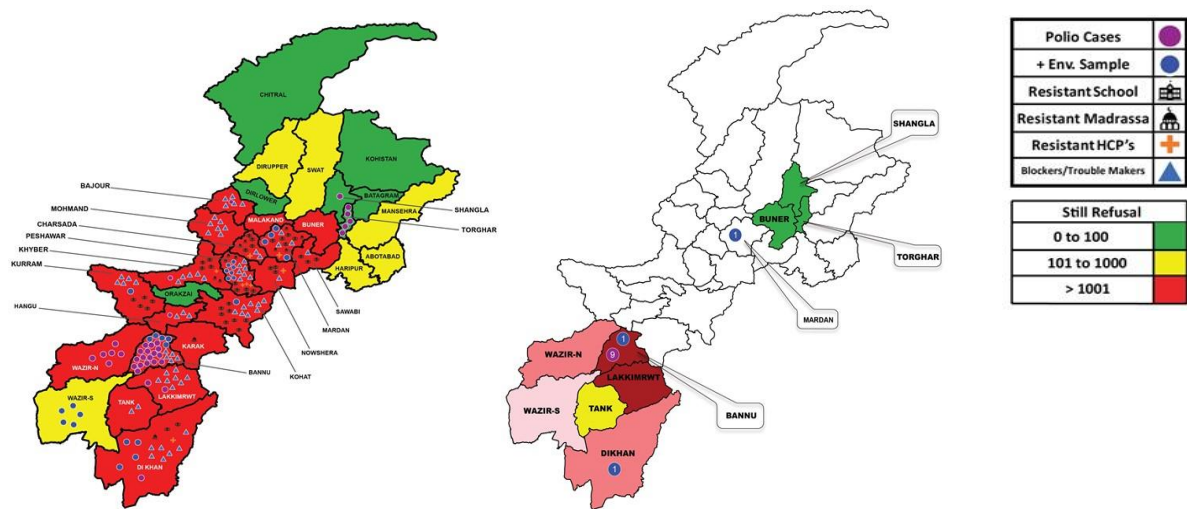


Figure 10: 'Challenge Mapping' – April 2019 –July 2019



Alongside on-the-ground efforts to re-establish communication and dialogue with communities, the national programme is entering into a strategic process of 'perception management' (PM). This is a legitimate response to some of the issues evidenced at local level. But PM is a complex proposition – in particular when conducted through the ungoverned space of social media – and needs to be developed cautiously. It is at best a complementary strategy to the core work of engaging with communities in meaningful and authentic ways that by nature has to be done at the local level by local trusted actors.

### Community-based Vaccinators (CBV)

The CBV programme was developed to address gaps in the operational communications capability in the national programme and has expanded quickly to cover all high-priority as well as some lower-priority areas over time. The management and communication reviews report that CBVs now tend to operate primarily as vaccinators, with limited or no activity between campaigns, limited or no tasking related to longer-term community engagement interventions, and limited formal performance management or accountability, acutely at UC and sub-UC levels.

### EPI/PEI

The leadership of the Minister of Health has clearly set the expectation for EPI and PEI to work together through his insistence that all meetings on immunization include both programmes. Essential immunization is an important strategy for delivering polio doses, particularly to the youngest children, and helps build trust with communities. Unfortunately, many gaps in essential immunization still remain in polio high-risk UCs – there are issues with vaccinator vacancies, fund releases and robust microplans to strategically plan outreach activities. The TAG welcomed news of funding provided by Gavi to directly address these weaknesses in essential immunization operations in polio SHRUCs. The TAG was also encouraged by the expansion of tools to track vaccinator activities and

identify missed areas providing an opportunity for increased accountability. The 2018 PDHS survey shows an improvement in essential immunization up to 66% for all basic vaccinations from 54% in 2013. This is a trend in the right direction but progress is too slow and significant gaps remain – Balochistan, FATA, KP and Sindh all have coverage levels below 60%. Urgently addressing these gaps should be a top priority for the government alongside polio eradication because essential immunization can be an important contributor to achieving interruption of polio circulation and, at the same time, is critical for sustaining the achievement and securing the significant investment of effort, life and money that has been made over the past 20 years by the Government of Pakistan.

