

Feedback from TAG meeting

Afghanistan

June 2020

INTRODUCTION

- **Context**

- *COVID19 Pandemic*
 - *Global public health emergency*
 - *Pause in vaccination campaigns*
- *Co-circulation of WPV1 and cVDPV2*
- *Continued ban on mass vaccination by AGE*
- *Complex and fluid political context in Afghanistan*
 - *New government following general elections*
 - *Change of senior leadership in Ministry of Public Health*
 - *US – Taliban Peace Talks*

- **Process of TAG**

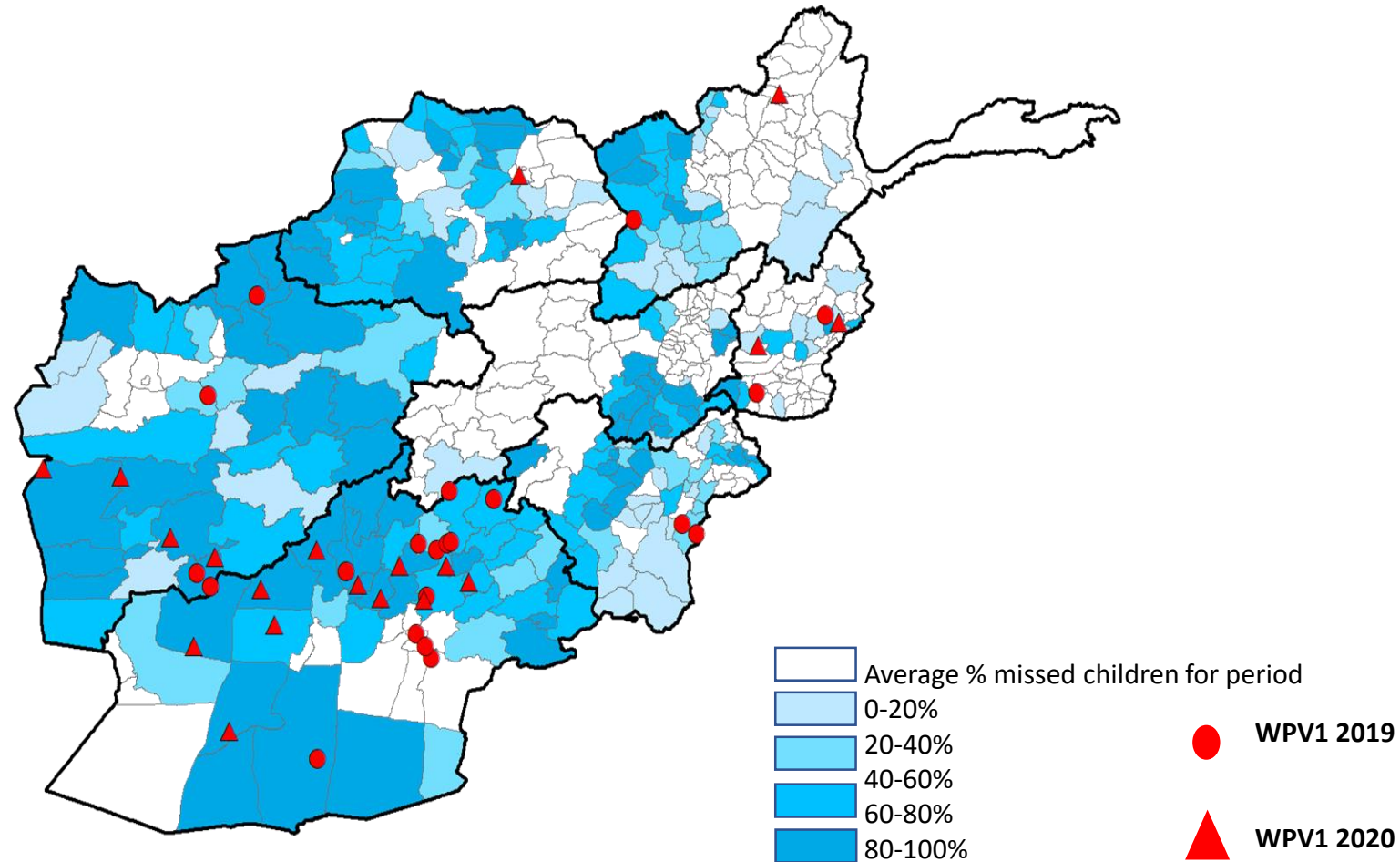
- *Program sought guidance of TAG on different aspects with defined questions*
- *Working groups formed within the TAG to address questions*
- *Pre-TAG meetings with experts and stakeholders on different topics*
- *Interaction with country teams on TAG VC to further understand local context*

Afghanistan has, at least twice, interrupted re-established WPV transmission in the past decade in the two endemic reservoirs of the Southern and Eastern Regions

TAG believes the program can again interrupt transmission with restoration of access and sustained improvements in quality of SIAs

Constraints on immunization of children imposed by AGE remain a major obstacle to eradication of polio

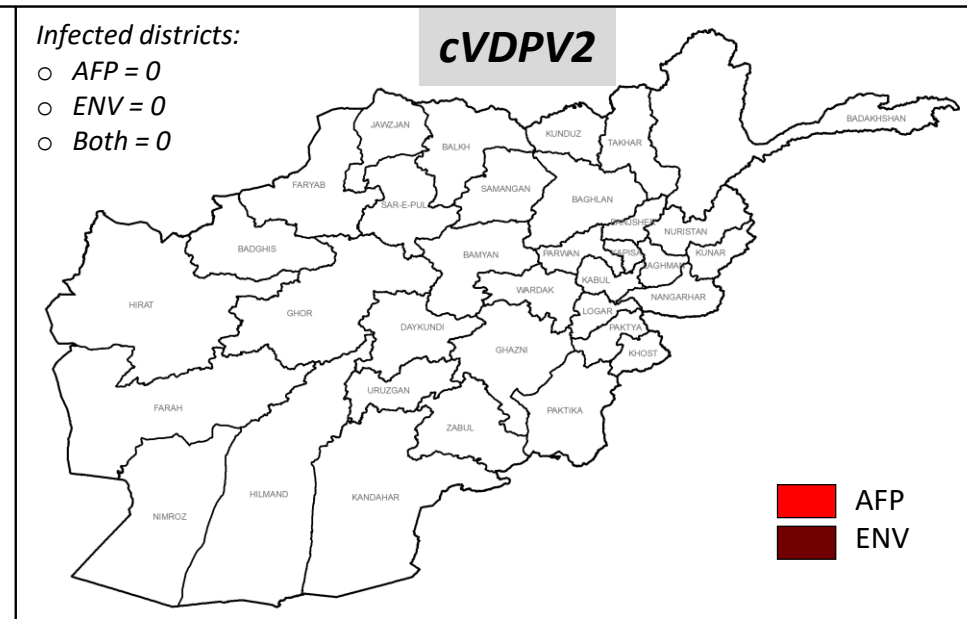
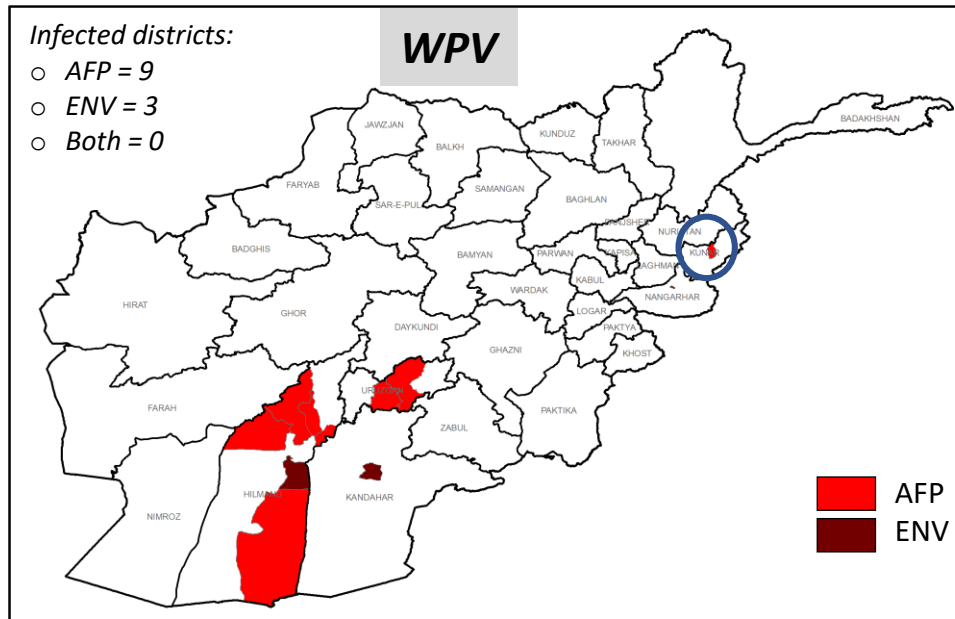
Average % Missed Children – May 2019 – May 2020



- TAG is concerned to know the extent to which COVID-19 has impacted country team, with many at all levels infected.
- Despite these challenges, the team has not only maintained essential functions, but, also has heroically supported response to COVID-19 pandemic

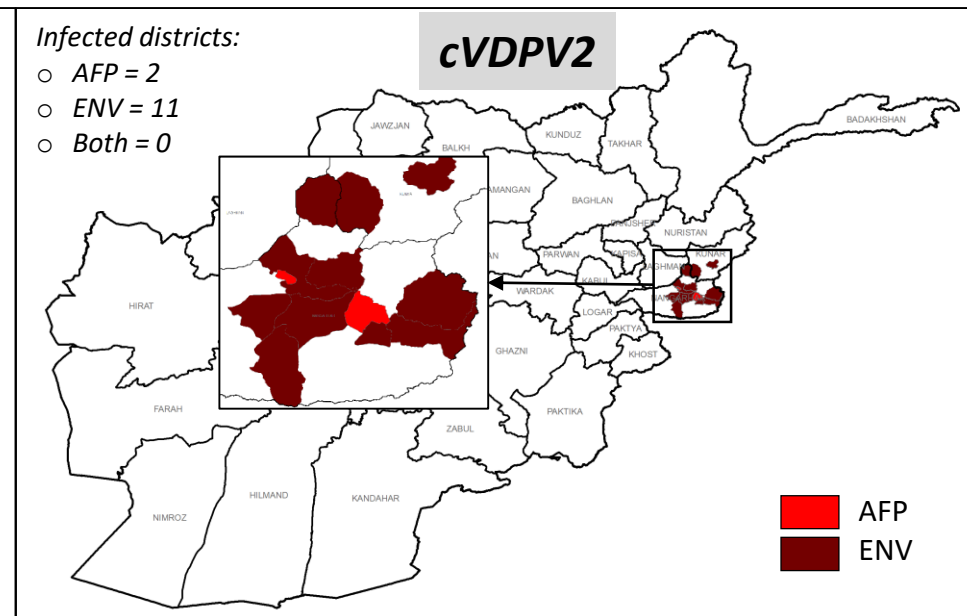
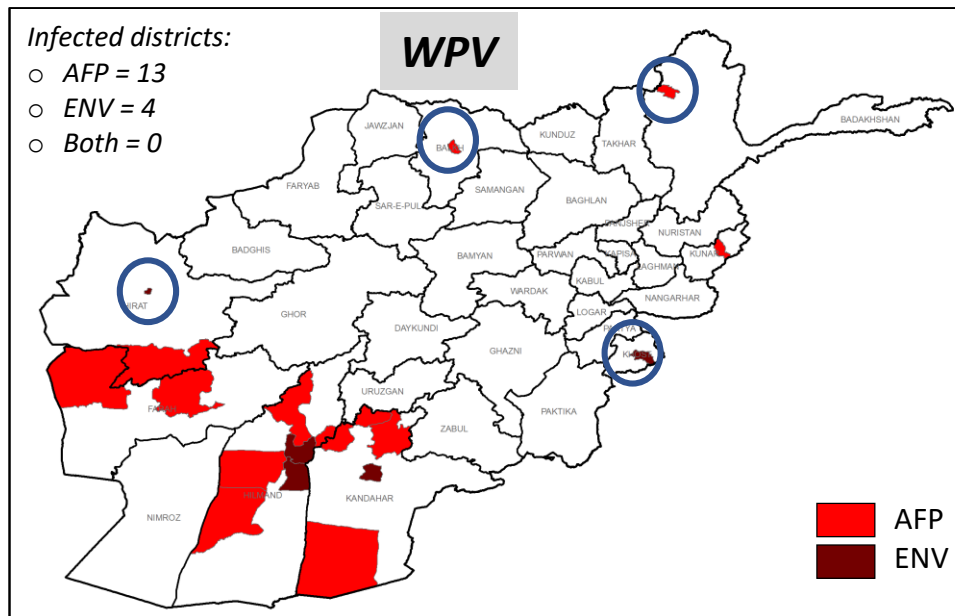
Afghanistan Infected Districts: WPV and cVDPV2; March - May; 2019 - 2020

