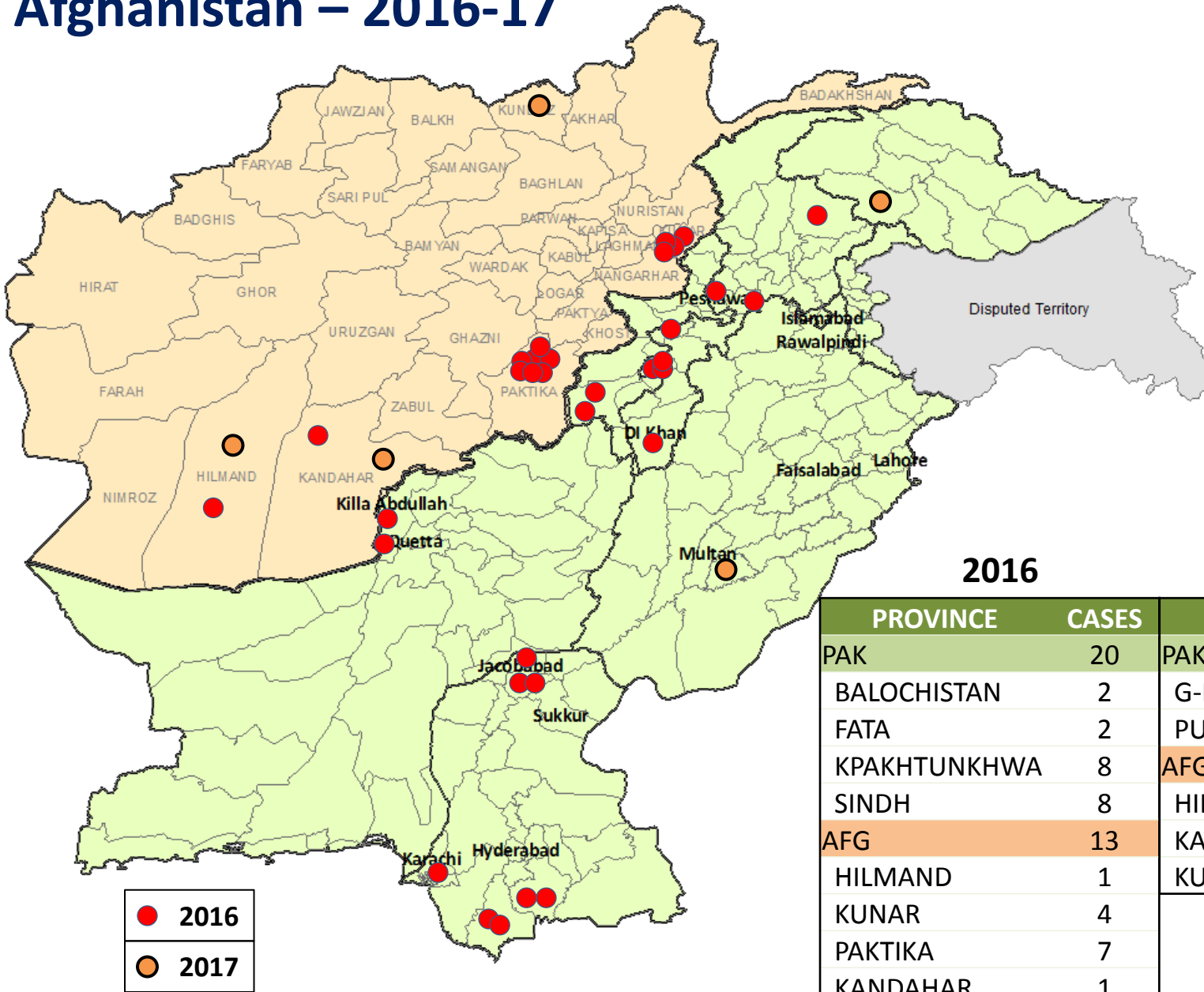


**Feedback from the**  
***Technical Advisory Group on***  
***Polio Eradication in Afghanistan***

Kabul, 04-05 April 2017

# WPV Cases, Pakistan & Afghanistan – 2016-17



**2016**

**2017**

PROVINCE	CASES	PROVINCE	CASES
PAK	20	PAK	02
BALUCHISTAN	2	G-BALTISTAN	1
FATA	2	PUNJAB	1
KPAKHTUNKHWA	8	<b>AFG</b>	<b>03</b>
SINDH	8	HILMAND	1
<b>AFG</b>	<b>13</b>	KANDAHAR	1
HILMAND	1	KUNDUZ	1
KUNAR	4		
PAKTIKA	7		
KANDAHAR	1		

# **Observations and Conclusions**

# Observations and Conclusions

## *General Conclusions*

- The TAG expresses deep regret regarding the unfortunate and unrelated to polio work tragic incident in Kabul in which five polio workers lost their life while working.
- The TAG acknowledges the extremely challenging situation in Afghanistan and commends the tremendous progress made since last TAG.
- TAG appreciates the progress made in addressing inaccessibility, particularly gains in access in Northeastern and Eastern regions; in the focus on high-risk mobile populations; methods of remote and third party monitoring; triangulation of available data; validation of PCM/LQAS; and expansion of AFP surveillance network and environmental surveillance.
- TAG appreciates the participation of the national, regional and provincial government, in-country partners and GPEI partners in the TAG meeting.
- TAG also appreciates the initiative of the Pakistan NEOC representative's participation in the Afghanistan TAG meeting to facilitate common reservoir approach.

# Observations and Conclusions

## *Oversight coordination and program management*

- The TAG commends the strong political commitment at the highest level of the government led by HE President, HE CEO and HE Health Minister. The TAG observes a continued strong partnership between government, UNICEF, WHO and other partners at national and regional levels. TAG appreciates continued strong support of all donor partners.
- TAG recognizes that the national and regional EOCs are functioning in well-coordinated manner and that a new EOC was established in Southeast region. The new NEOC building will further facilitate all partners sitting under one roof. However, TAG also notes the need to improve coordination in regions without REOC.
- TAG is pleased to note that the country has implemented accountability framework and has demonstrated action taken on the basis of performance. However, the implementation of accountability framework at FLW level needs to be further strengthened.
- TAG notes improvement in coordination between Afghanistan and Pakistan at National and regional levels with regular VC and face to face meetings. It also notes that there is need to further strengthen it in context of high risk mobile populations, joint outbreak response and joint risk analysis.

# Observations and Conclusions

## *Status of recommendation from Last TAG*

- TAG appreciates that most of the recommendations made during the TAG meeting in July 2016 have been fully implemented.
- However, although all recommendations have been addressed, it is noted that 9 of 38 recommendations are not yet fully implemented, notably the recommendations related to Polio plus, involvement of IFRC, joint case response planning and reporting, and expansion of DDM.