### *Integrated Services*

The Pakistan polio programme has recognized the potential value of complementary community-based activities as part of the overall strategy to improve conditions for delivery and acceptance of OPV. Examples of integrating improvement in other services in high-priority, high-risk and/or high-refusal communities include the Gujro 4 Action Plan in Karachi/Sindh. This incorporates support to a model EPI centre, six 'experimental dispensaries', maternity homes at two hospitals, new water filtration plants, interventions for integrated WASH and nutrition, sewage cleaning and solid waste removal.

Direct support by the polio programme to ancillary community development activities (in particular small-scale efforts in the health sector) may have a positive impact on OPV acceptance during SIAs. This needs to be measured to ensure that such investments are cost-effective to the ultimate aim of maximizing coverage to interrupt transmission of WPV. Wider and more substantial community development interventions may lie outside PEI's mandate and skill-set and may divert scarce resources from the core PEI programme. In these cases, leveraging other local, national and international development actors, through existing policy and programme forums, may be a better and more efficient way for PEI to support improvement in living conditions in some of the poorest and most marginalized communities in which OPV is delivered. The recent directive of the Prime Minister to align his flagship social protection programmes, particularly 'Éhsaas' in the most polio affected communities opens the door for a major policy alignment in support of polio eradication. Again, clarity on PEI's integrated services strategy is needed in order to ensure resources are efficiently directed and impact is monitored to ensure positive effect supporting PEI.

### *High level commitment*

In August 2019, TAG was able to see the exceptional level of support and focus being applied by the topmost echelons of the Pakistan Government – from the Prime Minister and the Minister of Health, through to the PM's Focal Point and the Chief Ministers. The unprecedented scale of active support from the Pakistan Army is evidenced by the strong engagement of the Chief of Army Staff and his senior command and the establishment of a dedicated polio unit. The key now is for this high-level commitment to be translated down

the operational system to enable clearly managed provincial teams, empowered DPCRs and maximum quality UC and sub-UC programme delivery starting with the SHRUCs and outbreak affected areas. For that to happen though, the programme needs to undergo a root and branch transformation.

### *Transformation*

The development of a One Team model of programme management, built over multiple years, has fallen into disarray. According to the McKinsey management review (so far as it has been completed, with an initial focus on Sindh/Karachi), the One Team structure is present on paper, but in practice the PEI organogram has multiple parallel lines of authority across partner organizations, with overlapping terms of reference for individual roles, major lapses in the conduct of activities as per TORs and an absence of clear programme function ownership. This is acutely the case at District and UC levels. The review notes that “a lack of motivation is a consistent theme at all levels”. At this stage in the global eradication programme, that situation is potentially catastrophic.

## OPPORTUNITIES AND CORE RECOMMENDATIONS

TAG was informed of the recent high-level engagement of the PM and the Chief of Army Staff (COAS) and commitments made. The leadership of the Government of Pakistan, through the Prime Minister, the Minister of Health and the Prime Minister’s Focal Point, Chief Ministers and the Army Chiefs (a detailed stock-take meeting was held on 21<sup>st</sup> August, led by the PM, along with meetings with the Chief of Army Staff), offers an unprecedented level of cross-government support. Recent and ongoing reviews of communication, surveillance and management structures, improved coordination between PEI and EPI and a greater focus on developing synergies with other service providers in the highest risk areas are all positive initiatives with the potential to contribute to real change. Together they suggest that there is now a real opportunity for the programme to regain control, reverse the current deterioration and re-direct towards interruption of WPV. That opportunity must be seized as of today.

The TAGs core recommendations to take advantage of this moment of opportunity and turn around a deteriorating situation are:

- The renewed political commitment of the Prime Minister and the entire machinery of the Government of Pakistan is a clear commitment to change. It must be sustained over the long term.
- Firmly re-establish a One Team approach, reviewing and agreeing a consensus strategy understood and supported by all partners working towards a common goal with a common purpose and an operational culture of trust and dependence on each other to identify and systematically solve the monumental challenges facing the programme.