Mar to May 2019



Type	Province	AFP	ENV
WPV	HILMAND	5	2
	KANDAHAR		5
	KUNAR	1	
	NANGARHAR		2
	URUZGAN	3	

Mar to May 2020



Type	Province	AFP	ENV	
WPV	BADAKHSHAN	1		
	BALKH	1		
	FARAH	3		
	HILMAND	4	4	
	HIRAT	1	1	
	KANDAHAR	5	7	
	KHOST		1	
	KUNAR	1		
	LAGHMAN	1		
	NANGARHAR		2	
	NIMROZ	1		
	ZABUL	1		
	cVDPV2	KUNAR	2	
		NANGARHAR	15	22

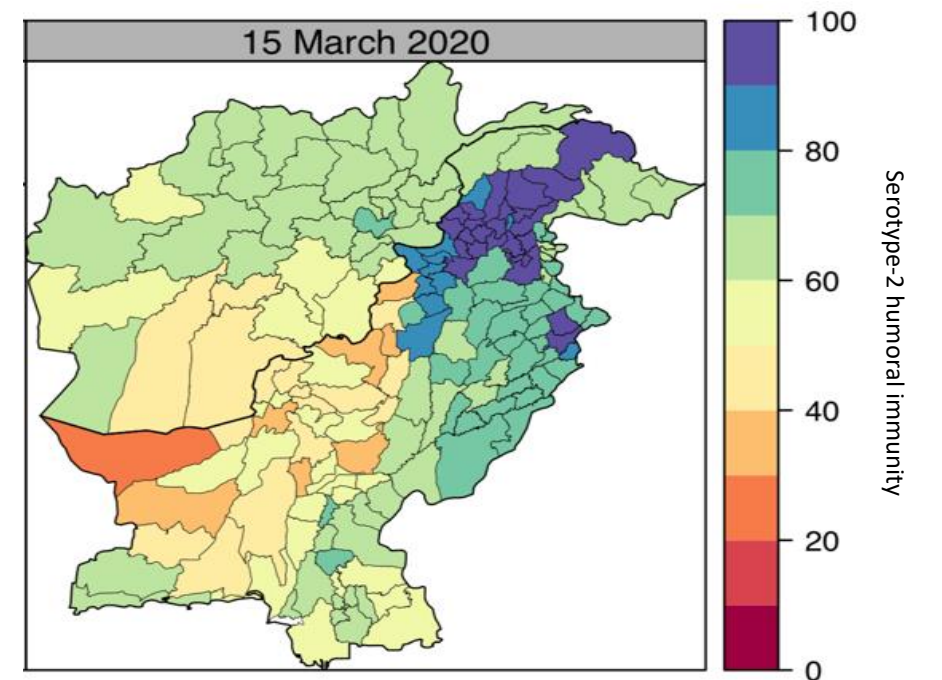
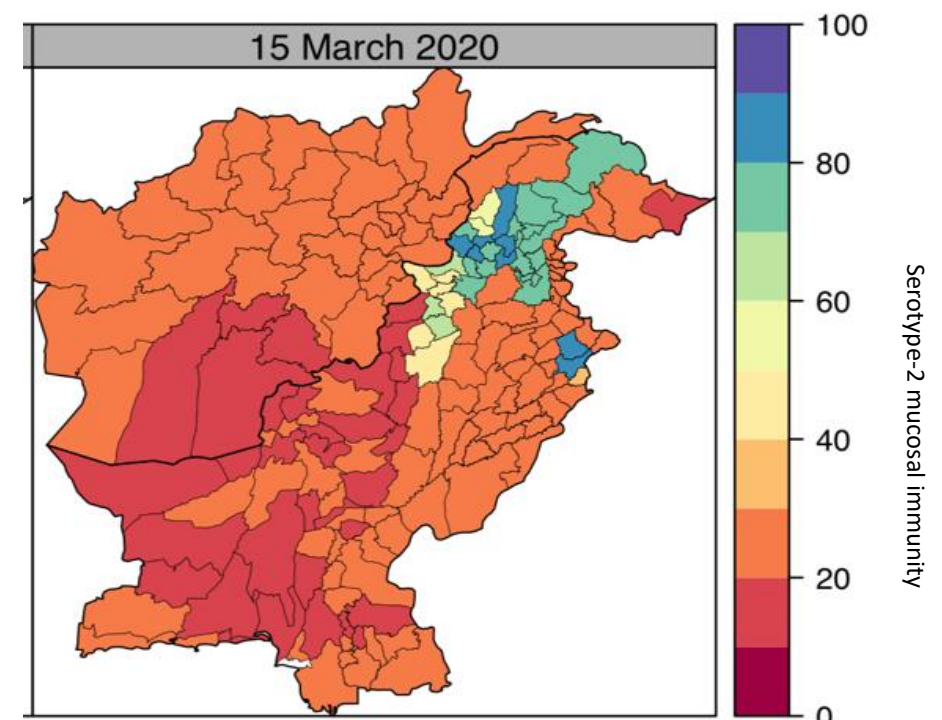
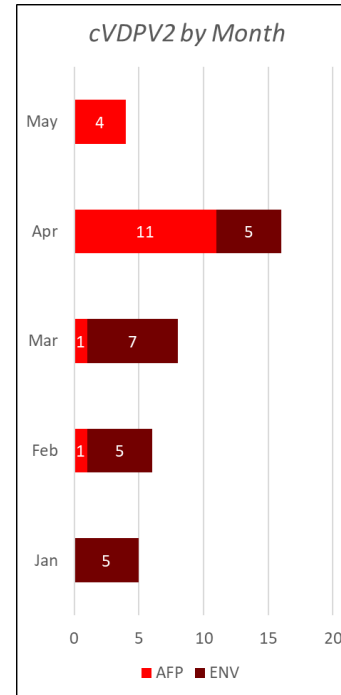
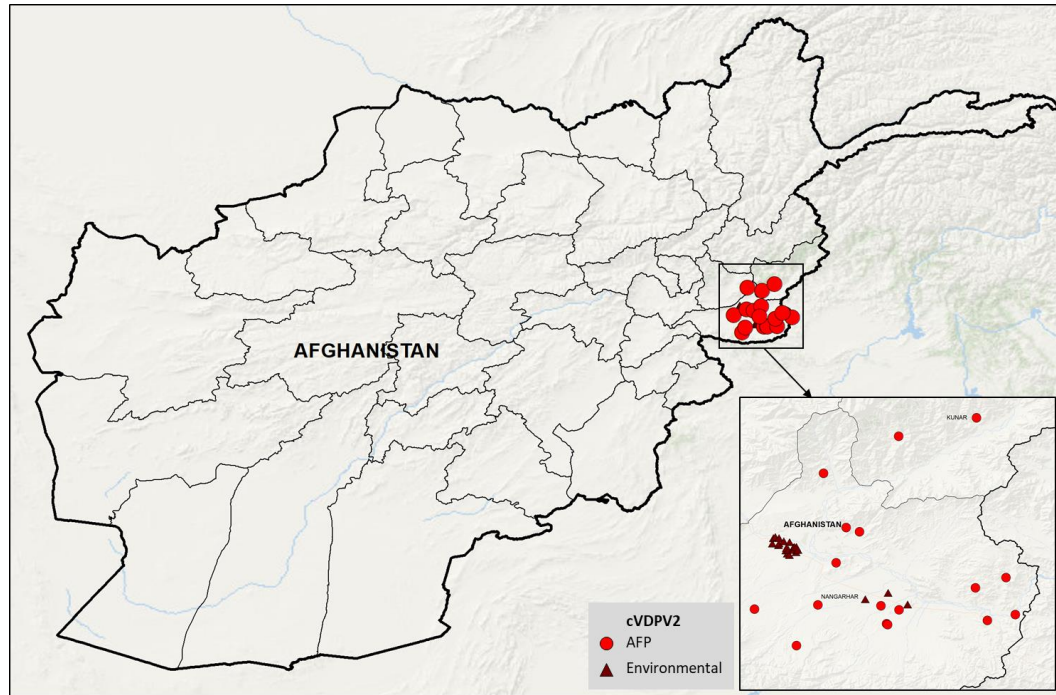
OVERVIEW Questions to TAG

- *Polio outbreak risk, SIAs in light of COVID, SIA planning*
- *Access*
- *Communications*
- *Surveillance*
- *Integrated service delivery and essential immunization*