## *Implementation of NEAP*

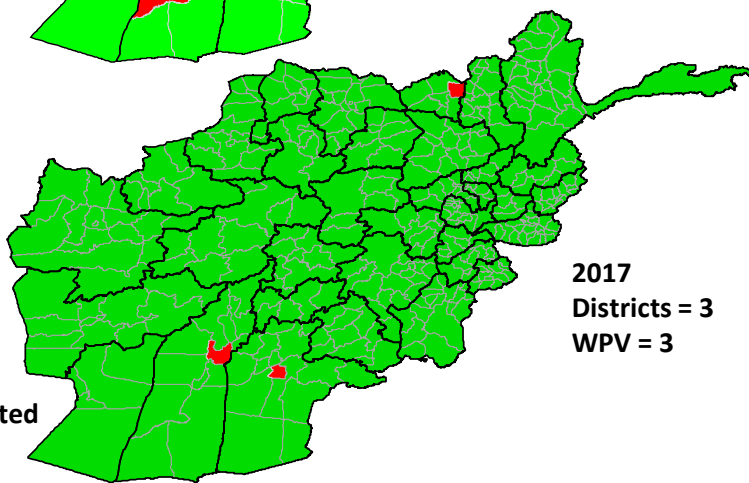
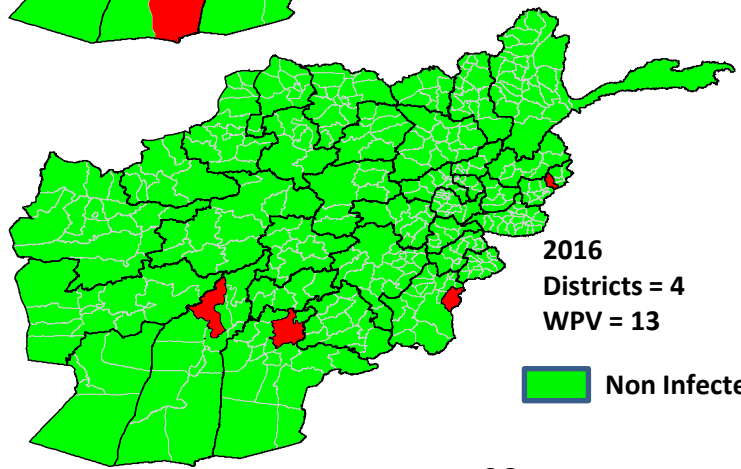
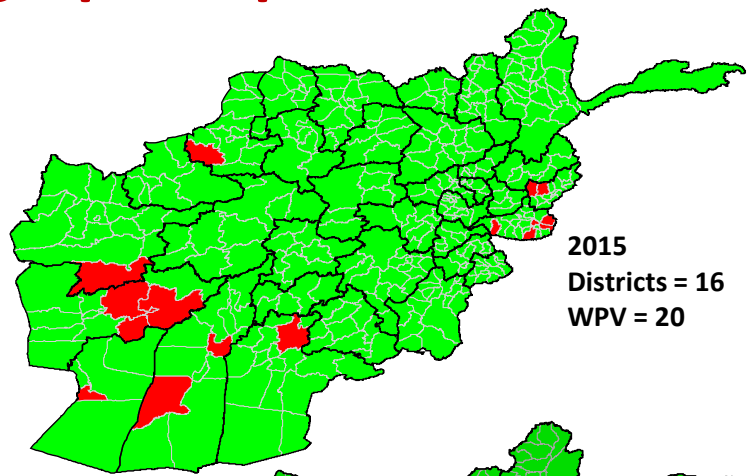
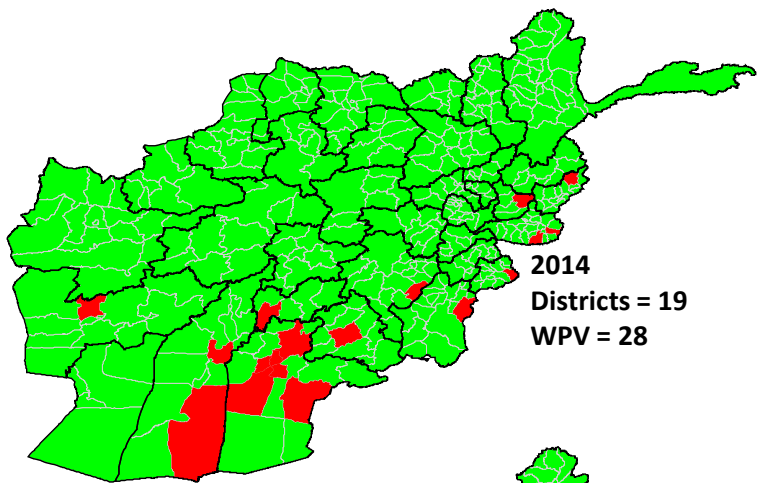
- TAG appreciates significant progress seen in implementation of NEAP 2016-17 and the tracking mechanism at national level. Current NEAP has helped country to focus on major gaps and challenges.

# Observations and Conclusions

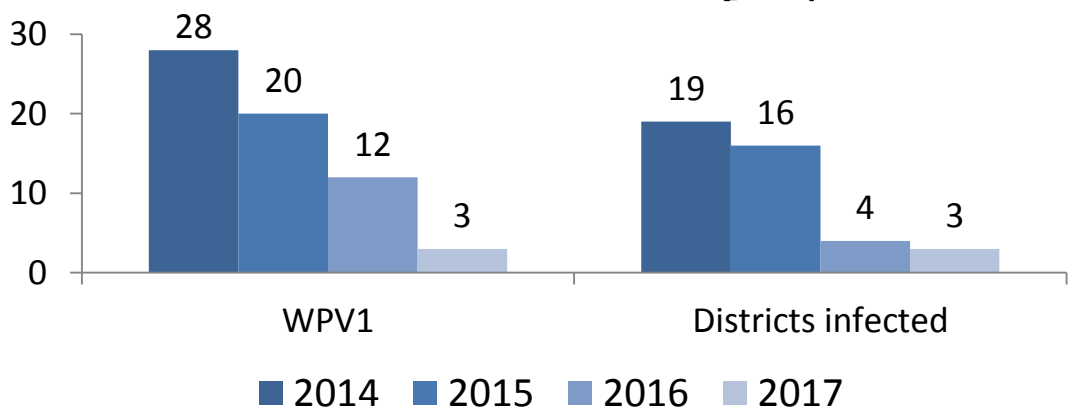
## *Epidemiology*

- Significant progress; number of infected districts has reduced from 16 in 2015 to 4 in 2016. In 2017, up to 31 March, 3 districts are infected, each with virus having different lineages.
- No WPV was detected in environmental samples for 11 months in 2016 showing reduced virus load in country. Since December 2016, 4 samples have tested positive till 31 March, each with separate lineages.
- Genetic sequencing data of recent transmission in Afghanistan shows that there is continued low level of transmission in corridors in common reservoir area, particularly in Quetta-Kandahar corridor.
- Jalalabad environmental positive in January 2017, which is an orphan, with closest matches to the case isolates from Khyber in 2014-15 and Shigal in 2016, signaling a gap in the surveillance along the corridor.
- The surveillance data indicates that the country has been able to interrupt transmission of 2015 in South and East. New transmissions in 2016/2017 have been temporally and geographically restricted.