- Immediately embark on the following key changes: A whole-programme transformation process aimed at end-to-end delineation of clear roles and responsibilities spanning from the Prime Minister’s Focal Point to field based workers such as vaccinators and community mobilizers. Simplify and optimize operational process and quality, including: management, data, campaign design, planning, implementation, monitoring and evaluation and accountability – at all levels.
- Focus on key UCs known to be the drivers of transmission (SHRUC) – develop specific action plans for these UCs with improved monitoring of interventions.
- Community trust in PEI must be rebuilt – this is a complex, deep-rooted challenge, and it will take time. Demonstrable, continuous focus on community engagement based on a coherent strategy to start re-engaging can – and must – be started immediately.
- Implement an SIA calendar that allows time for rebuilding quality and trust as opposed to quantity. Continuing with an intense schedule of poor quality SIAs will not allow time for transformation and for the corrective improvements needed between campaigns to simultaneously bring the programme in all priority areas up to the level of excellence required for success.

## RECOMMENDATIONS

Having reviewed the programme’s performance over the last eight months since the TAGs last deliberations in January 2019, listened to the challenges and risks, and the opportunities that the programme is now presented with, the TAG makes the following recommendations subdivided into 10 themes plus province specific recommendations. Key to these recommendations is the government’s leadership and a One-Team single vision focused on programme quality.

1. Leadership engagement
2. Transformation
3. One Team, PEI command and control
4. NEAP 2019-2020
5. SIAs
6. Global vaccine supply
7. Communication strategy
8. Community based vaccination - CBV
9. Synergy between PEI and EPI
10. Synergy between PEI and integrated services
11. Province specific recommendations

## LEADERSHIP ENGAGEMENT – AN OPPORTUNITY NOT TO BE MISSED

The TAG is encouraged by strong and vocal support from the Prime Minister, Chief of Army Staff, Chief Ministers and the Minister of Health coupled with programme leadership by the PMFP, NEOC Coordinator and continued support from GPEI.



## RECOMMENDATIONS

- Fully take advantage of personal leadership of the Prime Minister, Minister of Health, Provincial Chief Ministers and Army leadership to marshal the full resources of the Government of Pakistan to address the pressing issues highlighted in this TAG report
- Ensure regular review by the National Task Force and Pakistan Army Leadership (every 3-6 months)
- Work with the Pakistan Army in a sustainable and context-specific way
- Ensure ownership by the highest leadership of the specific roles and responsibilities of the administration and Pakistan Army in the Super High-Risk UCs (SHRUCs)

## TRANSFORMATION – START NOW

Based on the epidemiology of polio in persistent core reservoirs, and the outcomes of the McKinsey programme management reviews, there is an urgent need for programme transformation.

### REVITALIZE MANAGEMENT

- Make the overall programme fit-for-purpose with roles and responsibilities defined at all levels along with clear processes for decision making
- Focus on ensuring implementation of the transformation initiative, starting with the Super High-Risk UC level, including:
  - People: Clarifying key roles and responsibilities, training and capabilities
  - Process: Improving microplanning
  - Data: Streamlining data volume and ensuring programme use value
- Focus on quality SIAs simplifying and combining integrated operational and communication activities

### REGAIN PROGRAMME FOCUS

- Re-focus the programme on basic priorities, e.g.
  - Focus on building community trust
  - High-quality SIAs
  - Strengthen routine immunization service delivery
  - Delivery of additional services e.g. EHSAAS, BISP, health, nutrition, WASH

### DELIVERING TRANSFORMATION

- NEOC and PEOCs to form Transformation task teams under the leadership of their respective EOC Coordinators with inputs from management experts

- Develop a clear joint work plan, starting immediately with Karachi/Sindh and rolling out in other high-priority areas as ready
- Integrate the plan and key deliverables into the NEAP 2019/2020

## ONE TEAM, PEI COMMAND AND CONTROL IN DISARRAY – REGAIN THE LOST GROUND

Polio eradication has only ever succeeded under the One Team approach. Currently, there is no unified PEI command and control. This has had a cascading impact on the coherence of provincial and sub-provincial levels. There is disharmony between NEOC and KP EOC which is creating a state of crisis, affecting the programme’s ability to control the outbreak in Southern KP and focus on the SHRUCs of Peshawar. Lack of coherent strategic direction and the absence of space to take technical decisions has resulted in mistrust and discord between the PMFP and the rest of his team including the partnership. Polio eradication will remain elusive without sincere partnership, effort and teamwork.

