

EYE ON ERADICATION:

Polio news from Afghanistan and Pakistan

(Photo: UNICEF/Pakistan)



Issue 01 - July 2020

Welcome to the first edition of Eye on Eradication, produced by Global Polio Eradication Initiative's Hub for Afghanistan and Pakistan. Each month, we will focus on a different topic related to our collective efforts to eradicate polio from the last two polio-endemic countries: Afghanistan and Pakistan. This month we look at the impact of the COVID-19 pandemic on the programme and how the programme is adapting to dual emergencies.

The Hub was operationalized just months before the COVID-19 pandemic swept across the globe, putting our team to the test. This dedicated team of experts come from across the GPEI partnership with decades of experience fighting the poliovirus. Our goal is to support the Pakistan and Afghanistan teams by providing more rapid deployment of surge support and technical expertise and ensuring quick, effective, and coordinated GPEI decision-making closer to the ground.

There is a lot of work to be done to ensure we make up the ground that was lost when we paused vaccination activities immediately after the pandemic was declared. The poliovirus now has a considerable advantage. But the programme has faced formidable challenges before. We must use this as an opportunity to build back better – to build trust and improve vaccine acceptance – to finally ensure interruption of poliovirus transmission.

Hub Coordinator a.i, Dr Joanna Nikulin

IMPACT

Polio campaigns resume under strict pandemic protocols

Essential polio immunization campaigns have resumed in Afghanistan and Pakistan under strict COVID-19 infection prevention and control measures, following a four-month pause on all vaccination campaigns, including those to stop ongoing polio outbreaks.



Modelling and projections of cVDPV2 transmission across both countries suggests expanding and uncontrolled circulation without critical vaccination activities in the coming months.

TECHNICAL ADVISORY GROUP FOR
POLIO ERADICATION

The global circulation of the COVID-19 virus caused severe disruption of both routine and polio campaign immunization activities. House-to-house preventative polio campaigns and outbreak response campaigns were suspended in March, leaving many of the most vulnerable unprotected against polio. As anticipated, these disruptions have resulted in increased polio transmission and spread of both cVDPV and wild polio-virus in Afghanistan and Pakistan.

Following the most recent WHO guidance on implementing mass vaccination campaigns, and the GPEI's recommendation that countries with active polio transmission resume immunization activities as soon as conditions are in place to do so safely and adequately, Afghanistan and Pakistan implemented synchronized immunization activities in July.

While the strengthening or restarting of routine immunization remains important for increasing population immunity, in the context of the increased risk of transmission of polio, resuming polio vaccination campaigns is essential to stop the polio outbreaks and close the gap created by the pandemic.

Campaign implementation tactics are being adapted to ensure physical distancing and other measures to protect front line workers and communities. Both countries reported adequate provision of appropriate personal protective equipment (PPE) and comprehensive training ahead of the campaigns.



WATCH ▶

**Dr Hamid Jafari,
Director of Polio Eradication for the WHO
Eastern Mediterranean Region, speaks
about the importance of resuming polio
campaigns.**



Polio frontline worker Nabeela vaccinates a child through the no-touch method in Liaqatabad Town during the first polio campaign in Pakistan since the global pandemic.

Image: Polio Eradication Initiative Pakistan



A mother presents her child for polio vaccination in Laghman province, Afghanistan. Small scale campaigns have resumed under strict COVID-19 infection prevention and control measures.

Image: WHO/Afghanistan

Polio teams support COVID-19 response

Since March, when the pandemic was declared, the polio programme's systems, reach, workforce, and extensive laboratory and surveillance network has been providing extensive support to preparedness and response to COVID-19.

Polio teams have been trained in COVID-19 case detection and contact tracing, lab testing, and data management, while thousands of polio personnel are combatting the spread of misinformation through outreach and health education. In addition, polio outbreak response Emergency Operations Centres, hotlines and assets such as vehicles and computers have been mobilized to fight the pandemic.



Left: Polio surveillance teams in Pakistan have been engaged in critical COVID-19 surveillance work, including contact tracing and testing. Image: WHO/Pakistan. Right: The polio surveillance network in Afghanistan were mobilized quickly to support COVID-19 surveillance alongside surveillance for polio. WHO/Afghanistan.

In Afghanistan, polio programme personnel are highly engaged in COVID-19 surveillance, risk communication activities, providing support to outreach for essential immunization services, and training of thousands of the country's doctors and nursing and paramedical staff in public and private sectors. The surveillance network quickly mobilized to support critical COVID-19 surveillance activities and tens of thousands of health professionals have been trained in infection prevention and control. The polio Immunization Communication Network (ICN) quickly moved to leverage the WhatsApp network in the COVID-19 response to share information on prevention measures, personal hygiene, case numbers and other critical topics.