# Reducing geographic spread



■ Non Infected 
 ■ Infected



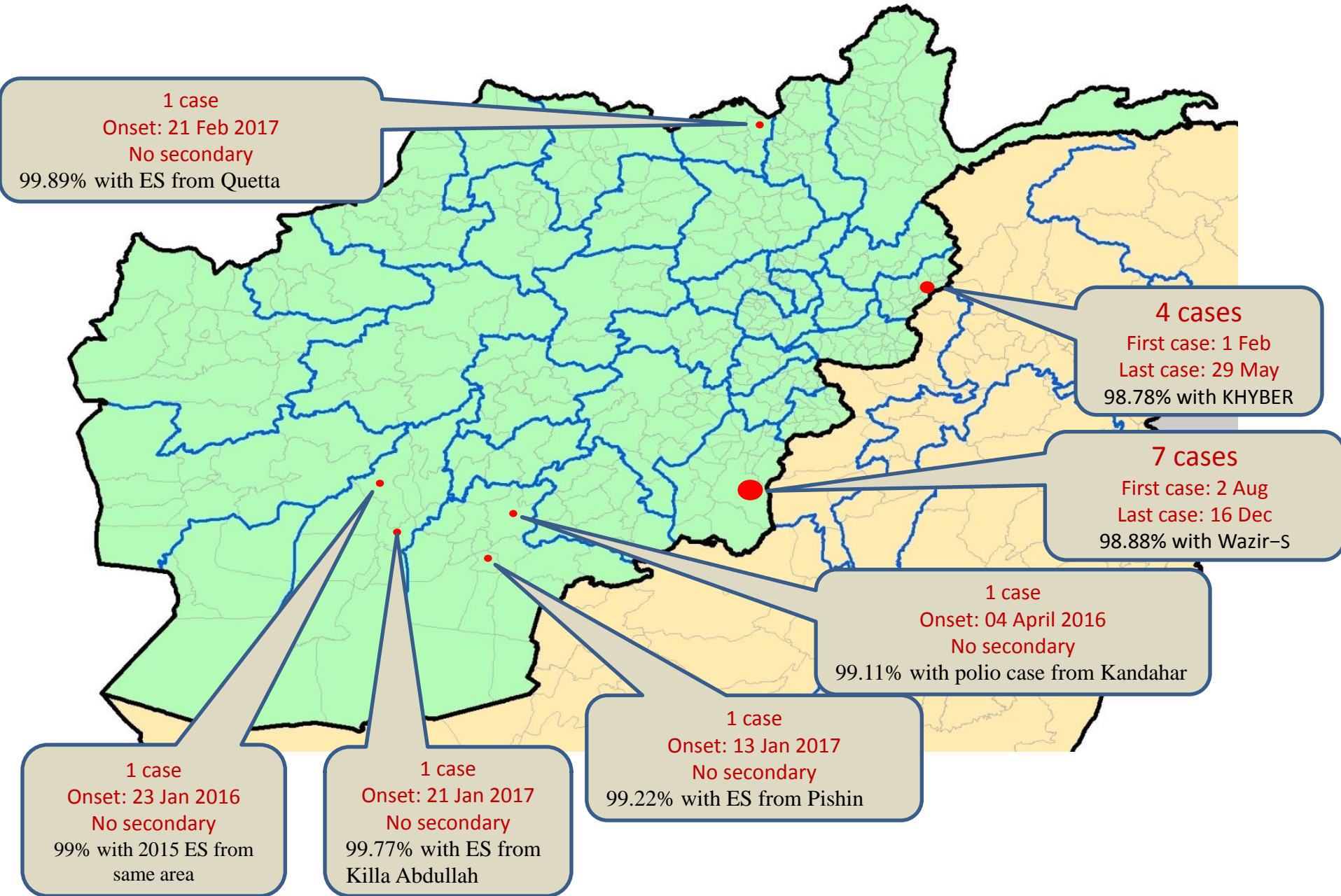


# Observations and Conclusions

## *Epidemiology*

- The transmission detected in 2016/2017 illustrates the importance of population movement for poliovirus transmission in the common reservoir. Transmission in Sheegal and Bermal demonstrates that pockets of unreached children, however small, remain at risk.
- The recent transmission detected in Kunduz has potential of spreading/establishing, particularly in view of the fact that 180,000 children have been inaccessible for vaccination for 18 months. However, TAG appreciates the swift outbreak response.
- Although the transmission detected in Helmand and Kandahar in 2017 has not resulted in secondary transmission, the risk of spread/re-establishment of transmission cannot be ruled out until the whole reservoir is free of WPV.
- Although the country responded rapidly and strongly to the transmission in Bermal, in view of the existing access challenges, TAG is not assured that the transmission has been stopped in the area.

# Transmission in 2016 and 2017



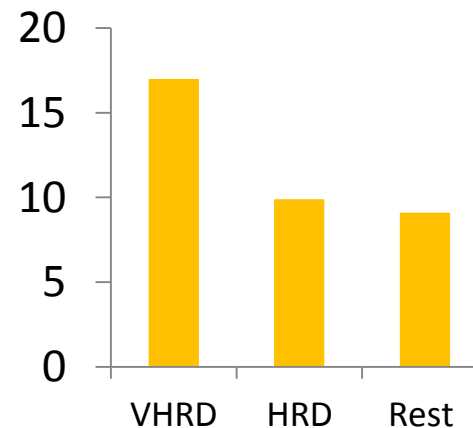
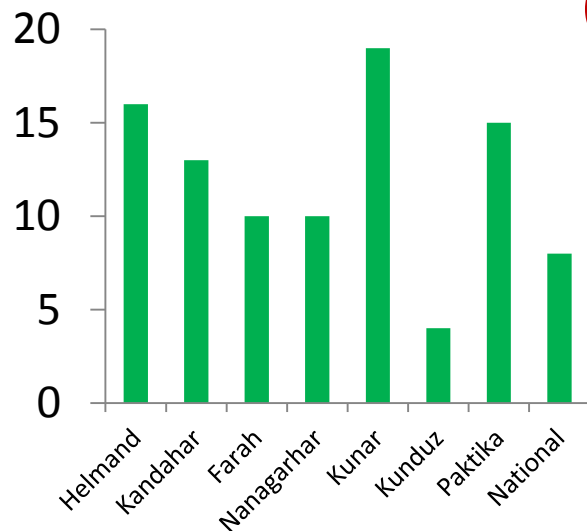


# Observations and Conclusions

## *Population immunity*

- TAG notes that Sabin-like (SL) virus isolation from Helmand, Kandahar, Farah, Paktika and Kunar is higher than national level showing improved vaccine reach to these high-risk provinces.
- TAG observes evidence of improved vaccination status in NPAFP cases, particularly in Helmand, Kandahar and Farah provinces. Despite of the progress made, the proportion of under immunized NPAFP cases remains high in Kunar and Paktika.

### **Indirect evidence of vaccine reach (SL isolation)**



# Observations and Conclusions

## *Outbreak response*

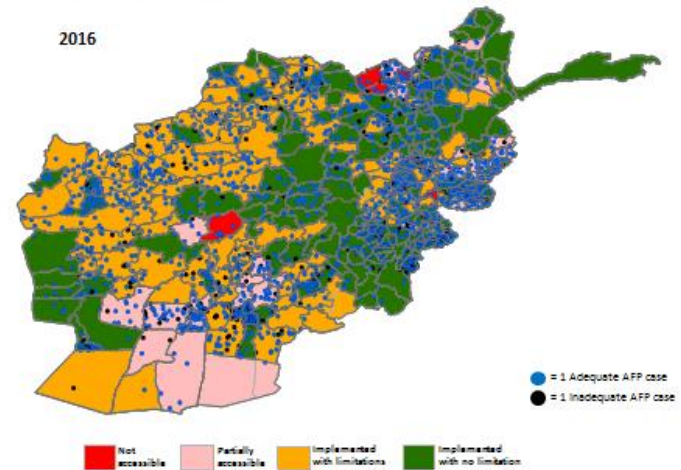
- The outbreak response plan being followed by the country is commendable, particularly the speed and scope of response to recent transmission in Kunduz.
- TAG also notes that country has preparedness in place to respond to any VDPV2 transmission within 14 days of notification.
- However, TAG notes that joint monitoring and reporting of outbreak response with Pakistan in bordering areas is not taking place.

# Observations and Conclusions

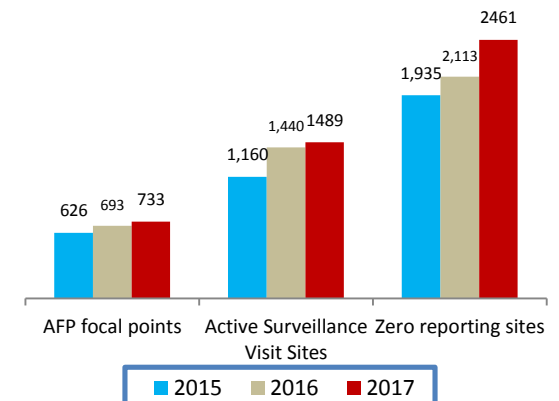
## *Surveillance*

- TAG recognizes that the country has a sensitive surveillance system including in the areas affected by conflict.
- Country continues to expand its reporting network and environmental surveillance.
- TAG appreciates the ‘out of box’ solution adopted by Afghanistan and Pakistan programs to ship samples to RRL during border closure. However, it observes that the alternate mechanism for stool sample shipment in case of border closure is yet not fully operational.