### RECOMMENDATIONS

- Use the upcoming Bhurban retreat to revise “Modus Operandi” within and between EOCs, promote team-building and emphasize a healthy working environment with clear roles and responsibilities
- Take advantage of planned management reviews of Provincial and National EOCs to build a One Team culture into the transformation effort
- In the longer-term, continue promotion of the One Team approach, and conduct periodic management reviews and retreats, with external support, and assessments of organizational health

## NEAP 2019/2020 REQUIRES REVISIONS - REFOCUS AND SIMPLIFY

The current version of the NEAP is not fit-for-purpose.

### RECOMMENDATIONS

- Go back to the drawing board in the next few months and develop an evidence based NEAP that has been developed from the needs of the SHRUCs, in consultation with provinces, and with full endorsement by polio partners
- Align the NEAP with TAG recommendations, ensuring clear definition and focus on SHRUCs
- Overall, shift to transformation – e.g. refining and focusing on quality and use of data, process, management at each level

## SIAS – QUALITY, QUALITY, QUALITY

Improving quality of SIAs is an overarching priority. There was deteriorating SIA quality even before the ‘Peshawar Incident’. Continued frequent poor quality SIAs are leading to community resentment and not to interrupting transmission.

### RECOMMENDATIONS - SIA OBJECTIVES

- Objective 1) Establish capacity for high quality SIAs in super high risk UCs (SHRUCs) of Karachi, Peshawar, Quetta, Killa Abdullah, and Pishin
- Objective 2) Stop outbreaks in South KP, Torghar, Hyderabad, Lahore, and Rawalpindi and effectively respond to any newly infected districts
- Objective 3) Maintain overall population immunity to mitigate the risk of further WPV spread
- The SIA schedule is designed to give the programme space to reset to get it back on track to finally interrupt WPV transmission. It is imperative that this space is

### RECOMMENDATIONS – ESTABLISH CAPACITY FOR HIGH QUALITY SIAS IN SHRUCS

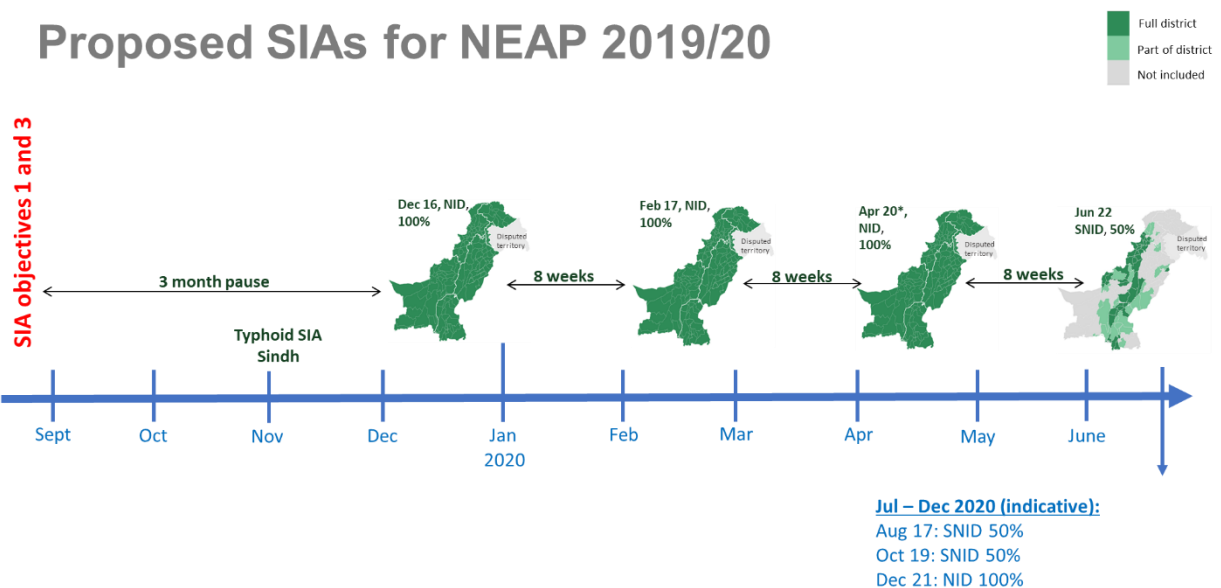
- Take an immediate three month pause from SIAs in SHRUCs to begin systematic implementation of critical transformative changes.
- Ensure dedicated teams and effective management infrastructure at NEOC, PEOCs and DPCRs to implement transformative changes in the SHRUCs
- Ensure sufficient spacing between SIAs in SHRUCs – at least eight weeks between the end of one SIA and the beginning of the next - to ensure transformative changes are implemented, fine-tuned and sustained
- Allow space between SIAs to re-engage communities and improve essential immunization services