Polio outbreak risk

Findings: Type 2 Polio epidemiology and risks

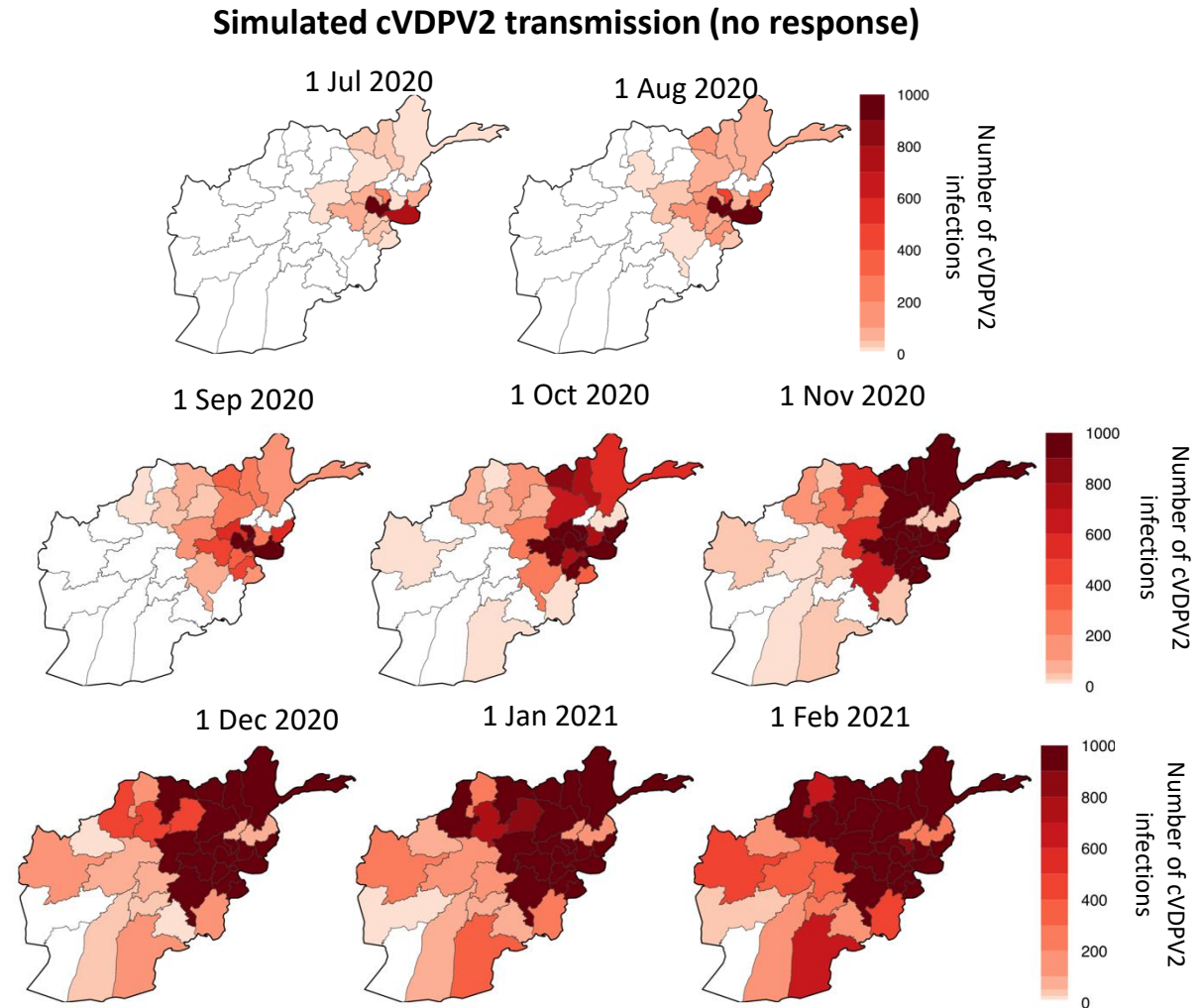
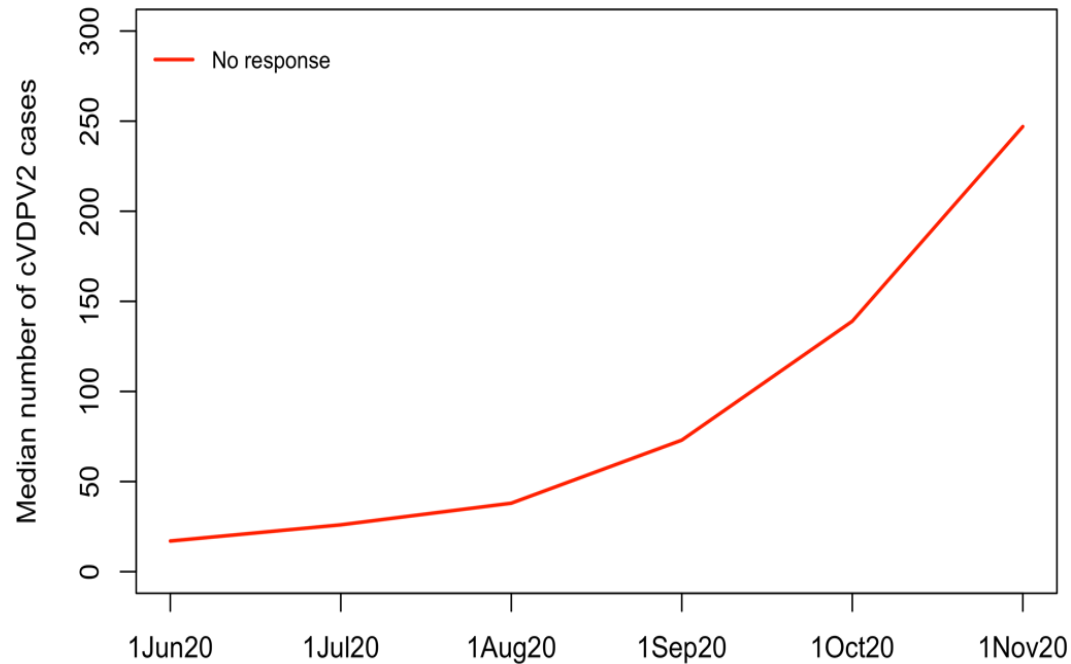
- Expanding outbreak of type 2 polio in eastern Region
- Uncontrolled circulation for 6+ months with no type 2 immunization response of any significance
- Large nationwide accumulation of children susceptible to type 2 polio. OPV2 last used in April 2016.



Forward projections of cVDPV2 transmission for Afghanistan with no vaccination response in 2020

Without any OPV2 responses, between 10-15% of provinces in Afghanistan to be infected with cVDPV2, corresponding to ~250 cVDPV2 cases by November 2020

Simulated cumulative median number of cVDPV2 cases
Afghanistan, June-November 2020



Polio risk summary

In absence of vaccination campaigns:

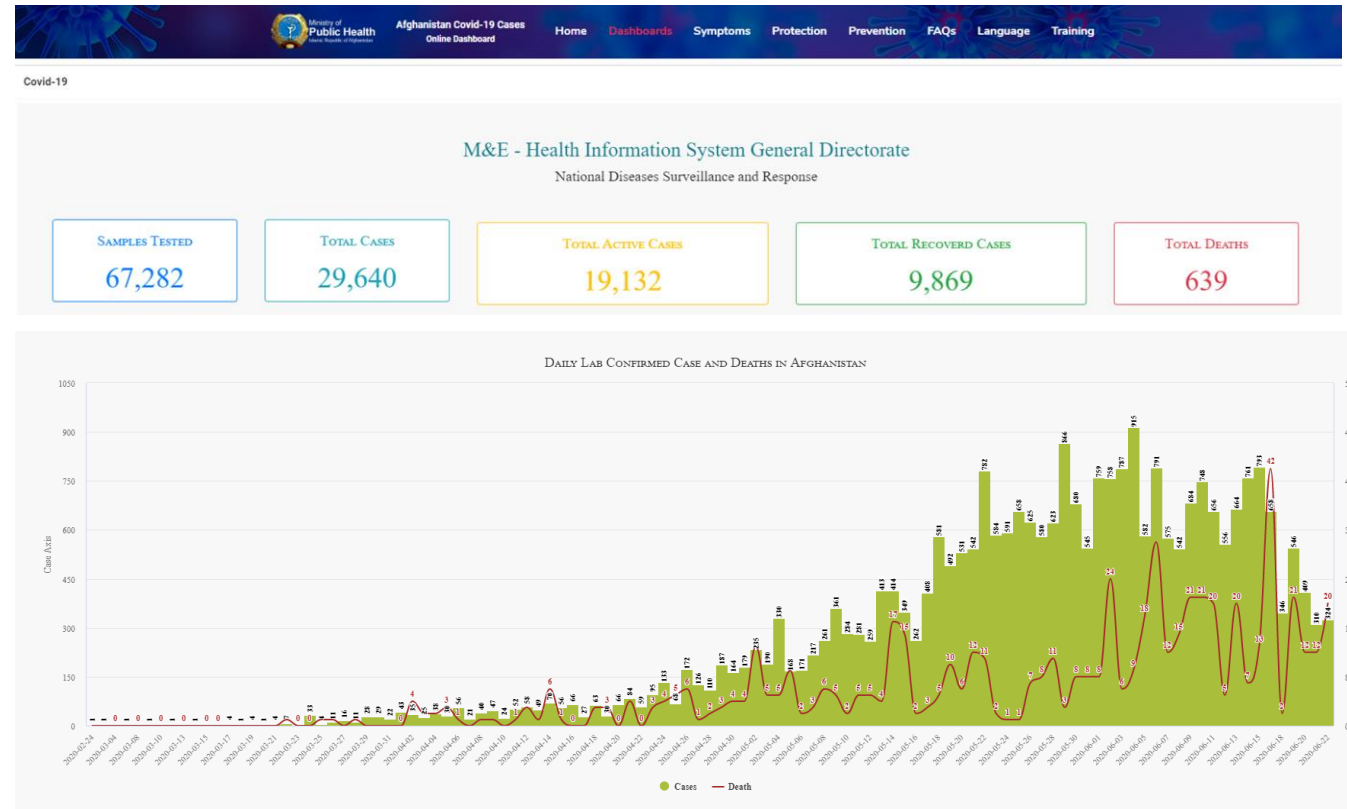
Type 2 polio: Very high risk of exponential spread of transmission giving rise to large outbreak of >200 polio cases

WPV1: High risk of expansion of polio transmission in Southern and Eastern Regions, re-established transmission in west and north, and outbreak in Southeast

Findings: COVID-19

- Widespread community circulation of COVID-19 across country which may continue through remainder of 2020
- Timing of peak difficult to predict
- Significant impacts across every sector:
 - national economy, household income, livelihoods, food security, education, and health
 - Essential health services declining - including immunization
 - Polio eradication activities affected – pause on SIAs, reduction in AFP case detection
- Opening of restricted movements and closures started after EID

Data from Ministry of Public Health COVID-19 Dashboard

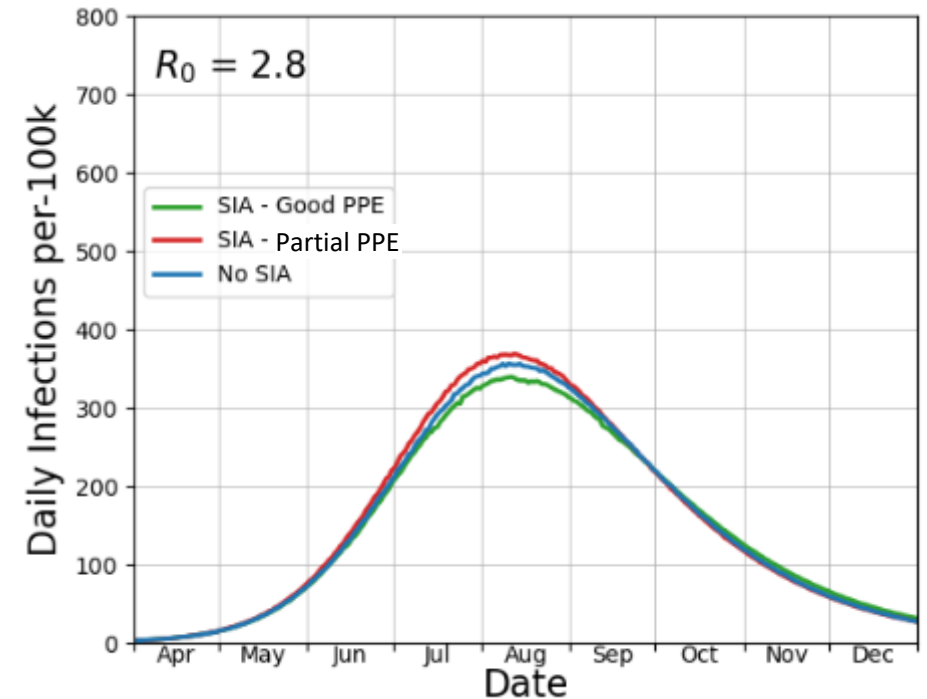


Snapshot as of 24 June 2020

Findings: Model of potential impact of SIAs on COVID-19 transmission

- Model shows that SIAs likely to result in temporary, small increases in COVID-19 (<2%)
- Risk mitigation:
 - Avoid SIA modalities that may introduce COVID-19 to communities not previously infected
 - Screen polio workers for symptoms to reduce risk to households
 - Health worker PPE (mask), sanitizer & limiting physical contact as much as possible, particularly with adults, reduces risk to households
 - Children are low risk for COVID-19 infection, disease, transmission
 - Risk to polio workers can be significantly reduced by:
 - Being from the same community
 - Avoiding contact with symptomatic individuals (esp. adults)
 - Reducing unnecessary contacts
 - Reducing risk of infection (Mask and hand sanitizer, physical distancing)

Impact of a door-to-door urban campaign*



Assumptions: 80% of a HCW's contacts are with children <5yrs during SIA periods. Good PPE = 95% reduction in infectivity rates. Partial PPE = 50% reduction in infectivity rates.

• *The role of children in COVID transmission is not fully known and could change results.