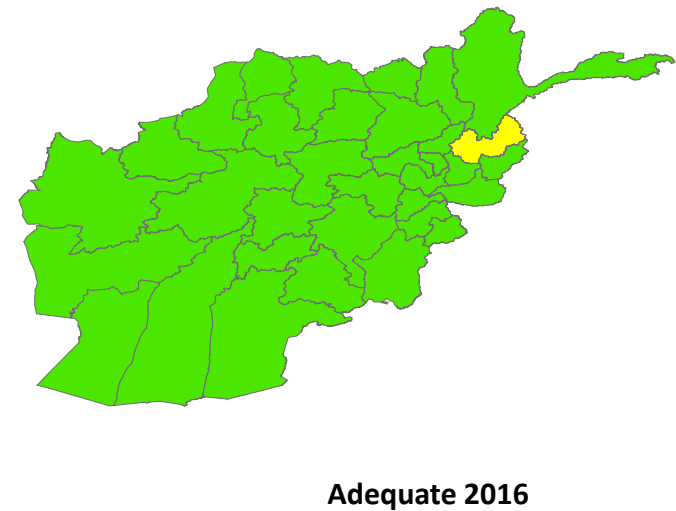
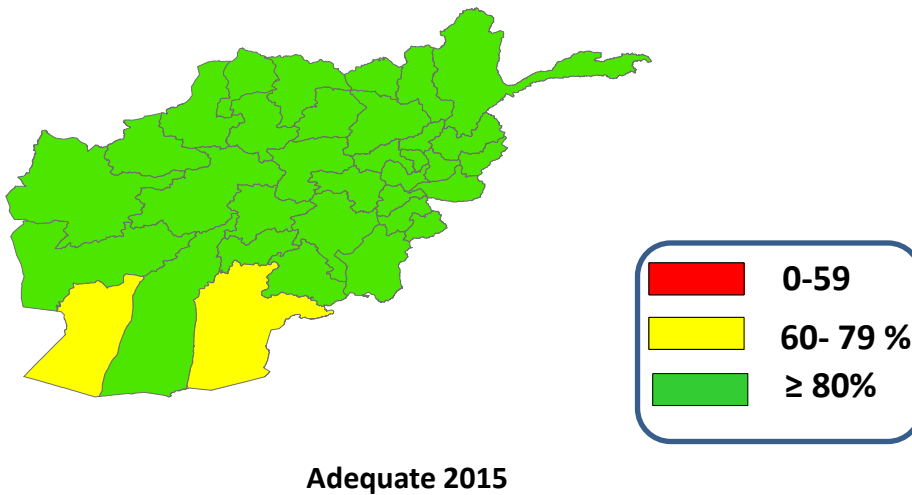
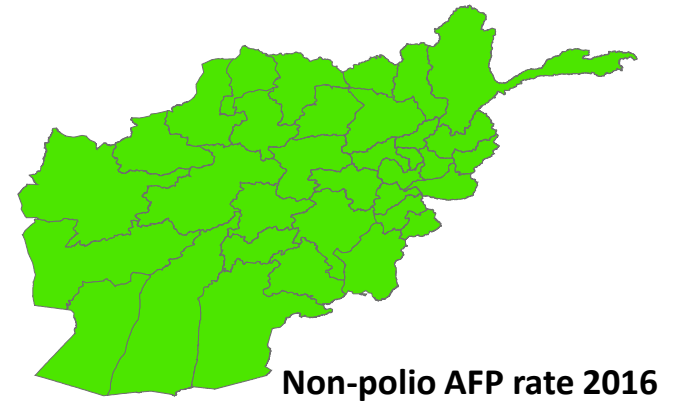
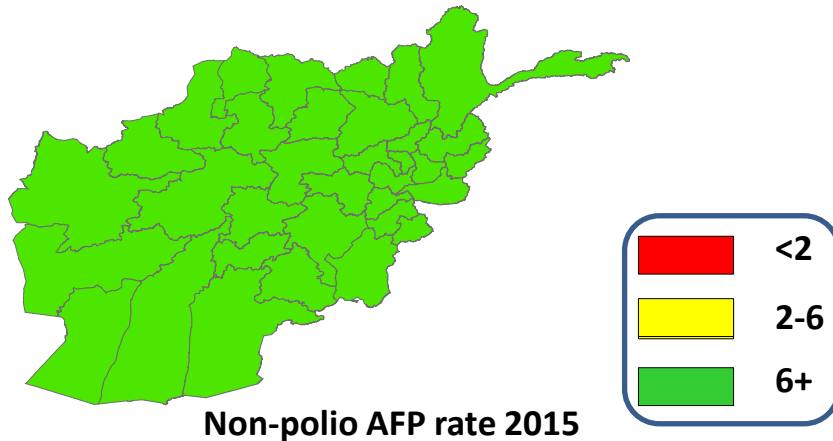
### AFP cases and access status



### Surveillance network: Expansion



# AFP surveillance: key indicators





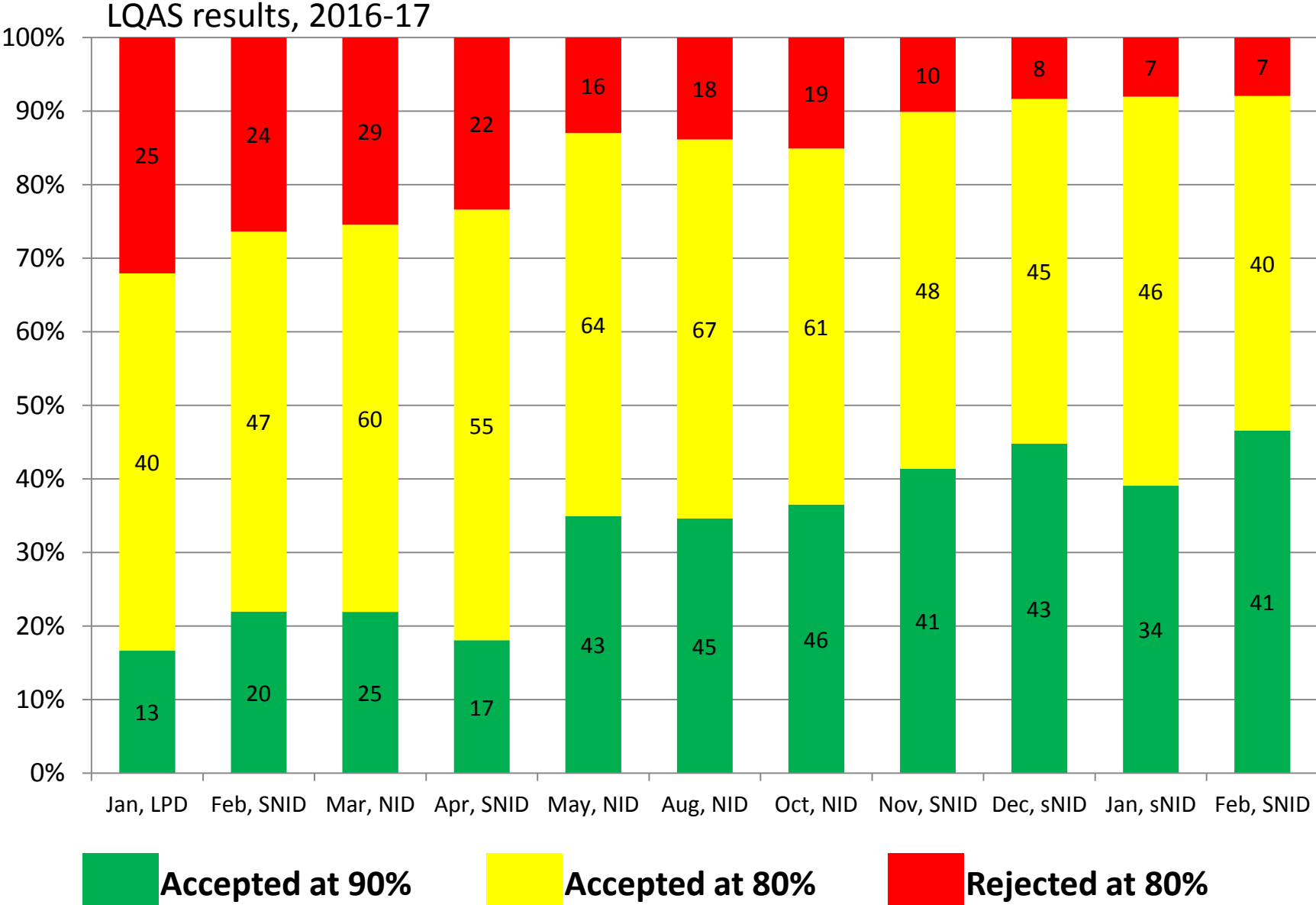
# Observations and Conclusions

## *Quality of SIA*

- TAG observes improved quality of the campaign activities in accessible areas as evidenced by reduction of failed LQAS lots from 26% in February SNID 2016 to 7% in February SNID 2017. TAG also notes reduction in proportion of missed children in PCM particularly in Kandahar where it has come down below 7% in Feb 2017 SNID from 12% in Feb 2016.
- However, TAG notes that there are clusters of missed children due to absent and refusals in South region which need to be identified and addressed.
- TAG appreciates the initiative microplan validation across the country which is helping in finding unreached children and rationalization of workload.