## RECOMMENDATIONS – STOPPING OUTBREAKS

- In current outbreak areas of South KP, Hyderabad, Lahore, Torghar, and Rawalpindi:
  - Stop all case responses for two months to comprehensively address gaps in SIA quality, including community engagement and support to front-line workers
- Next outbreak response SIA should be a sub-national campaign in November in the currently outbreak affected areas
- For any new outbreaks in polio-free areas (tier 4):
  - Implement immediate outbreak response SIAs covering at least two million children starting within two weeks of detection
  - Continue SIAs of improving quality every four weeks until three SIA rounds are implemented after the last WPV case detection in the outbreak district

## RECOMMENDATIONS – PROPOSED SIA SCHEDULE FOR NEAP 2019 - 2020

### Proposed SIAs for NEAP 2019/20



## GLOBAL VACCINE SUPPLY – EXPAND SUPPLIER BASE

Global bOPV vaccine supply is declining and in the current situation with cancellation of campaigns in Pakistan, flexibility will be required to ensure that any doses available to the programme and of assured quality are put to use in 2019, which will require issuance of waivers for product with less than 50% remaining shelf life by 6<sup>th</sup> September. The current priority is to ensure sufficient bOPV supply to meet the needs of Pakistan beyond 2021.

## RECOMMENDATIONS

- Critical need to expand the supplier base to Pakistan, including through licensure of products from suppliers new to Pakistan, for example licensure of a prequalified Chinese vaccine currently under review
- Ensure sufficient IPV funding to cover the needs of strengthening the EPI programme

## COMMUNICATION STRATEGY – REGAIN COMMUNITY TRUST

The programme is engaged in multiple communication and social mobilization activities, but without a sufficiently clear and coherent strategic direction. The programme has made good progress in developing social media strategies for managing negative influence and responding to crises but needs to urgently increase its capacity for sustained high quality and well targeted community engagement.

## RECOMMENDATIONS

- Community engagement using structured, evaluable approaches adapted for local context should be given priority, ensuring integrated management of all relevant CE actors (CBV, ComNet, RSP etc.)
- Social media strategy should continue to monitor and manage online content to support positive public messaging and mitigate rumors
- Mass media strategy should focus on enhancing public confidence in PEI and OPV
- Development of 'perception management' and alliance building interventions should be done carefully, ensuring review of initiatives by a group of communication and media experts, monitoring content, impact and advising on adjustments
- All communication activities should be executed with coherence ensuring consistency of content and messaging across all platforms

## COMMUNITY BASED VACCINATION - CBV

CBV has expanded to a level at which management and effectiveness may be compromised. CBV activity has been shifted to vaccination and operational support to the detriment of community engagement at a time when building community trust is critical.

## RECOMMENDATIONS

- Following the Transformation recommendations, CBV in SHRUCs should be re-oriented to increase support to systematic community engagement with clear management and reporting at UC level to create an enabling environment for high quality SIAs
- Outside SHRUCs, CBV may be rationalized based on an assessment of community and operational needs in those areas

## SYNERGY BETWEEN PEI AND EPI – DO NOT MISS OPPORTUNITIES

TAG welcomes the Minister's leadership in insisting on joint participation of PEI and EPI in all meetings. TAG also welcomes the EPI proposal for focused improvement in polio high-risk districts supported by GAVI. TAG appreciates the data on zero dose children though notes a lack of clarity on process for covering these children.

## RECOMMENDATIONS

- Develop EI improvement plans for SHRUCs and implement as soon as possible
- Clarify SOP and responsibilities for responding to zero dose
- Deepen PEI-EPI collaboration on training, denominators, microplanning and monitoring
- Ensure that IPV coverage is monitored at all levels and achieves the same figures as DTP3

## SYNERGY BETWEEN PEI AND INTEGRATED SERVICES – OPPORTUNITIES & RISKS

Integrated service delivery could provide an opportunity for community engagement and creation of an enabling environment for high-quality SIAs in the SHRUCs. However, vaccination and PEI should not be allowed to become a transactional process and used as a bargaining chip.