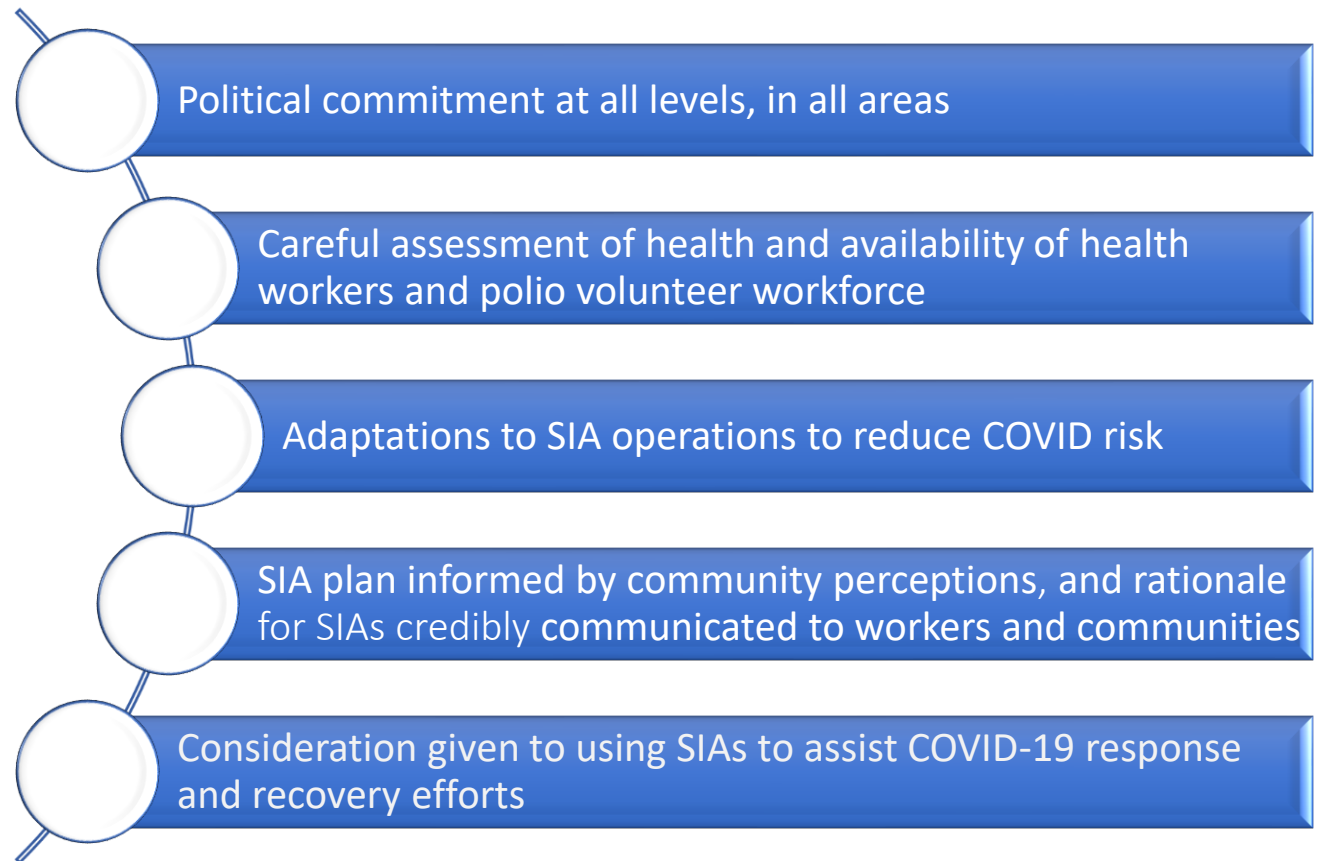
• *Models assumed that vaccinators/volunteers **are local**. If vaccinators are not local to their community, they can be a vector for infecting previously uninfected communities. The effect of this latter case was not modeled here.

Polio risks and decision framework to resume SIA

Decision to restart polio SIAs must be made by high level political leadership

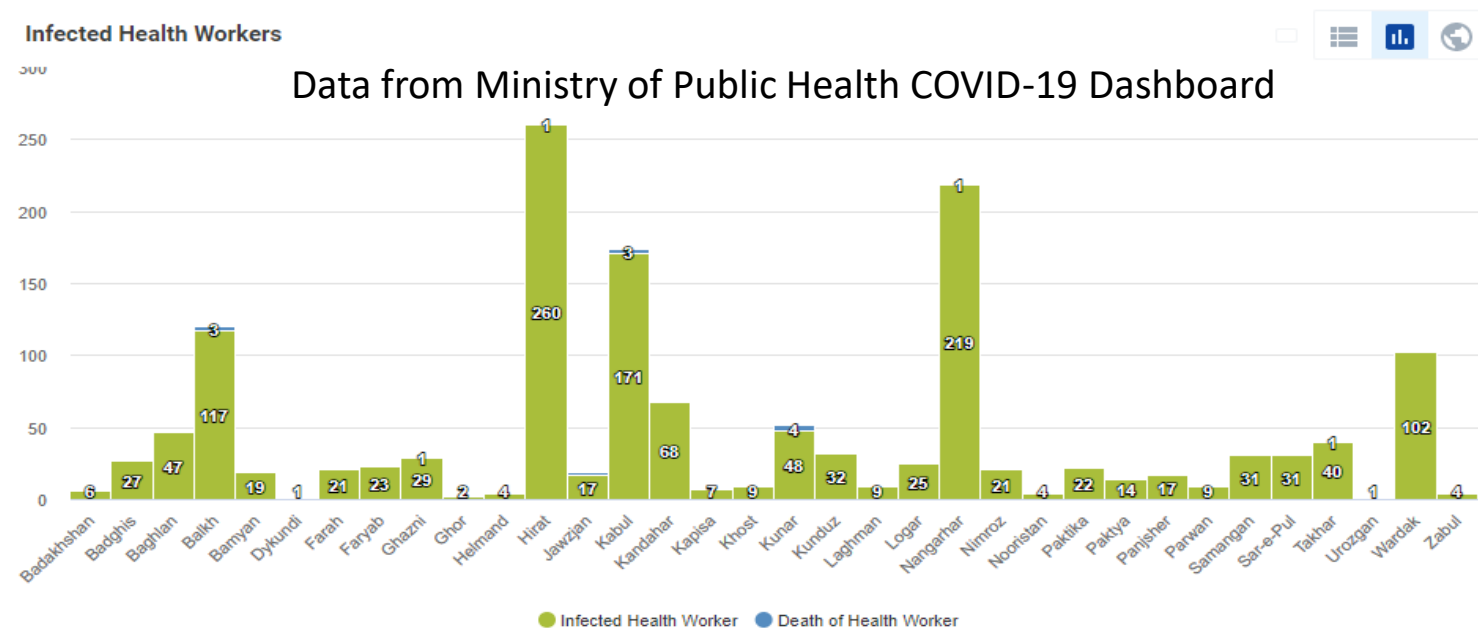
SUMMARY OF RISKS	Relative intensity
POLIO	
Polio type 2 outbreak	+++
Expanding WPV1 cases	++
COVID-19	
Increased COVID-19 in community due to SIA (with mitigation measures)	+
Increased COVID-19 for polio workers (with mitigation measures)	+

SIAs can be resumed, provided the following conditions:



Conditions for resuming SIAs

Careful assessment of health and availability of health workers and polio volunteer workforce



Surveillance network staff infected with COVID-19			
Regions	AFP Focal Points	Reporting Volunteers	Health workers
North	18 (28%)	728 (40%)	1564 (39%)
East	21 (20%)	202 (5%)	6601 (41%)
Central	25 (10%)	150 (5%)	952 (16%)
South	17 (3%)	164 (3%)	116 (3%)
West	Nil	Nil	685 (17%)
Southeast	Nil	Nil	100 (15%)

- At least 20 Health workers succumbed to COVID 19
- Operations/ surveillance staff: 61 of the total 248 (24 %) field staff from all regions have tested positive. In the Western region 20/23 (90%) of the staff are affected.
- Communication staff: 219 of 4,128 (5%) have got infected with COVID 19

Conditions for resuming SIAs

Adaptation to SIA operations to reduce COVID-19 risk

Protecting the community

- Strictly local vaccinators
- Minimize other staff from outside (monitors, etc.), all with mask & hand sanitizer and physical distance from everyone – vaccinators and community
- Modify ‘external’ monitoring – seek alternative methods
- Screening vaccinators – no COVID symptoms

Protecting households and polio workers

- Selective physical distancing, particularly with adults
- Masks and hand sanitizer
- Low-contact vaccine administration
- Robust training
- Revised microplanning for higher workload

Conditions for resuming SIAs

SIA planning informed by community perceptions and rationale for SIAs credibly communicated to workers and communities

- The rapid assessments of COVID and community perceptions underway must ensure that:
 - COVID household survey tool gathers data on perception of polio and resumption of SIAs to inform SIA planning
 - Data includes perceptions of polio workers on resumption of SIAs
 - Perception survey results are used to develop communication messages on SIAs
 - Resumption of SIAs should be framed as part of restoration of essential services in the context of COVID recovery

Conditions for resuming SIAs

Consideration of using SIAs to assist COVID-19 response and recovery

- Polio health volunteers already used to assist COVID-19 response and recovery
- Visiting households during SIAs is an opportunity to assist response and recovery efforts
- Consider if polio volunteers during SIAs should support:
 - hygiene and handwashing (soap)
 - Information dissemination
 - COVID-19 case identification
 - Referral for immunization catch-up



**Strategic
Programme
objectives
until end
2020**

By end 2020:

- 1. Eliminate cVDPV2 nationwide**
- 2. Eliminate WPV1 from non-endemic areas and Eastern region**
- 3. In Southern Region:**
 - Contain WPV1 or eliminate if access obtained**
 - Establish mutually agreed approaches in AGE areas to deliver repeated polio immunizations (4-5 times in 6 months) to >90% of children <5y**






Recommendation: SIA strategy for remainder 2020

Strategic Program objectives	SIA principles to meet objectives
Eliminate cVDPV2 nationwide	<ul style="list-style-type: none">• Two mOPV2 SIAs in eastern region + Kabul in July / August• Increase surveillance sensitivity now• Develop contingency plan for any additional cVDPV2 detection including:<ul style="list-style-type: none">• Rapid response (within 2 weeks of notification)• Prepare for possible large-scale type 2 SIAs in Q4 if cVDPV2 cases spread geographically or transmission persists through September• “Reserve” type 2 vaccine with GPEI for additional Q4 SIAs if required• Prepare for large scale nOPV2 use in 2021 if required
Eliminate WPV1 from Eastern Region and non-endemic areas	<ul style="list-style-type: none">• 2 NIDs with bOPV• SNID with bOPV in Dec• Rapid outbreak response to WPV1 in non-endemic areas
In Southern Region: <ul style="list-style-type: none">• Contain WPV 1, if no access• Establish mutually agreed approaches in AGE areas	<ul style="list-style-type: none">• Improve SIA quality in accessible areas• Access negotiation, Integrated approach, Effective site to site, etc. (see access section) – whatever can deliver repeated polio immunizations (4-5 times in 6 months) to >90% of children <5y

Proposed SIA approach for 2nd half of 2020

Expand to include Kabul if operationally feasible

Convert some areas to mOPV2/tOPV if needed*

July	August	September	October	October	November	December
			If needed, additional SIA			
1,101,740 children	1,101,740 children	9,999,227 children		9,999,227 children		3,892,388 children
mOPV2	mOPV2	bOPV*	mOPV2/tOPV	bOPV		bOPV

Findings: SIA quality

Mixed progress in strengthening SIAs in accessible areas

- Female team recruitment 32% to 51% in Kandahar city
 - *But only 22% to 26% in Lashkargah-Helmand*
- Female CSOs in ICN rising 15% to 35%
 - *but 80% in Helmand and 66% in Kandahar remain male*
- Microplan revalidation, workload revision and revisit modification
 - *But LQAS lots rejected at 90% in Kandahar City stagnant at 80% Dec 19-Feb 20*
- FLW arrears cleared
 - *but timely payment of FLW yet to be resolved*

Refusal rate rising in Kandahar: interventions to create an enabling environment not yet achieving desired impact

Recommendations: SIA Quality

Accelerate improvements in core SIA performance factors by end 2020:

- Recruit females for at least 80% of vaccine teams, ICN, senior female positions and female recruiters/selectors - target 100%
- Further reduce interference with recruitment: exclusively local vaccinators and social mobilisers for community acceptance and COVID-19 risk reduction
- Monitor and evaluate FLW training (including COVID vaccination SOP)
- Enhance supervision and monitoring, and sanction non-performance
- Achieve functionality and efficiency of payment systems of FLW, monitor timeliness
- Systematically investigate the recent improvement in household acceptance of OPV to identify factors associated with the improvement, apply lessons to reverse entrenched 'still refusals'