# Improved quality of SIAs since early 2016



Data up to 27 Mar 2017

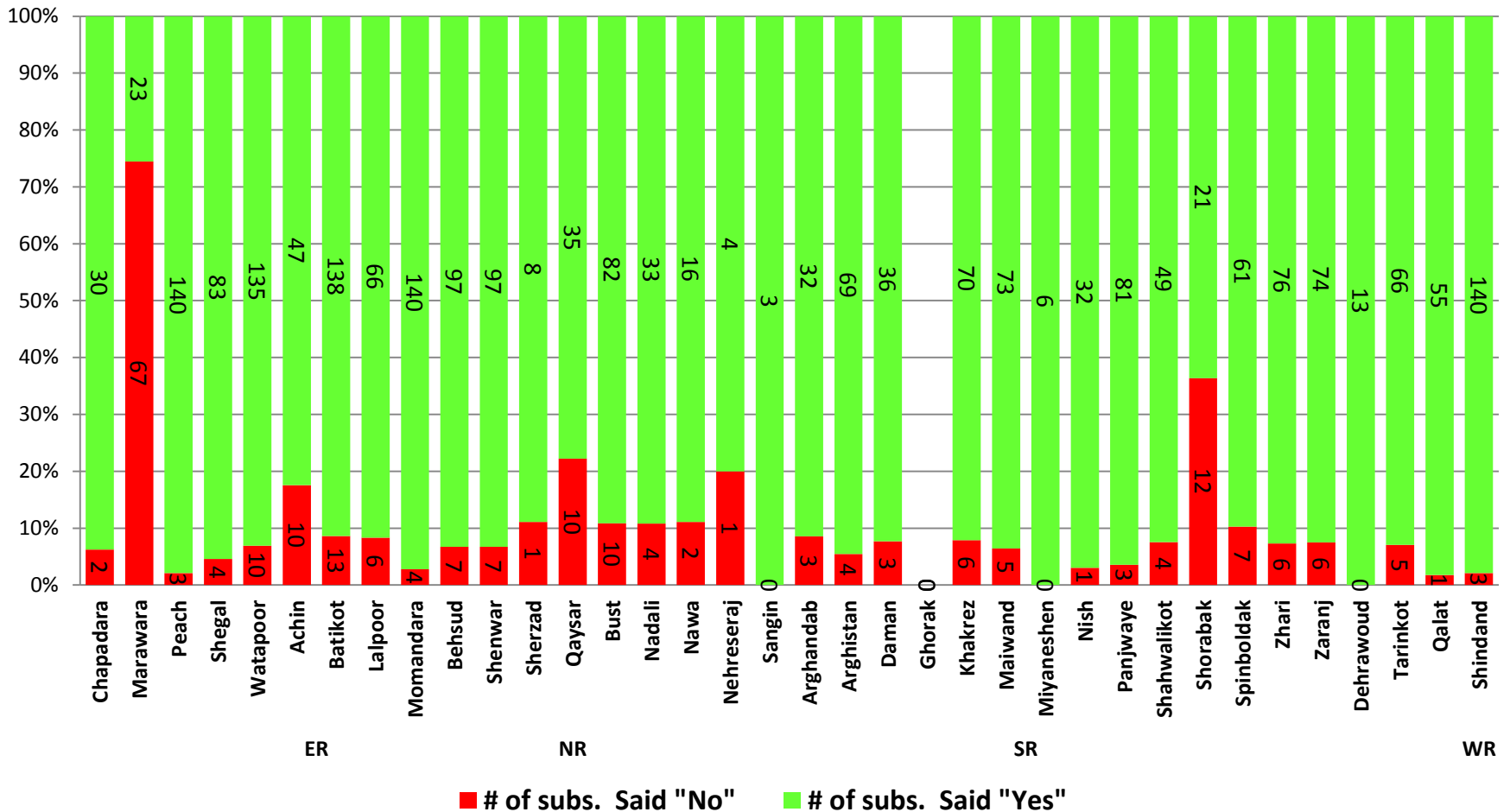
# Observations and Conclusions

## *Quality of SIA*

- The initiatives of Remote and third party monitoring in security compromised areas, PCM/LQAS validation, triangulation of data and NEOC focal person are commendable.
- TAG notes that program is making efforts for engaging females and FLW and tracking it over the rounds. However it notes that the proportion of female vaccinators is still low at 12%.
- TAG appreciates country for implementing IPV+OPV SIAs in most of the high risk areas. However, it notes that implementation in some of VHRDs is delayed as per the NEAP.

# Remote monitoring

**Question: Did the Vaccination team vaccinated all under 5 children in your house?**



# Observations and Conclusions

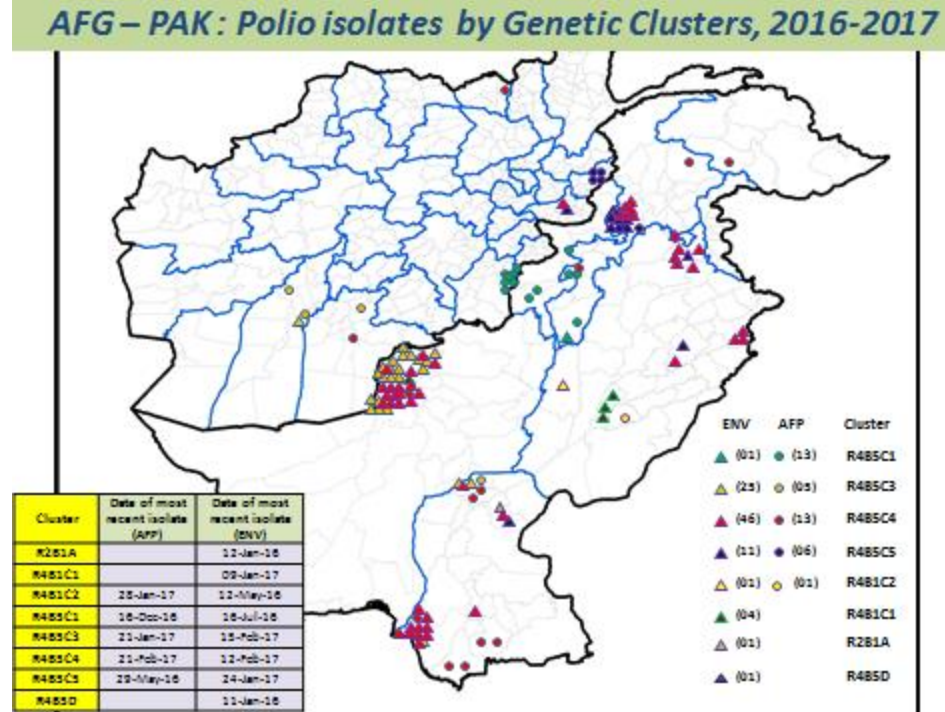
## *High risk mobile population*

- TAG is pleased to note that the country has strategies in place to identify and vaccinate different high-risk mobile population groups and is implementing these strategies. TAG also appreciates coordination with UNHCR, IOM and OCHA on this component.
- TAG notes that country has plans to collate this information at national level and conduct joint mapping/planning with Pakistan.