## RECOMMENDATIONS

- Identify areas with the most marginalized communities (e.g. SHRUCs) and advocate through existing health and development policy/programmatic forums (e.g. EHSAAAS) for accelerated multi-sectoral community development supporting convergence of key health and development programmes
- Ensure high-level national and provincial policy umbrellas to converge key health and development programmes
- Monitor the progress of other partners and integrated services activities in core programme areas, and assess the impact of such interventions on community attitudes to/acceptance of PEI

## PROVINCE SPECIFIC KEY FINDINGS AND RECOMMENDATIONS

An over-arching recommendation, which applies to all provincial PEI teams and operations, is:

- Go back to the January 2019 TAG recommendations and ensure that they are implemented.

## BALUCHISTAN

Success in Baluchistan cannot be achieved without success in Killa Abdullah. TAG appreciates the One Team approach at the PEOC in Baluchistan, and the active engagement of the Chief Minister. TAG recognized that the 'Peshawar Incident', killings and harassment have demoralized the front-line workers. There has been a decline in performance in Killa Abdullah which has not been addressed despite the previous TAG recommendation. Not much has improved in EI – again, despite previous TAG recommendations.

## RECOMMENDATIONS

- January TAG recommendations must be implemented urgently
- Take immediate advantage of support from the Pakistan Army at Friendship Gate and Killa Abdulla UCs
- Build capacity of district and tehsil-level control rooms
- Develop a cohesive communication strategy (CBV, RSP, influencers, etc.)

## KHYBER PAKHTUNKHWA

The programme has shifted from being an example to the country as a whole (in 2018) to becoming an emblem of the national programme's current crisis. KP has re-assumed its position as a major global barrier to polio eradication. The PEOC is not aligned with the National EOC and roles and responsibilities between the two are unclear, resulting in disturbingly dysfunctional lines of management. The KP/FATA merger caused uncertainty which has not been adequately addressed. Long-standing hidden quality issues have been identified by the PEOC with the current major outbreak, including fake finger-marking. However, monitoring to detect and pre-empt these issues historically has been poor. Communication efforts are limited to campaign activity with little follow-up between rounds, severely limiting the effectiveness of broader trust-building. The programme response to cases was reactive instead of proactive in high-risk districts.

### RECOMMENDATIONS

- Complete the programme reset necessary beginning with defining roles and responsibilities
- Implement January 2019 TAG recommendations urgently
- Develop two simultaneous but different strategic approaches with distinct action plans – 1) SHRUCs and, 2) outbreak response
- Establish a strategic and sustained approach to community engagement
- Outbreak analysis and coherent response strategies should be urgently prepared to clarify the way forward

## SINDH

Transmission in Karachi is now everywhere. Hyderabad is back to its bad old days. TAG appreciates the sustained leadership and oversight of the Chief Minister and Honorable Health Minister but is concerned that action points and decisions taken go unimplemented. Transmission has not been interrupted since 2017 in Gadap and now in 2019 almost all environmental sites in Karachi are positive, spilling over to other parts of Sindh. Increasing trends of missed children and refusals stemming from community misconception of vaccine safety are both deeply worrying and disappointing, given the programme past demonstrable capacity to achieve very positive changes in this. The programme appears to have plateaued and to have ceased to improve performance. EPI coverage has remained low for the last seven years.



## RECOMMENDATIONS

- Implement the January 2019 TAG recommendations urgently
- Results of the McKinsey management review need to be discussed and implemented at Provincial level as soon as possible
- Develop a communication strategy specific to the Pashtun population
- Develop a rank order tier UC classification list and plan for mapping tiers to specific interventions

## PUNJAB

Signs of programme deterioration are everywhere. SIA quality is worsening. The outbreak was not controlled in time. TAG appreciates the recent engagement of the Chief Minister and Health Minister as well as the appointment of the Provincial EOC Coordinator. However, operational gaps are not yet being addressed, as evidenced by continued failed LQAS lots. The proportion of still missed children in Rawalpindi and Lahore has remained the same over time, without showing signs of progress in coverage. Operational quality appears to be a much larger problem than community attitude. 25-29% of missed children are the result of 'No Team', whereas refusal is only 2-5%. Twenty percent (20%) of missed children are from populations that are at risk (e.g. HRMP). HRMP is the main challenge for Punjab, including specifically in areas of Rawalpindi, but has yet to be tackled in a systematic or effective way.