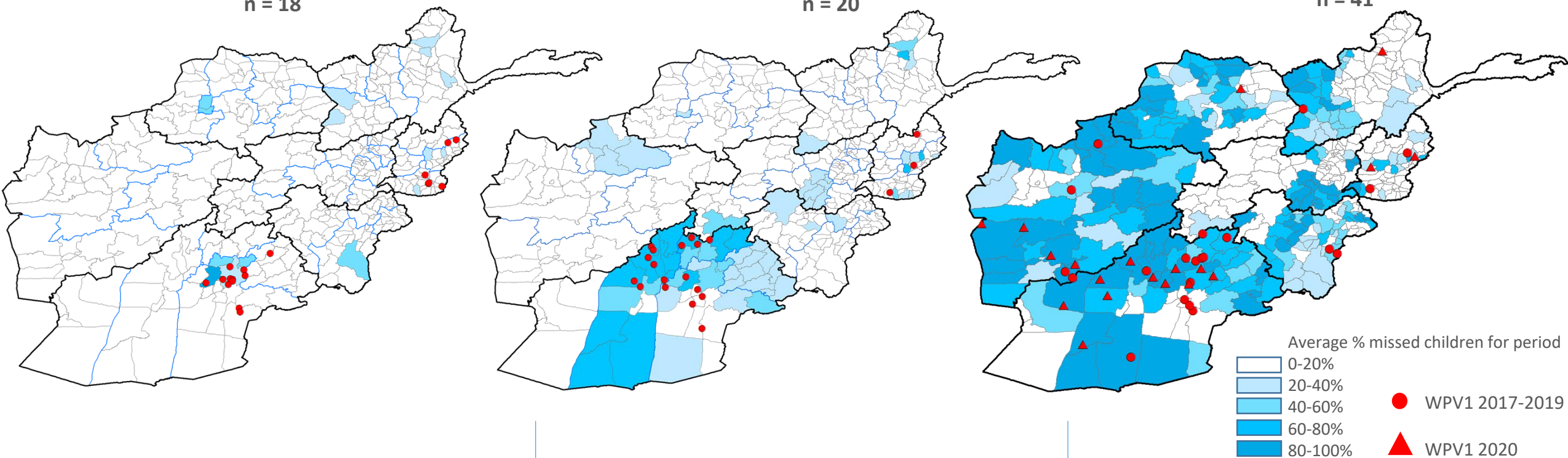
Access

Declining access and WPV1 outbreak spread, 2017-2020

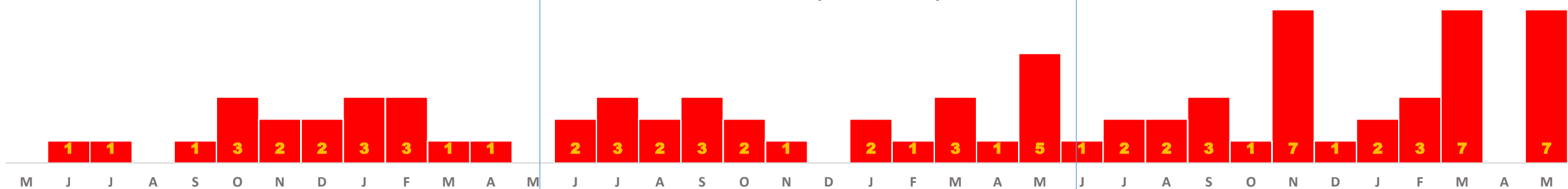
May 17-Apr 18
n = 18

May 18 – Apr 19
n = 20

May 19 – May 2020
n = 41

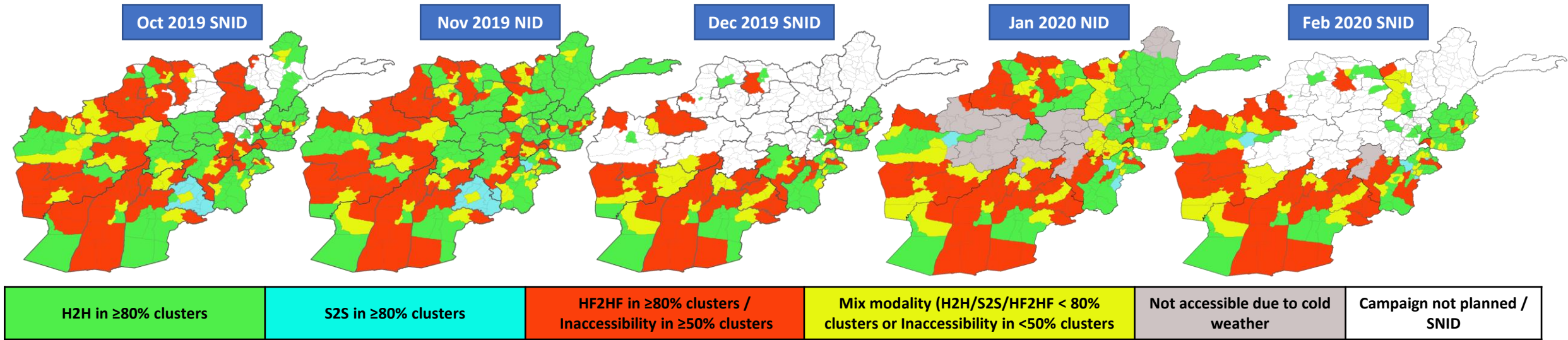


WPV cases May 17 – May 20



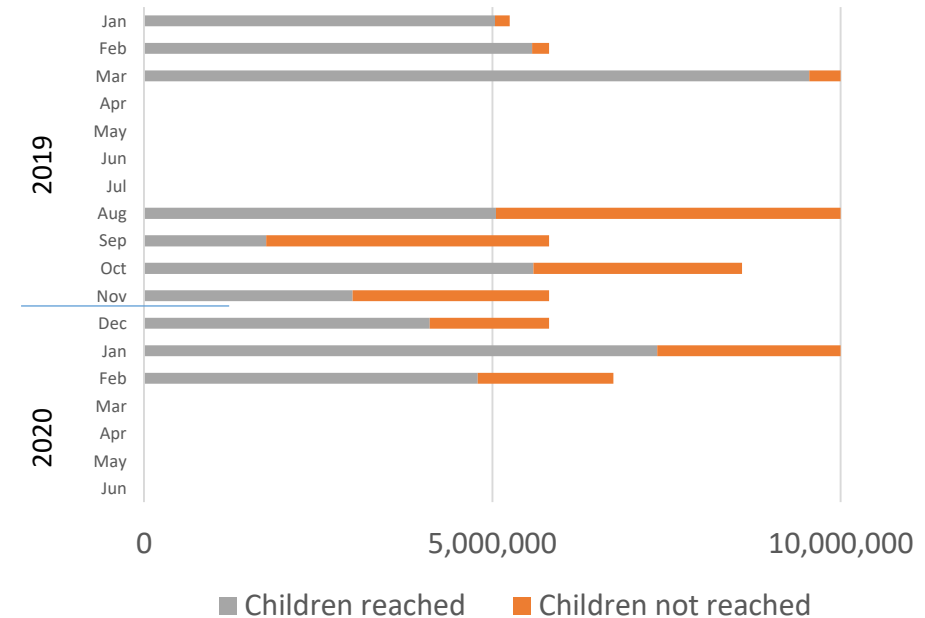
Growing inaccessibility remains primary reasons of spread of WPV1

Access/Implementation Modality for Oct 2019 – Feb 2020 SIAs



- Less than 70% target children accessible for H2H or S2S vaccination campaign in the last campaign
- This is worst in South region, with less than 50% accessible for H2H or S2S
- Around 2 million children missed during Feb SNID

Children missed during planned SIAs



Findings: Access

Severe constraints imposed by the AGE on efforts to reach children in Southern Afghanistan with polio vaccine and other immunizations - **main obstacle to a polio-free Afghanistan**

- No polio mass vaccination activity currently allowed in AGE controlled areas of the Southern Region, not even site-to-site
- Negotiations broadened and intensified at all levels but no breakthrough
- COVID-19 presents an opportunity, to advocate for essential immunizations and Polio campaigns. But for the moment, in certain areas, Polio containing vaccine is not allowed.
- Coverage of site-to-site vaccination campaigns usually lower than 70%, however, can be improved through various supporting measures

Recommendations: Access

- Dialogue for access:
 - Establish a **coherent and coordinated process** for dialogue for access, with agreed messaging, asks and red lines (non-negotiable)
 - Dialogues at all levels to be coordinated to ensure common messaging
 - Continue dialogue for **improved** access: if not H2H, then S2S.
 - Leverage support for COVID-19 response in AGE areas for gaining access
 - Utilize other partners with established relationships with AGE
- Program should strive for gaining access for house to house campaigns and be prepared for conducting at least 3 campaigns in newly accessed areas.
- Be flexible to get a breakthrough (S2S, multi-antigen campaigns, plusses)
 - OPV must be included in any multi-antigen or catch up activity
- If no access, maximize every vaccination opportunity in inaccessible areas

Recommendations: Access

- **If only site-to-site access:**
 - Implement campaigns, with strong supporting measures, at least >70% coverage
 - Ensure independent monitoring
 - High number of sites to ensure minimum walking distance from households (at least 1 site/10-15 houses)
 - Intensify social mobilization – 3-member team, 2 vaccinators & 1 mobilizer
 - Add plusses to increase mobilization of children
 - Continue dialogue for H2H campaigns
- **No access even for site-to-site**
 - Address the most urgent community health and nutrition needs
 - Rehabilitate and extend coverage of basic health services
 - Advocate for multi-antigen campaigns (S2S) always including polio vaccine and other interventions
 - Ensure independent monitoring, including monitoring by WHO and UNICEF
 - Continue dialogue for H2H and S2S polio campaigns

Recommendations: Access

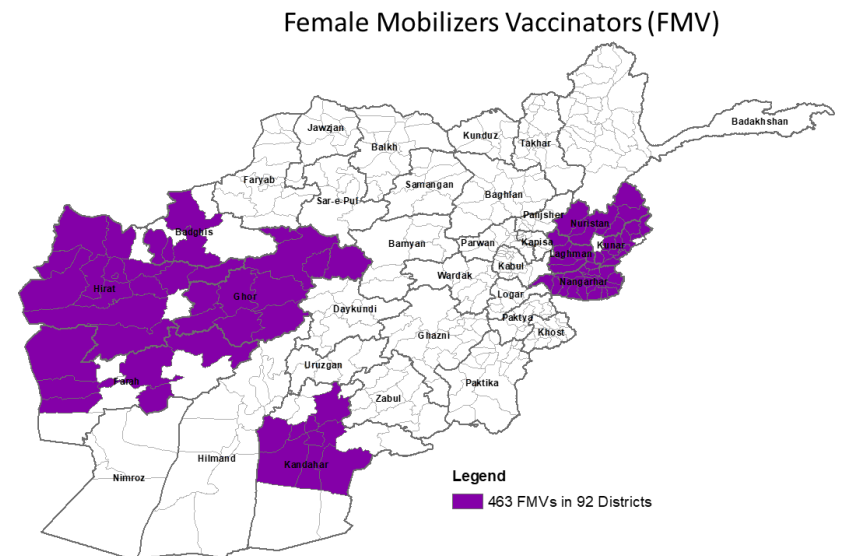
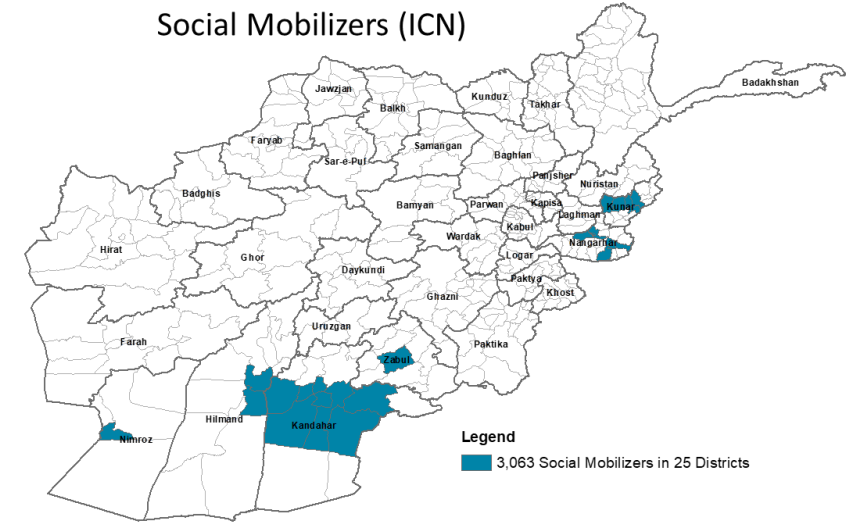
Neutral third party for SIA implementation