# Common reservoir

## *High risk mobile populations*

- Movement within reservoir areas
  - Areas with high population movement identified and focused
  - Emphasis on guest children (vaccinators, SMs, Supervisors and monitors)
- Straddling population at border areas
  - Mapping of areas and relations on other side of border
  - Inclusion in high risk area for increased focus
- Nomads
  - Routes, seasonality identified
  - Continue strategies: Nomad specific campaigns, Nomad specific PTTs, Inclusion in SNID/NID
- Returnees
  - Vaccination at border, UNHCR/IOM centers
  - IPV (under 5) and OPV (under 10)
  - Identification of settlement and inclusion in microplan

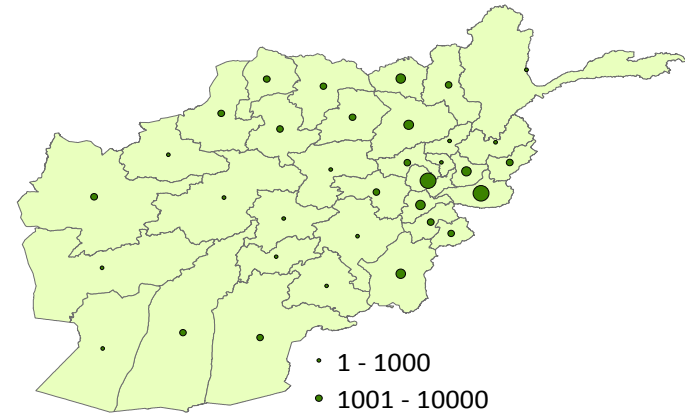


# High risk mobile population

## Guest Children

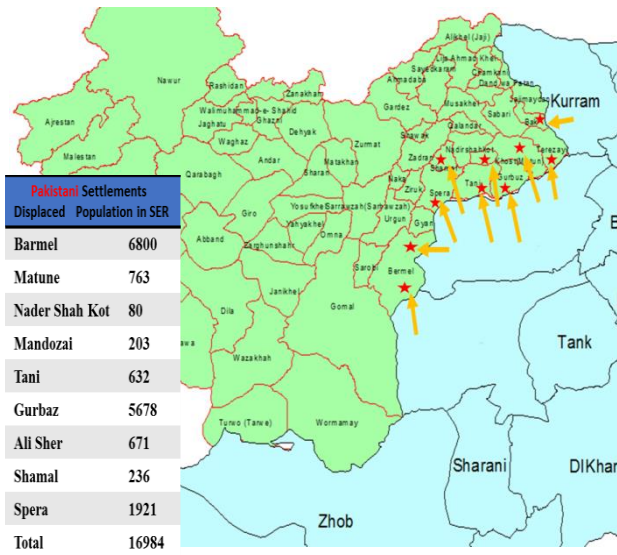
	# households with special population (as per ICN register)	# households with AFG returnees	# households with PAK refugees	# households with Internally Displaced People (IDP)	Number US children belong to Returnees/IDP/Refugees/IDP/ Guests Population	#HBs belong to Returnees/Refugees/IDP population [exclude guests]	#US children belong to Returnees/Refugees/IDP population [exclude guests]	#HBs with guests	#US guest children
<b>SR</b>	<b>3,139</b>	<b>628</b>	<b>99</b>	<b>1,784</b>	<b>8,676</b>	<b>2,511</b>	<b>7,144</b>	<b>610</b>	<b>1,532</b>
<b>Kandahar</b>									
Kandahar City	2,571	407	71	1,536	6,866	2,014	5,555	539	1,311
Spinboldak	568	221	28	248	1,810	497	1,589	71	221
<b>ER</b>	<b>15,614</b>	<b>8,526</b>	<b>297</b>	<b>5,775</b>	<b>52,656</b>	<b>14,552</b>	<b>50,086</b>	<b>1,073</b>	<b>2,570</b>
<b>Kunar</b>									
Asadabad	467	118	30	295	1,410	442	1,366	24	44
Chapadara	150	41	1	93	487	135	454	17	33
Marwara	141	30		99	387	129	308	12	19
Pech	239	96	14	79	589	189	478	50	111
Shegal	200	108	7	70	603	185	574	15	29
Watapoor	184	88	7	13	483	108	328	76	155
<b>Nangarhar</b>									
Achin	570	109		366	2,082	475	1,808	97	274
Batikot	773	478	28	253	2,858	759	2,826	14	32
Beshoud	6,487	4,237	65	1,953	22,035	6,230	21,480	226	555
Jalalabad	3,072	1,956	49	646	8,864	2,649	7,859	425	1,008
Lalpura	268	61	2	205	976	268	976	-	-
Momandira	705	238	20	418	2,799	676	2,664	26	135
Shinwar	1,250	192	49	1,017	5,665	1,253	5,657	8	8
Surkhrod	1,108	774	25	268	3,418	1,034	3,248	91	170
<b>SER</b>	<b>1,416</b>	<b>202</b>	<b>419</b>	<b>327</b>	<b>5,510</b>	<b>948</b>	<b>3,771</b>	<b>620</b>	<b>1,739</b>
<b>Khost</b>									
Akshir	876	143	135	240	3,562	518	2,189	466	1,373
Gurbaz	540	59	284	87	1,948	430	1,582	154	366
<b>Grand Total</b>	<b>20,169</b>	<b>9,356</b>	<b>815</b>	<b>7,886</b>	<b>66,842</b>	<b>18,011</b>	<b>61,001</b>	<b>2,303</b>	<b>5,841</b>