## RECOMMENDATIONS

- Focus on quality of operations in known weak areas
- Need to focus on HRMP issues – specific communication, proactive community engagement
- Ensure lessons learned towards building greater PEI/EPI synergy are implemented in 2019

### QUESTION 1

Transmission is largely driven by a group of super high-risk UCs in core reservoirs. While the programme already includes prioritization (e.g. tiering), there is no laser focus on the Super High-Risk UCs. Should the programme develop a special approach including strategy/structure/HR/oversight/monitoring/etc. for these Super High-Risk UCs to focus on these persistently problematic areas?

#### RESPONSE

- First, define how SHRUCs are to be categorized, identify UCs fitting the criteria and establish a timeframe for revisiting and modifying the list of SHRUCs.
- TAG endorses the idea of a laser focus on the highest risk areas for the programme with establishment of enhanced and focused capacity to deliver change but cautions that this should be done without detracting from capacity for high quality case response or steady improvement the non-SHRUC areas.

### QUESTION 2

While the CBV approach improved performance in many areas, CBV currently is too large to manage optimally and includes inappropriate areas. Does the TAG agree that the programme should reduce the footprint of CBV to allow for improved management and focus in the Super High-Risk UCs?

#### RESPONSE

- TAG recognizes the need to dial-down the CBV programme in non-high-risk UCs with a deliberate, thoughtful approach.

### QUESTION 3

Currently, the programme's tiering system leads to blanket interventions that are not always geographically appropriate (e.g. wealthy areas in Karachi are Tier 1). Does the TAG agree to re-vamp the tiering approach to ensure appropriate targeting and focus and its impact on interventions and mode of delivery (e.g. CBV vs SMT vs MT)?

#### RESPONSE

- TAG concurs with proposed tiering approach and adjusting the mode of vaccine delivery accordingly

#### QUESTION 4

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Does the TAG endorse the proposed SIA Calendar (including the use of IPV) until June 2020?

##### RESPONSE

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- See proposed calendar to optimize transformation impact and secure better quality and acceptance of vaccination

#### QUESTION 5

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Does the TAG agree with the need for the polio programme to develop a mechanism for monitoring the implementation of integrated services in the Super High-Risk UCs?

##### RESPONSE

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- The programme needs to begin by partnering with other programmes to prioritize areas in need of services and advocate for their provision.
  - Ensure a high level national and provincial policy umbrella to converge key health and development programmes.
-

## LIST OF PARTICIPANTS

### **TAG Chair and Members**

Dr Jean Marc Olivé, TAG Chair  
Mr. Chris Morry, TAG member  
Dr Salah T. Al Awaidy, TAG member  
Dr Chris Wolff, TAG member  
Dr Nasr El Sayed, TAG member  
Dr Sebastian Taylor, TAG member  
Prof. Iqbal Memon, National TAG member

### **Balochistan**

Hafiz Abdul Majid, GOP  
Mr Rashid Razzaq, GOP  
Dr Shakir Baloch, GOP  
Dr Aftab Kakar, NSTOP  
Dr Abdul Aziz, UNICEF PK  
Dr Hanif Khilji, Rotary International  
Dr Masood Khan Jogazai, BMGF  
Dr Gedi Mohamed, WHO/Pakistan

### **KP**

Capt (R) Kamran Ahmad Afridi, GOP  
Dr. Farooq Jamil, GOP  
Dr. Muhammad Saleem, GOP  
Dr Ijaz Ali Shah, NSTOP  
Dr Tufail Ahmed, UNICEF PK  
Dr. Fazal Ather, UNICEF PK  
Mr Abdul Rauf Rohaila, Rotary International  
Dr Imtiaz Shah, BMGF  
Dr Nadeem Jan, BMGF  
Dr Abdinasir Adem, WHO/Pakistan

### **Punjab**

Mr Zahid Akhtar Zaman, GOP  
Mr Salman Ghani, GOP  
Dr Saeed Ahmed, GOP  
Dr Attiya Qazi, UNICEF PK  
Mr Mohammed Saeed Shamsi, Rotary International  
Dr Aslam Chaudhary, BMGF  
Dr Raul Bonifacio, WHO/Pakistan