- Map the existing actors who are acceptable to AGEs and capacity to implement vaccination campaign in inaccessible areas
- Consider piloting in one inaccessible district of Kandahar including:
 - Clear accountability mechanisms linked to process and output indicators and built into contractual arrangements
 - Monitoring by credible monitors, independent from third party, by NEOC-WHO/UNICEF
 - If pilot successful, expand to other inaccessible districts of south region

Communication

Communication: Overarching Findings

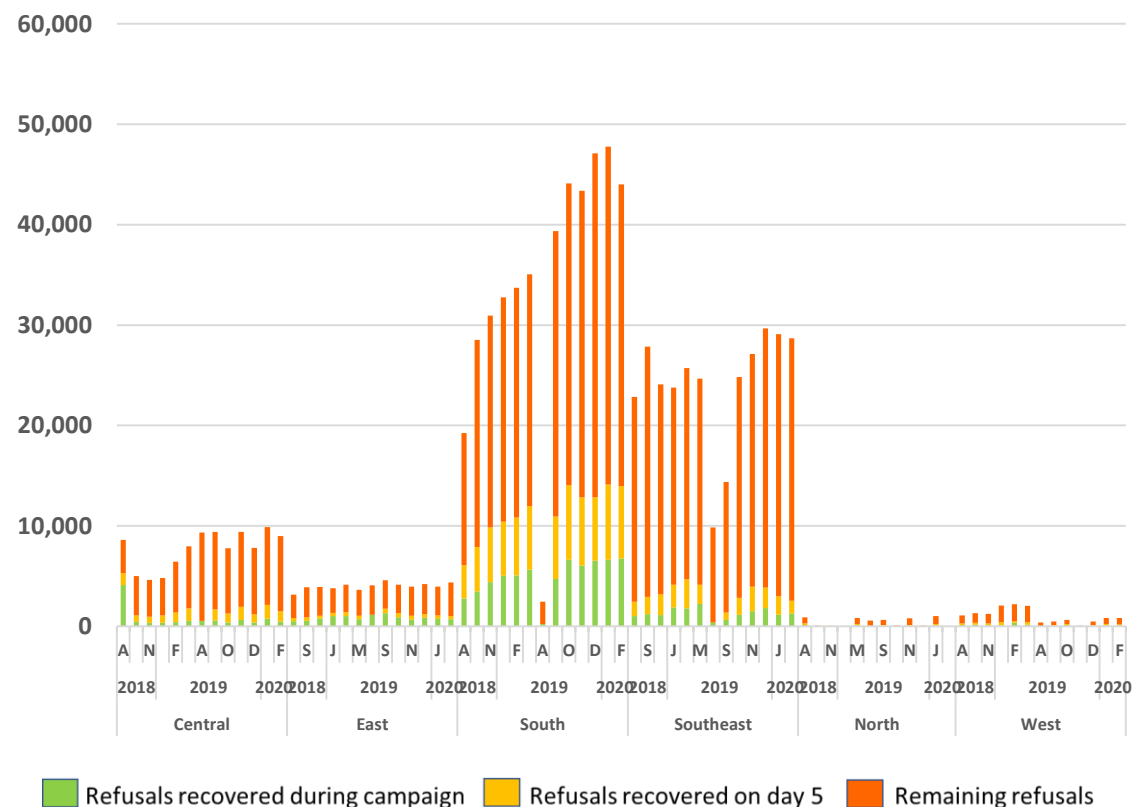
- Clear, integrated PEI communication plan developed, including region-specific strategies
- Implementation disrupted by COVID-19 and rapid ICN scale-down
- But COVID-19 offers potential to refocus PEI as part of essential services, and an opening for access negotiation
- Wide range of communication, social mobilisation and community engagement activities undertaken
- But weakness in focused implementation and evaluation against core objective
- Substantial engagement with religious scholars and leaders through the Islamic Advisory Group, both nationally and locally within the Southern Region



Findings: ICN – Creating enabling environments

- ICN: increasing female recruitment & multiple activities (Wakil-i-Guzar and IAG partnerships, interactive media through radio, round tables and local participation, increased accountability)
- But in accessible areas like Kandahar City stagnant or worsening of rates of refusal and ‘remaining refusal’
 - Impact of ICN on SIA acceptance unclear
 - Design, delivery and communication of integrated services: impact on community perception of PEI and OPV acceptance unclear

‘Refusals remain a challenge’



Findings: ICN –Referral

- Continued progress in East – including stable/high rates of ICN RI referral
- RI referral completion is lower and volatile in south
- Limited communication capacity in Southeast

May 2020, Total Referral

(39,811/71,934)

Received Services/No. Referral

(28,809/52,918)

RI Services/Referral

(525/976)

Measles Services/Referral

(1,366/2,152)

Diarrhea Services/Referral

(976/2,253)

Nutrition Services/Referral

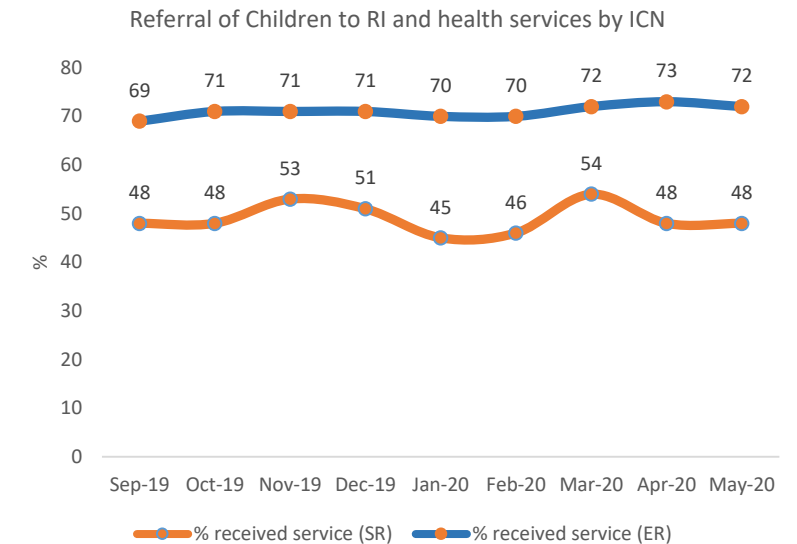
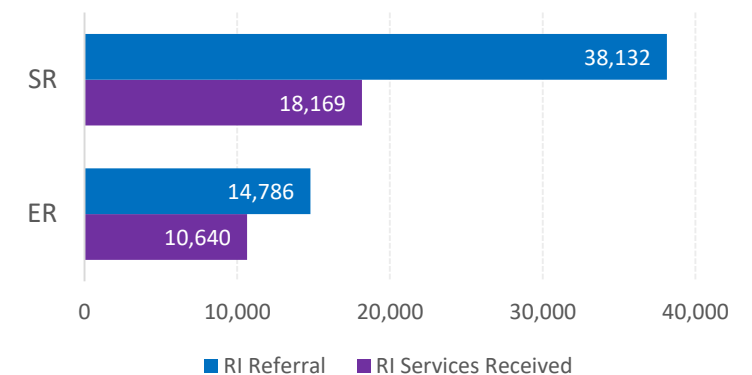
(1,190/1,977)

Pneumonia Services/Referral

(2,907/5,155)

Birth Reg Services/Referral

RI Referral By Region (May 2020)



Recommendations: ICN

- Maximize recruitment of female ICNs in South region- 100% female ICN in Kandahar city by Dec 2020
- Review ICN SOP in South to focus on continuous community engagement, maximising household vaccine acceptance during SIAs
- Rapidly identify alternative communication capacity in Southeast, with focus on hard-to-reach HRMP groups in Paktika/Bermal
- Review and agree ICN role in communicating integrated service delivery (ISD) as strategy to improve SIA performance (reduced missed children, refusal)

Findings: Mass & social media

- Media strategy strengthened - revised mapping for regions, new messages and materials & rapid implementation for COVID
- Widespread use of Facebook in Afghanistan; social media strategy continues to evolve – COVID spike in Facebook engagement, pilot WhatsApp groups for FLWs
- Analysis of social media data starting to happen
- Coordination and cross learning with Pakistan

Recommendations: Mass & social media

- Continue to develop social media capacity, but with a cautionary approach – ‘do no harm’ (e.g. risks of uncontrolled negative coverage)
 - Build analysis capacity, including third-party support, to track major movements in public perception and identify where they are happening
 - Leverage Pakistan programme social media techniques and strategies, as well as coordinating work with common platforms like Facebook
- Explore establishing a formal relationship with Facebook using example of other countries

Communication: Measuring impact

- **Findings**

- Multiple sub-strategies and activities, but more progress needed in evaluating outcomes to better focus investment in *most effective interventions*

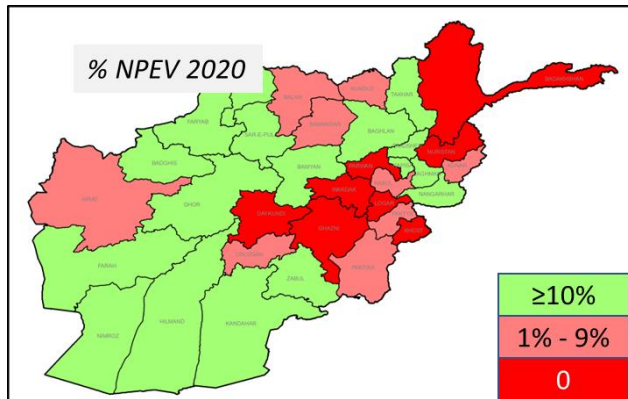
- **Recommendations**

- Evaluate ICN performance in accessible areas like Kandahar City against core SIA outcomes (coverage, missed children, refusals, change in acceptance)
- Develop operational measures to assess community trust in the programme
- Assess impact of media/social media messages on household perceptions

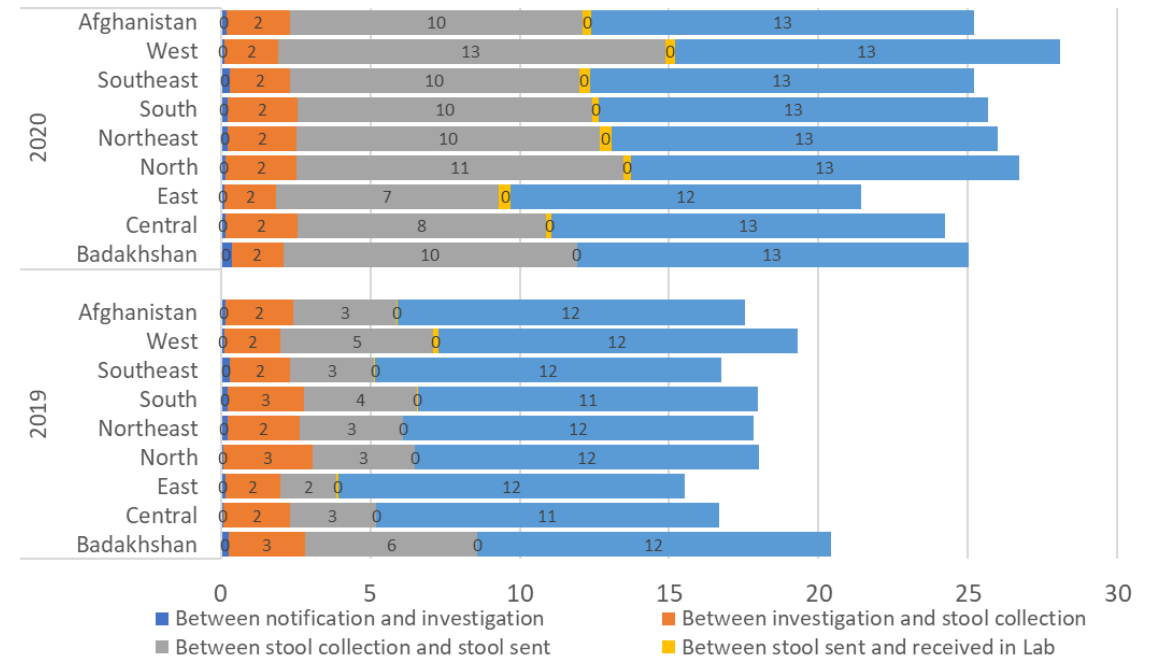
Surveillance

Findings: Surveillance

- Surveillance activities have been impacted by COVID-19
 - Reduction in case notification
 - Delays in specimen transport to the lab, mainly in March due to border closure; some residual delays
 - Minimal impact on case investigation and sample collection
- Reduction in AFP cases may be due to:
 - Changes in health seeking behavior
 - closed health facilities
 - community fears COVID-19 in health facilities
 - COVID-19 infection among surveillance workforce
- Low NPEV rate in some provinces in 2020
- Polio surveillance team fully engaged in training & surveillance for COVID-19, especially in contact tracing