## Returnee Refugees

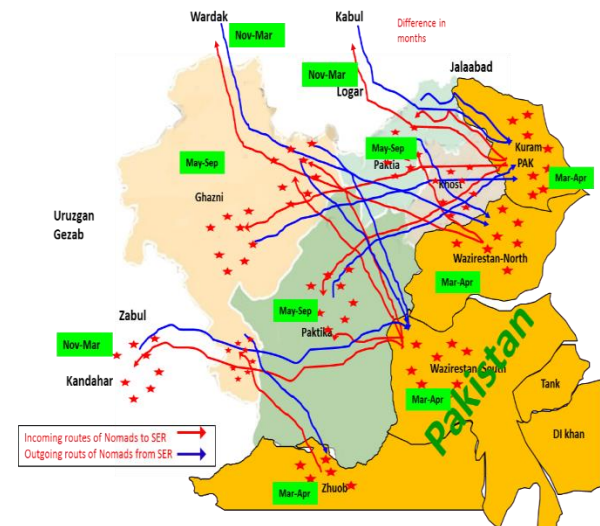


- 1 - 1000
- 1001 - 10000
- 10001 - 30000
- 30001 - 60000
- 60001 - 115530

## Straddling population: Southeast region



## Nomad Movement pattern/seasonality, SER

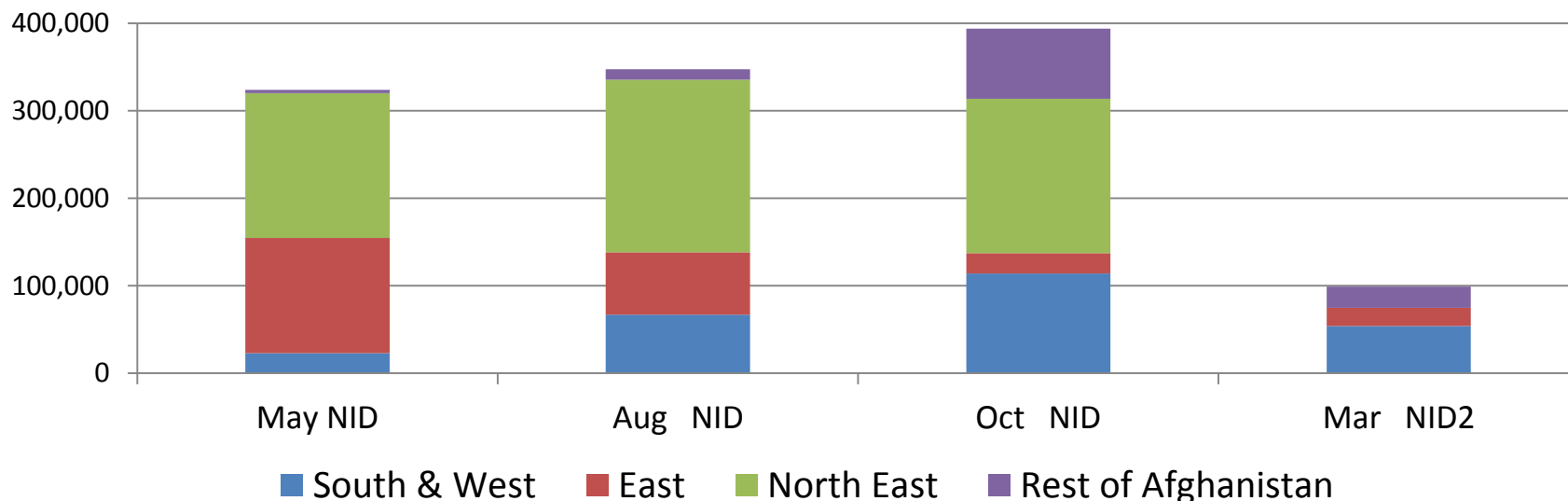


# Observations and Conclusions

## *Access*

- TAG notes the improved access in Eastern and Northeastern regions, reduction in the number of inaccessible children from more than 300,000 since May 2016 to less than 100,000 in last March campaign is highly appreciated.
- TAG is convinced of the plan being implemented by country for inaccessible areas
- TAG is concerned about continued challenges in Southeast, East and South region.

# Inaccessible children: May 2016- Mar 17



Region	May NID	Aug SNID	Aug NID	Oct NID	Nov SNID	Dec SNID	Jan SNID	Feb SNID	Mar NID
East	131,781	73,355	71,085	23,204	24,213	17,488	19,156	18,932	21,002
North	3376	0	0	6,206	0	0	0	0	0
NE	165,333	101,434	197,192	176,377	105,539	105,024	104,200	104,280	0
South	22,811	49,403	28,798	141,142	120,597	18,192	78,254	12,416	40,989
SE	400	1,215	12,101	46,808	13,827	12,651	1,500	20,455	24,051
West	0	132,806	38,260	0	0	749	183,100	0	12,970
Central	0	0	70	0	75	75	0	0	0
<b>Total</b>	<b>323,701</b>	<b>358,213</b>	<b>347,507</b>	<b>390,373</b>	<b>264,251</b>	<b>154,178</b>	<b>386,207</b>	<b>156,083</b>	<b>99,012</b>



# Addressing inaccessibility

## Quality and Access Team

### Areas with active fight

State of preparedness

Dialogue with all the parties

Recovery once active fight  
over

IPV and OPV from nearby health facility

Polio plus from nearby health facility

PTT at entry / exit points

3 rounds of SIADs (1 IPV) in newly  
accessible

Village level mapping

Dialogues & community engagement

**Ban on vaccination**

# Observations and Conclusions

## *Communication*

- The TAG acknowledges the comprehensive evidence-based communication strategy which includes household and community engagement
- The expansion of full time ICN into the very high risk districts is a great achievement. The programme now has a better picture of the reasons for missed children, including clustering of chronic refusals.
- The TAG appreciates the efforts to ensure that communication approaches are fully integrated with operations.
- Increased emphasis now needs to be placed on strengthening the capacity and monitoring of the ICN to ensure they are fully integrated and accountable for reaching all children.

# Summary conclusions (1)

- The TAG commends the strong political commitment and continued strong partnership between government, UNICEF and WHO at national and regional levels.
- Country has been able to interrupt transmission of 2015 in South and East. New transmissions in 2016/2017 have been temporally and geographically restricted.
- Genetic sequencing data of recent transmission in Afghanistan shows that there is continued low level of transmission in corridors in common reservoir area, particularly in Quetta-Kandahar corridor.

# Summary conclusions (2)

- The recent transmission detected in Kunduz has potential of spreading/establishing. However, TAG appreciates the swift outbreak response which is being implemented. The risk of continued transmission in Bermal, Helmand and Kandahar cannot be ruled out.
- Paktika and Bermal demonstrates that pockets of unreached children, however small, remain at risk.
- The transmission detected in 2016/2017 illustrates the importance of population movement for poliovirus transmission in the common reservoir. The country has strategies in place to identify and vaccinate different high-risk mobile population groups and is implementing these strategies.

# Summary conclusions (3)

- Country has a sensitive surveillance system including in the areas affected by conflict and continues to expand its reporting network and environmental surveillance.
- Systematic implementation of NEAP 2016-2017 is paying results.
- Improved quality of the campaigns as evidenced by reduction of failed LQAS lots from 26% in February SNID 2016 to 7% in February SNID 2017. However, there are clusters of missed children due to absent and refusals.

# Summary conclusions (4)

- TAG appreciates the initiatives of microplan validation, initiatives of remote and third party monitoring in security compromised areas, PCM/LQAS validation, triangulation of data and ICN.
- TAG notes the improved access in Eastern and Northeastern regions. However expresses concern about continued challenges in Southeast, East and South region.

# Recommendations

# Recommendations

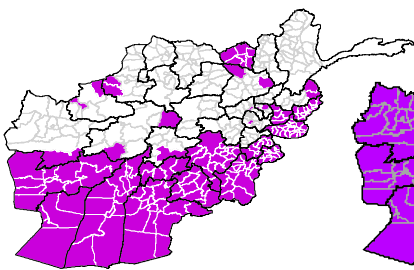
1. TAG Endorses SIA and IPV+OPV plan presented and urges that IPV+OPV campaigns planned for high risk areas should be implemented before end of Q3 2017.



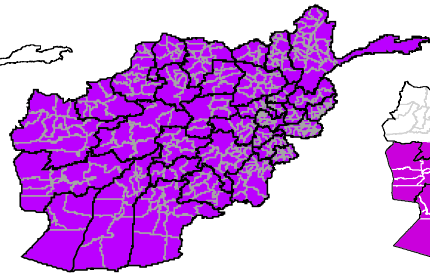
# SIA schedule for April'17 to Mar'18

- 3 NIDs and 6 SNIDs during the this period synchronized with PAK SIAs
- Expanding scope of SNID to include whole Kunduz province (increase of 94,720 children; from 58.7% to 59.7%)
- Calendar may change as per evolving epidemiology