### **Sindh**

Mr. Saeed Ahmed Awan, GOP  
Mr Rehan Iqbal Baloch, GOP  
Dr. Zahoor Ahmed, GOP  
Dr Zamir Phul, NSTOP  
Dr Shaukat Ali, UNICEF PK  
Mr Aziz Memon, Rotary International  
Mr Asher Ali, Rotary International  
Mr Masood Ahmed Bhali, Rotary International  
Dr Ahmed Ali Sheikh, BMGF  
Dr Asalif Demise, WHO/Pakistan

### **National Team**

Dr Zafar Mirza, Ministry of NHSRC  
Mr Babar Bin Atta, PMFP on Polio Eradication  
Dr. Allah Baksh Malik, Secretary MNHS  
Dr Asad Hafeez, Director General Health  
Dr Malik Muhammad Safi, NEOC Coordinator Pakistan  
Dr Arshad Chandio, GOP  
Dr Muhammad Salman, GOP  
Mr Mazhar Nisar Sheikh, GOP  
Mr Naqeeb Arshad, GOP  
Mr Iftikhar Firdous, GOP  
Brig. (R) Dr Kamaluddin Soomro, NSTOP  
Dr Mumtaz Leghari, NSTOP

Dr Nadeem Shah, NSTOP  
Ms Aida Girma, UNICEF PK  
Dr John Agbor, UNICEF PK  
Lieven Desomer, UNICEF PK  
Dr Altaf Bosan, BMGF  
Ms Sidney Brown, BMGF  
Dr Palitha Mahipala, WR Pakistan  
Dr Abdirahman Mahamud, WHO  
Dr Temesgen Demeke, WHO  
Dr Ibrahim Yalahow, WHO  
Dr Milhia Kader, WHO  
Dr Hamid Mohammad, WHO  
Dr Asma Usman, WHO

### **Regional and Global Team**

Dr Michel Zafarzan, WHO/HQ  
Dr Arshad Quddus, WHO/HQ  
Dr Jamal Ahmad, WHO/HQ  
Dr Hamid Jaffari, WHO/EMRO  
Dr Joanna Nikulin, WHO/EMRO  
Mr Akhil Iyar, UNICEF/HQ

### **Pakistan Army, Donors, Representatives, Media and Other**

Lt. Col. Waseem Anwar Rehmani,  
Pakistan Army  
Brig. Javed Iqbal, Pakistan Army  
Brig. Bashir Ahmed, Pakistan Army  
Dr Jay Wenger, BMGF  
Dr Tim Petersen, BMGF  
Dr Jeff Patridge, BMGF  
Mr Joseph Sebhatu, Canadian High  
Comission  
Dr John Vertfuille, CDC  
Dr Derek Ehrhardt, CDC  
Dr Chris Hsu, CDC  
Ryuji Iwasaki, Embassy of Japan  
H.E. Mr Hamad Obaid Al Zaabi Embassy  
of UAE, Embassy of UAE

Dr Hashim Raza Jafferi, WHO  
Dr Lauren Schwartz, WHO  
Dr Shafiq Ur Rehman, WHO  
Dr Wende, WHO  
Mr Tom Mutuku, WHO  
Ms Nora, WHO  
Mr Bilal Zaheer, WHO  
Ms Salma Tahira, WHO  
Ms Aliyah Naz, WHO  
Mr Jahangir Butt, WHO  
Mr Mobeen Khalid, WHO  
Mr Jahangir Khan, WHO  
Mr Israr Ahmed, WHO

Dr Jalaa Abdulwahab, UNICEF/HQ  
Rustam Haydarov, UNICEF/HQ  
Ann Ottosen, UNICEF/HQ  
Mr Paul Rutter, UNICEF/ ROSA  
Dr Shamsheer Khan, UNICEF/ ROSA

Mr Abdallah Al-Ghefeli Embassy of UAE,  
Embassy of UAE  
Dr Hamidreza Setayesh, GAVI  
Mr Peter Crowley, IMB  
Dr Inamullah Khan, IsDB  
Ms. Azusa Shimazaki, JICA  
Mr Asim Khattak, JICA  
Dr Masuma Zaidi, KFW  
Dr Matthias Nachtnebel, KFW  
Dr Muhammad Isa, USAID  
Ms Ellyn Ogden, USAID  
Mr Robert Oelrichs, World Bank  
Katy Greiner  
Gareth Durrant