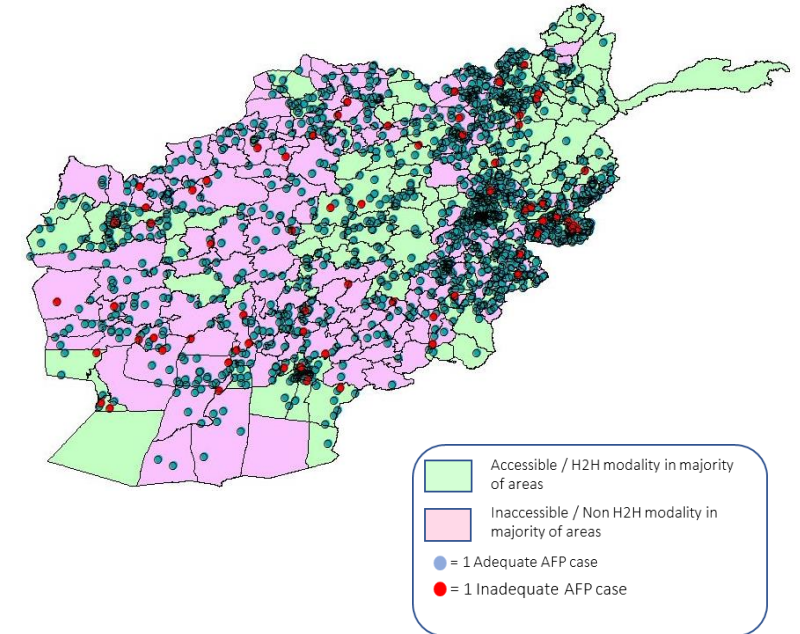
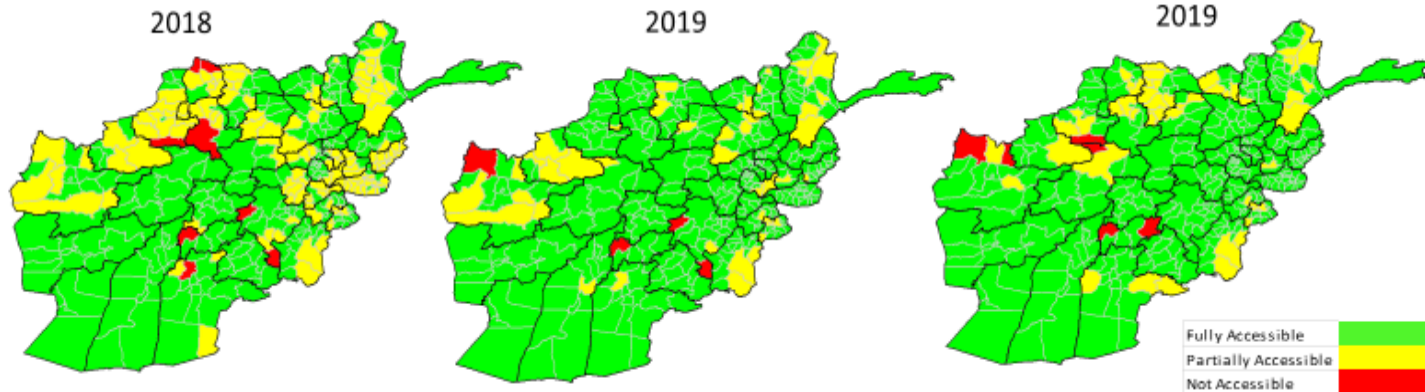
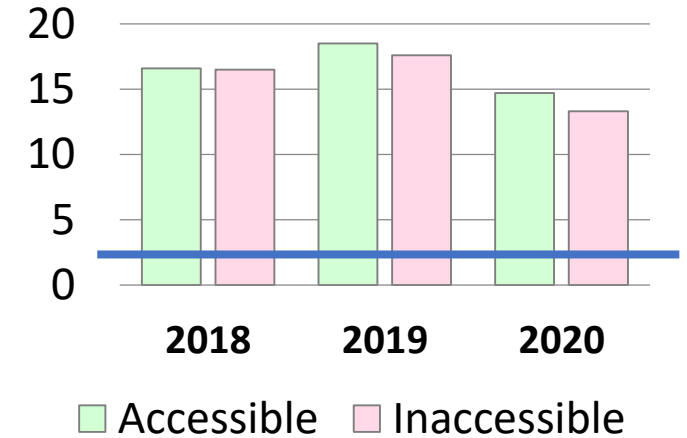
REGION	Nonpolio AFP Rate				% AFP w/ adequate specimen			
	2018	2019	2020	% of Change (2019 vs 2020)	2018	2019	2020	% of Change (2019 vs 2020)
BADAKHSHAN	14.1	10.5	8.4	-20%	100%	88%	100%	12%
CENTRAL	14.2	15.2	11.7	-23%	96%	97%	99%	2%
EAST	24.2	22	18.3	-17%	96%	97%	94%	-3%
NORTH	15.1	13	10.9	-16%	97%	92%	96%	4%
NORTH EAST	17.8	22.5	14.9	-34%	94%	94%	98%	4%
SOUTH	15.1	19.6	9.9	-49%	84%	89%	88%	-1%
SOUTH EAST	15.5	17.1	16	-6%	97%	97%	98%	1%
WEST	24.1	22.8	16	-30%	96%	96%	91%	-5%
AFGHANISTAN	17.3	18.3	13.2	-28%	94%	94%	95%	1%



Findings: Surveillance

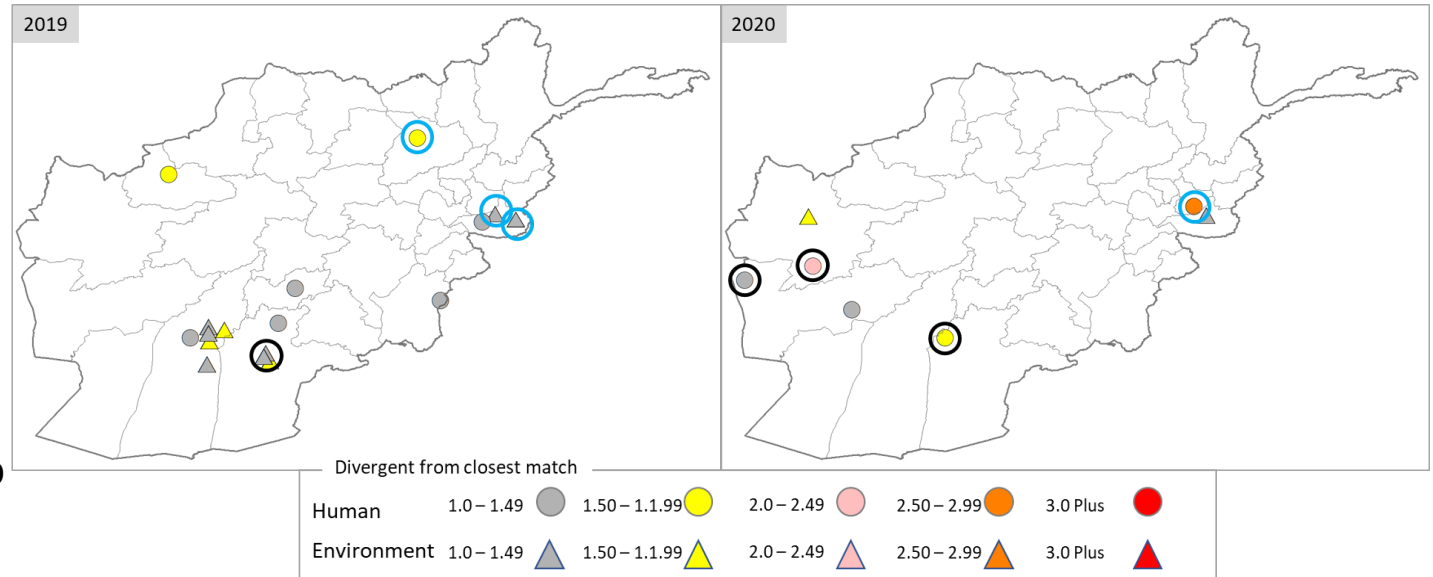
- Surveillance indicators comparable across access categories, cases reported from areas inaccessible for SIA
- However, few pockets are inaccessible for surveillance activities
 - South Region / Uruzgan province: Shahid –e-Hassas, Khas Uruzgan
 - West Region / Hirat province: Gulran, Khusk-e-Khona
 - Central Region / Ghor province: Charsada, Adraskan

Non-polio AFP rate

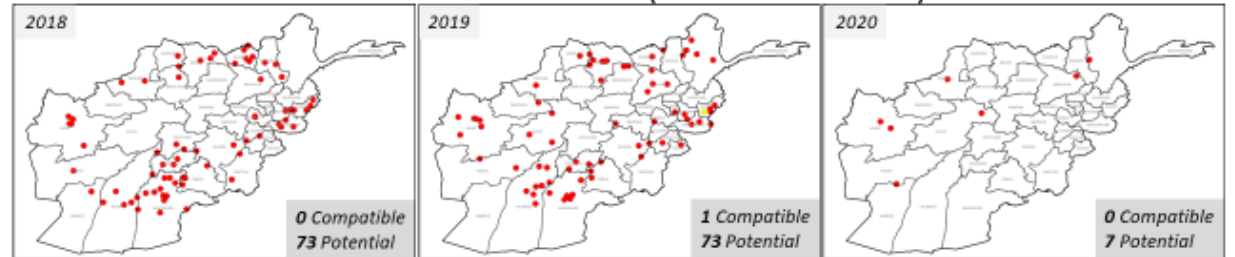


Findings: Surveillance

- Two clusters (blue and black circles in map) of orphan/long-chain WPV1 from 2019-2020 are particularly concerning
- The inference: **unidentified areas of missed circulation over at least two years**
- Both clusters have evidence of **introduction into Afghanistan in early 2018**
- Both clusters are part of related circulation already detected in the known outbreak zones
- **Inference** is that **the reservoir for these orphans was established in Afghanistan at least from 2018**
- Other orphan viruses present sporadic unrelated detection with no inference possible
- Very small # of compatible cases compared to the # of cases with inadequate specimens (with no residual weakness) raise concern about possible lack of follow-up/over-discarding of potential compatible cases



Compatible & Potential Compatible* Cases
Onset: 2018-2019-(2020 Jan-Mar)



Final Diagnosis of Potential Compatible

Diagnosis	2018	2019	2020
GBS	0	2	0
Transverse myelitis	0	0	0
Non-polio enteromyelitis	0	0	0
Unknown	0	0	0
Other	73	68	7
Total	73	70	7

Multiple cases closely resembling compatible polio cases need further follow up by the Hub to know underlying reasons & advise corrective actions, if needed.