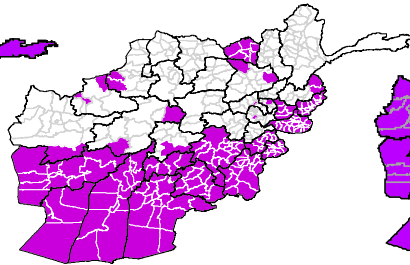
Apr'17 SNID



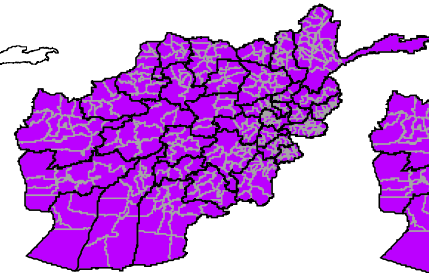
May'17 NID



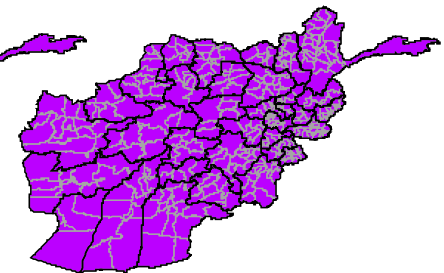
Jul'17 SNID



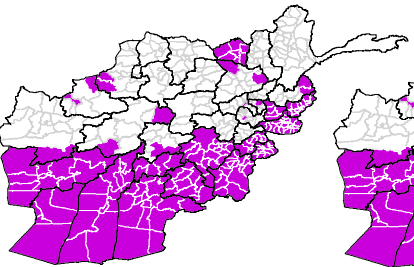
Aug'17 NID



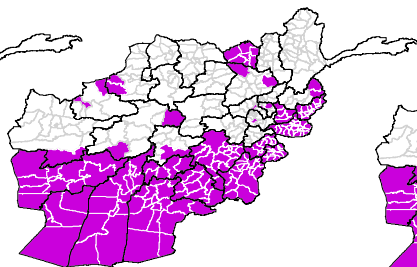
Oct'17 NID



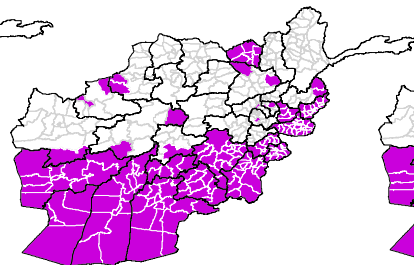
Nov'17 SNID



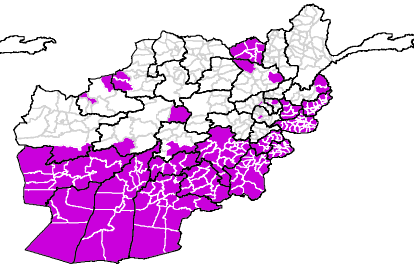
Dec'17 SNID



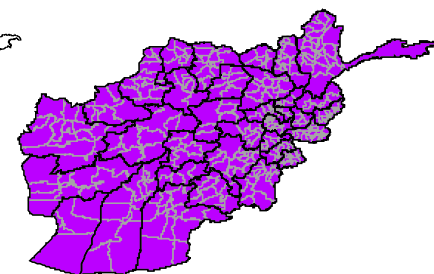
Jan'18 SNID



Feb'18 SNID



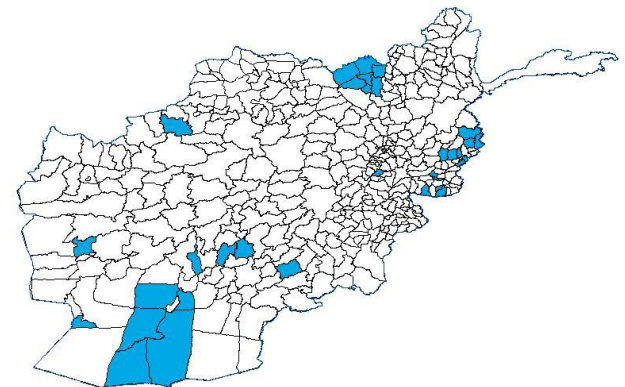
Mar'18 NID



# IPV SIA plan for 2017

Reason	Province	District	NEAP	Target pop	IPV
High risk	Farah	Khak-e-Safed	No	9,830	11,796
High risk	Helmand	Deh-e-Shu, Garmsher, Reg	No	52,025	62,430
High risk	Kunar	Ghaziabad, Sarkani	No	10,686	12,823
High risk	Faryab	Qaysar	yes	43,783	52,540
High risk	Helmand	Lashkargah, Musaqualah, Nad-e-Ali	yes	191,313	229,576
High risk	Kabul	Kabul	yes	74,000	88,800
High risk	Nangarhar	Behsud, Jalalabad	yes	164,283	197,140
High risk	Nimroz	Zaranj	yes	46,976	56,371
High risk	Uruzgan	Dehrawud, Tirinkot	yes	71,871	86,245
High risk	Zabul	Qalat	yes	27,579	33,095
Inaccess	Kunar	Watapur, Marawara, Dara-e-Pech, Chapadara, Nari	yes	17,814	21,377
Inaccess	Kunduz	Kunduz, Emamsaheb, Qala-e-Zal, Chardarah, Aliabad, Khanabad, Dasht-e-Archi	yes	152,336	182,803
Inaccess	Nangarhar	Pachieragam, Kot, Achin	yes	11,867	14,240
Inaccess	Nuristan	Kamdesh	yes	590	708

- **No additional vaccine required**
- **Kunduz planned for May 2017**



# Recommendations

## Oversight, Coordination and Programme Management

2. Continue engagement of political leadership at all levels; further engage line ministries and strengthen coordination among EOCs.
3. Strengthen Southeast REOC and regional structure in the regions without EOC by July 2017
4. Fully implement new SOP of PEI support to EPI and make BPHS NGOs accountable for involvement in the program and improvement in EPI coverage
5. Continue AFG-PAK coordination at National and subnational level including regular VC/face to face meetings
6. Continue implementing accountability framework at higher level and strengthen further at FLW level

# Recommendations

## Priorities

7. Fully implement response plan to Kunduz case in coordination with EURO
8. Rapidly address the remaining issues in Bermel and other similar pockets in Southeast region to ensure that transmission does not continue.
9. Common reservoir areas remain the greatest risk to polio eradication, continue focus on VHRDs
10. Country team to continue identifying areas with possible immunity gap like Bermal and take preventive measures.

# Recommendations

## Priorities

11. Compile information on HRMPs at National level. Standardize detailed analysis of data to provide an interregional, country-wide overview of HRMP and their movements – by June 2017. Coordinate closely with Pakistan program on
  - a. Common endemic reservoirs
  - b. At risk border communities
  - c. Mapping of HRMP movement and their effective coverage
12. Fully implement HRMP strategy presented for long distance travellers, straddling population, nomads and returnees in close coordination among regions and with Pakistan
13. Continue close coordination with UNHCR, IOM and OCHA at all levels for reaching HRMPs and engage them for next TAG.

# Recommendations

## NEAP

14. Continue systematic implementation and tracking progress of NEAP. TAG endorses the plan of updating NEAP for rest of 2017 following review in June 2017 and developing new NEAP for 2018 in December 2017.

# Recommendations

## Reducing missed children

15. Complete household based microplanning across the country by June 2017
16. TAG agrees with the idea of using ICN as one of vaccination team member, with aim of ICN and vaccinator becoming single operation unit with single data stream and single accountability. However, suggests to start with one district in South and East to understand possible challenges and then explore feasibility of expanding in subsequent SIA
17. Program to implement specific focused interventions to address clusters of refusals and 'not available' children.

# Recommendations

## Reducing missed children

18. Program to intensify efforts to engage more females as FLWs
19. Program should streamline and analyse data from various sources in integrated manner including data from ICM, Admin, PCM, LQAS, ICN and remote monitoring, particularly at regional levels.
20. Program to review and modify the transit strategy during the campaign to capture children on the move.



# Recommendations

## Inaccessible areas

21. TAG endorses the strategies presented for inaccessible areas and urges country team to continue tracking access at the lowest level and fast track implementation of the strategies.
22. IFRC to share the interventions done and achievements in reaching children from inaccessible areas.
23. Resolve the remaining issues of campaign quality due to security challenges in Helmand and Kandahar

# Recommendations

## Surveillance

24. TAG endorses expansion of ES in phase wise manner and urge country program to coordinate with lab on load. TAG re-iterates its earlier recommendation of fast tracking establishing alternate system of stool shipment in case of border closure.

# Recommendations

## Outbreak response

25. As of April 2017, any isolation of WPV will be treated as outbreak and be responded as below
- 3 SIAs covering at least 500,000 children
  - 1st campaign within 2 weeks (age group as per epidemiology)
  - 2nd campaign (age group as per epidemiology)
  - 3rd campaign with IPV+OPV (in areas with no IPV in past 2 years)

# Recommendations

## Outbreak response

26. Any VDPV2 isolation to be responded as per global SOP
27. TAG reiterates its earlier recommendation of joint planning, monitoring and reporting for the response to outbreak in border areas.

# Recommendations

## Communication

28. To further tailor media approaches for each region based on their specific context
29. To explore different approaches/ strategies as alternatives to full-time social mobilisers in areas where ICN network is not feasible and assess the impact.
30. Further strengthening of the ICN network through continued capacity building and monitoring. Special emphasis must be placed on ensuring full alignment with the operations teams.
31. Further qualitative analysis to enhance understanding of reasons for missed children in specific areas





**Thank you!!**