* Potential Compatible

- Discarded, Inadequate Specimens, Follow up (Residual Weakness, Lost to follow up and died before follow-up)
- Progression, Fever and Asymmetric paralysis at time of Onset

- Compatible Cases (Yellow dot)
- Potential Compatible Cases (Red dot)

Recommendations: Surveillance

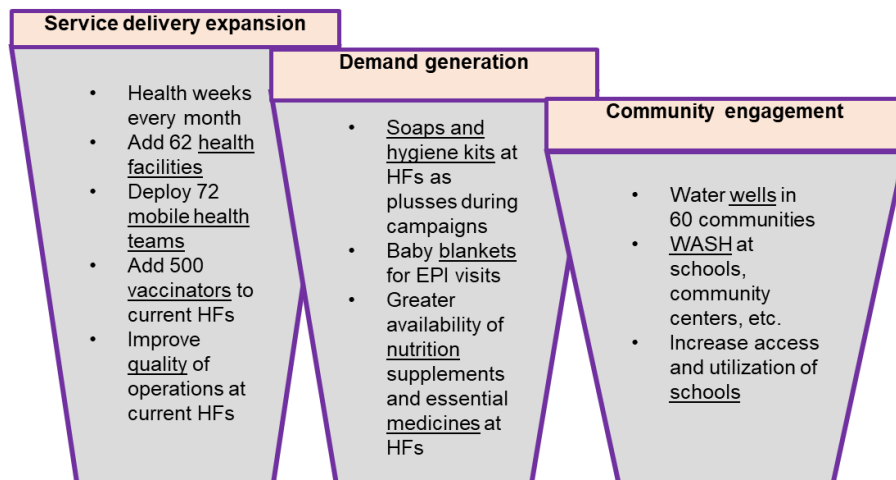
- Take urgent measures to mitigate and reduce COVID-19 infection among program staff
- Identify approaches to facilitate resumption of AFP case identification during the pandemic
- Increase frequency of ES in Kabul, Kandahar and Helmand to at least fortnightly through end 2020, as response to cVDPV2 outbreak
- Review and reassess the storage capacity at peripheral levels for specimen & shipment practices to avoid unnecessary delays of specimens reaching the lab
- Organize virtual awareness sessions with Health Care Providers
- Coordinate with communication team to ensure all communication initiatives being developed include surveillance messages
- Additional analysis of 2018 WPV1 orphan and long chain viruses should be conducted in the context of access to identify patterns in specific genetic chains of transmission to infer the possible location of undetected circulation
- Review the process and criteria for classifying compatible cases

*Essential Immunization &
Integrated services*

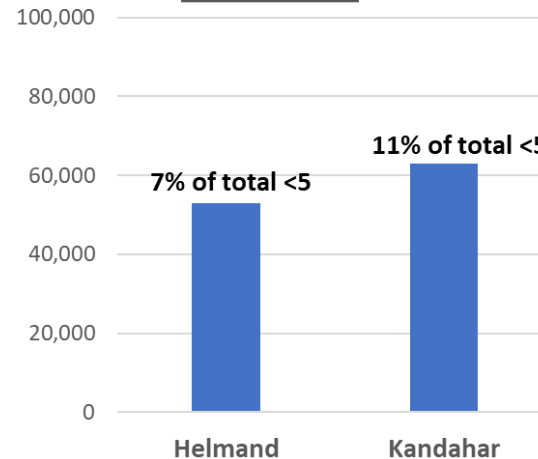
Findings: Integrated services plan

- TAG notes the range of complementary service delivery strategies – COVID plusses, Polio Plusses, Integrated Services and BPHS+ –in accessible and inaccessible areas
- TAG acknowledges that an Integrated Services plan has been developed and endorsed (TAG Consultation, March 2020) but notes the absence of clear evaluation of implemented interventions
- Complementary initiatives – baby blankets and soap, polio plusses – show some promise in widening acceptance and access but need to be rigorously evaluated for impact, separately from ISD strategy
- Strong coordination with the Sehatmandi project as well as with other key partners focused on RI (e.g. IFRC) is critical to expand and optimize impact of interventions
- Funding for initiatives demonstrating positive impact on PEI objectives will be required, based on evidence of impact

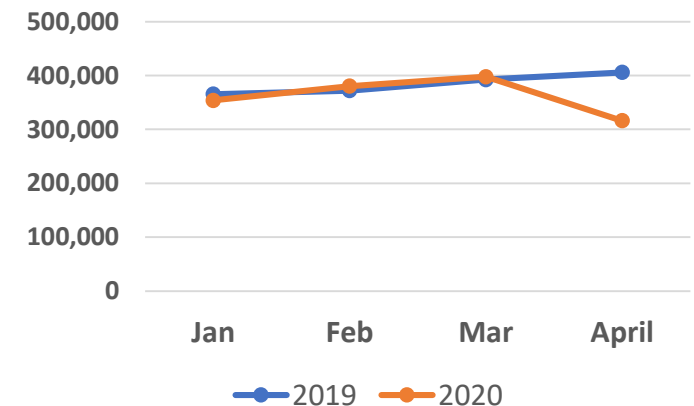
Key Components of Integrated Services Plan for Helmand, Kandahar, Urozgan



Number of <5 reached at HFs in April



Under 1 (OPV1-3 Coverage in BPHS)



Recommendations: Integrated services plan

Integrated Services Plan

- TAG encourages full implementation of the Integrated Services plan in 10 districts of Helmand, Kandahar and Urozgan and urges the program to document implementation and impact on community trust and acceptance of SIA vaccination. Evaluate progress at end 2020.
- Based on evidence of effectiveness, TAG urges donors to urgently provide sufficient funds for 2021 plan and recommends MoPH work with donors to transition to sustainable funding sources for the long-term

Distribution of other commodities and services (baby blankets, hygiene kits, etc.)

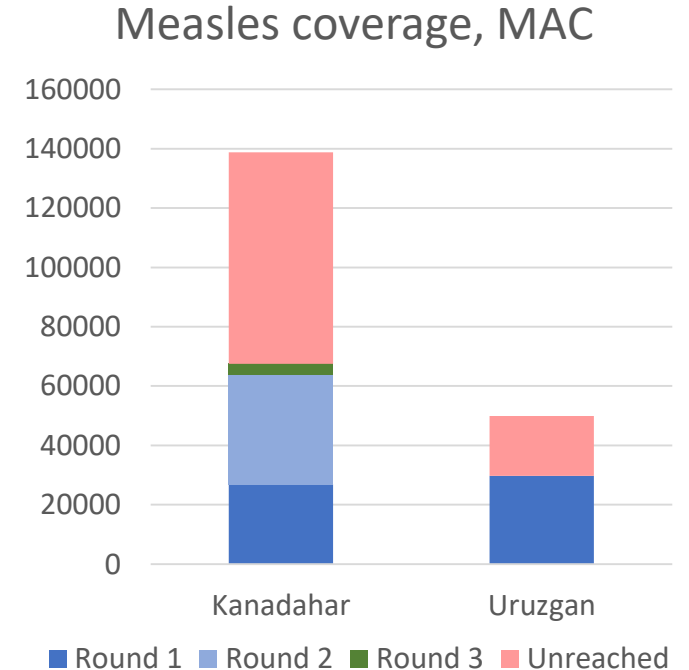
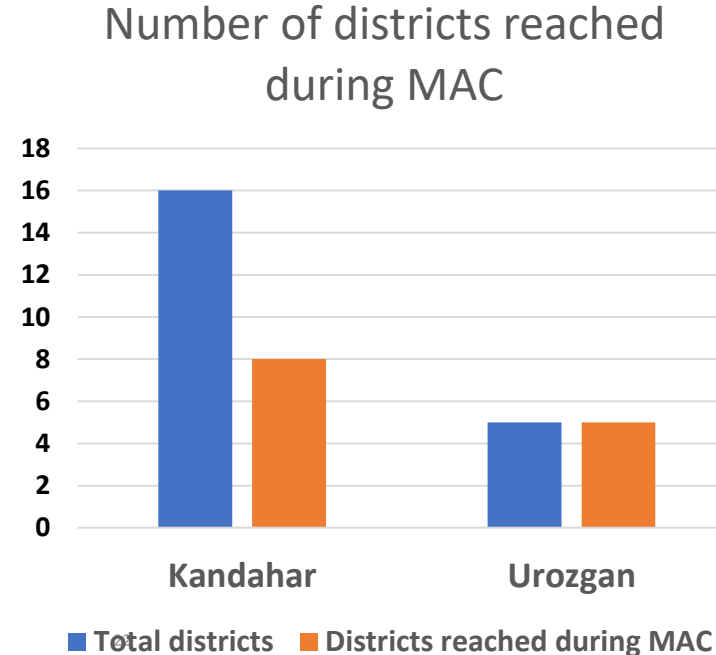
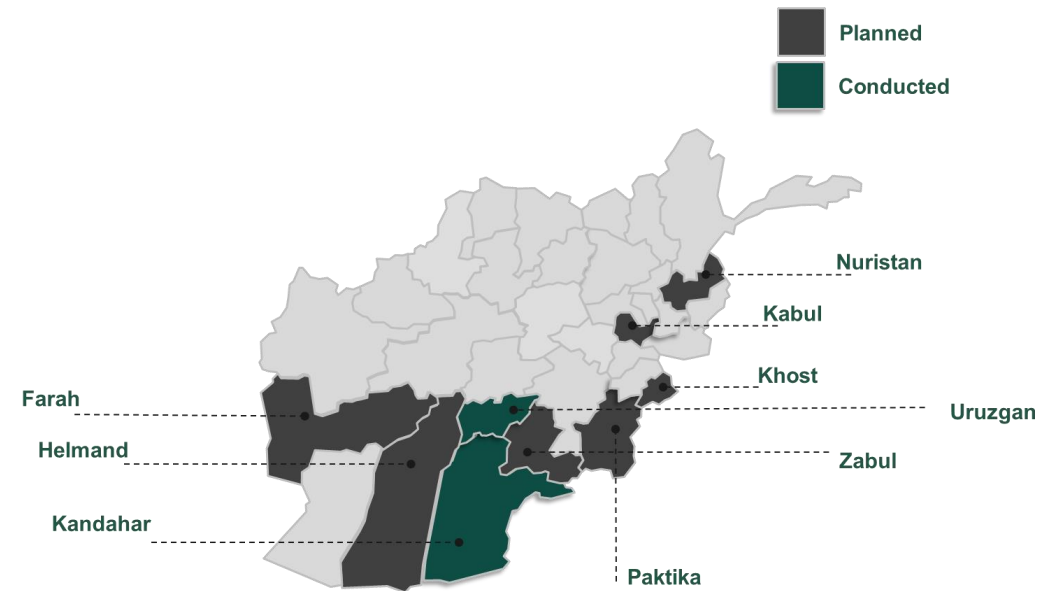
- Identify goals and measure outcomes (perception changes or access)
- Systematically document what's being done where
- Report to TAG end 2020

Recommendations: Essential immunization (BPHS+)

- The TAG requests MoPH and Sehatmandi partners/donors to use mid-term review to incorporate successful elements of BPHS+. Consideration should be given to:
 - Revision of P4P to enable outreach immunization and improve balanced scorecard indicator of Penta3 coverage
 - Addition of process indicators to evaluate effectiveness of BPHS:
 - Reaching at least 80% of the target population,
 - At least X% of functional facilities
 - No more than X% of stockouts
 - At least X% of timely payment of staff salaries
- TAG urges the program to:
 - Monitor all HFs in Helmand, Kandahar, and Urozgan at least 1x per month with standard checklist
 - Establish process to provide feedback to BPHS implementers and ensure changes are made leveraging MoPH efforts to improve management and accountability of EPI (e.g., Acasus)
 - Incorporate measures of community perception/trust in services and service providers
- Expand age target in RI from 16 provinces to all provinces for OPV <5

Findings: Multiantigen campaigns

- Multiantigen campaigns present additional opportunity for providing polio vaccines in inaccessible areas
- Campaigns have been conducted in parts of 2 of 10 high risk provinces so far- 3 rounds in some districts of Kandahar and 1 round in a few districts of Uruzgan
- It is noted that the campaigns could not be conducted in inaccessible areas of Kandahar and independent monitoring in Uruzgan was limited



Recommendations: Multiantigen campaigns

- The TAG urges multi-antigen completion in Urozgan, conduct the campaign in Helmand, and continue in other provinces.
- Coverage was low and some areas could not conduct them so document lessons from the campaigns conducted so far to improve planning for the upcoming campaigns.
- EPI and Polio program should both be deeply engaged in the planning, implementation, and monitoring of these multi-antigen campaigns.
- Polio vaccine must be included in all multi antigen campaigns
- Independent monitoring, including by WHO and UNICEF, must be ensured

Thanks