Messaging apps are also transforming the response in Pakistan, allowing frontline staff and religious and community leaders to engage in important conversations about keeping their family safe. Surveillance for influenza-like illness (ILI) and severe acute respiratory infections (SARI) have been integrated into the AFP surveillance system, including in both high priority active surveillance sites and zero-reporting passive sites. Community-based surveillance for both COVID-19 and polio is also being strengthened in hard to reach areas (due to lockdowns) through the innovative use of Open Data Kit (ODK) and the Integrated Disease Information Management System (IDIMS).

These contributions to the COVID-19 response have not been without risk. Cases of COVID-19 continue to increase in both Afghanistan and Pakistan. Testing and surveillance limitations in some areas of the countries may be shielding the dimensions of the COVID-19 outbreak. Polio teams across both countries have felt the impact personally, with many staff or family of staff directly affected. Despite this, they continue to serve, as do many dedicated health workers across the region and beyond.

EPI-DATA DOWNLOAD

WPV1 and cVDPV2 cases in Pakistan and Afghanistan 2018 - 2020‡

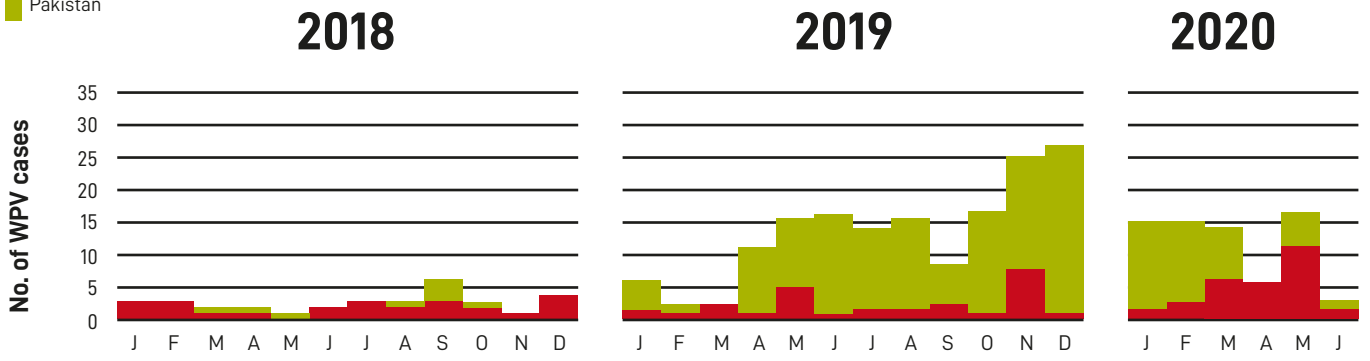
COUNTRY	WPV1 cases						cVDPV2 cases						MOST RECENT WILD POLIO CASE	MOST RECENT cVDPV2 CASE
	No. of cases			No. of infected districts*			No. of cases			No. of infected districts*				
	2018	2019	2020‡	2018	2019	2020‡	2018	2019	2020‡	2018	2019	2020‡		
	Pakistan	12	147	60	6	43	20	0	17	52	0	12		
Afghanistan	21	29	34	14	20	26	0	0	29	0	0	16	29 JUNE 2020	08 JUNE 2020
TOTAL	33	176	94	20	63	46	0	17	81	0	12	35	29 JUNE 2020	11 JUNE 2020

* Number of infected districts by AFP Cases only

‡ The 2020 figures are as of 27 July, while 2018 & 2019 are full year figures

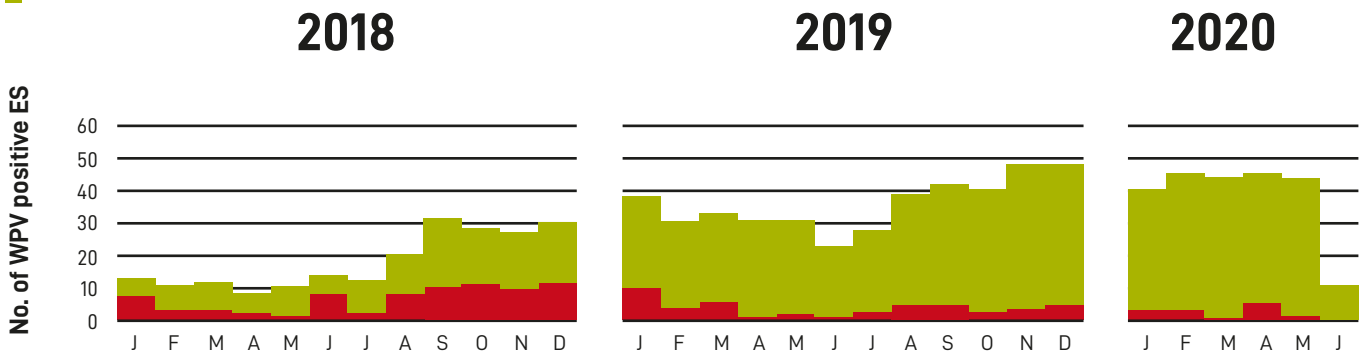
WPV1 among AFP cases

- Afghanistan
- Pakistan



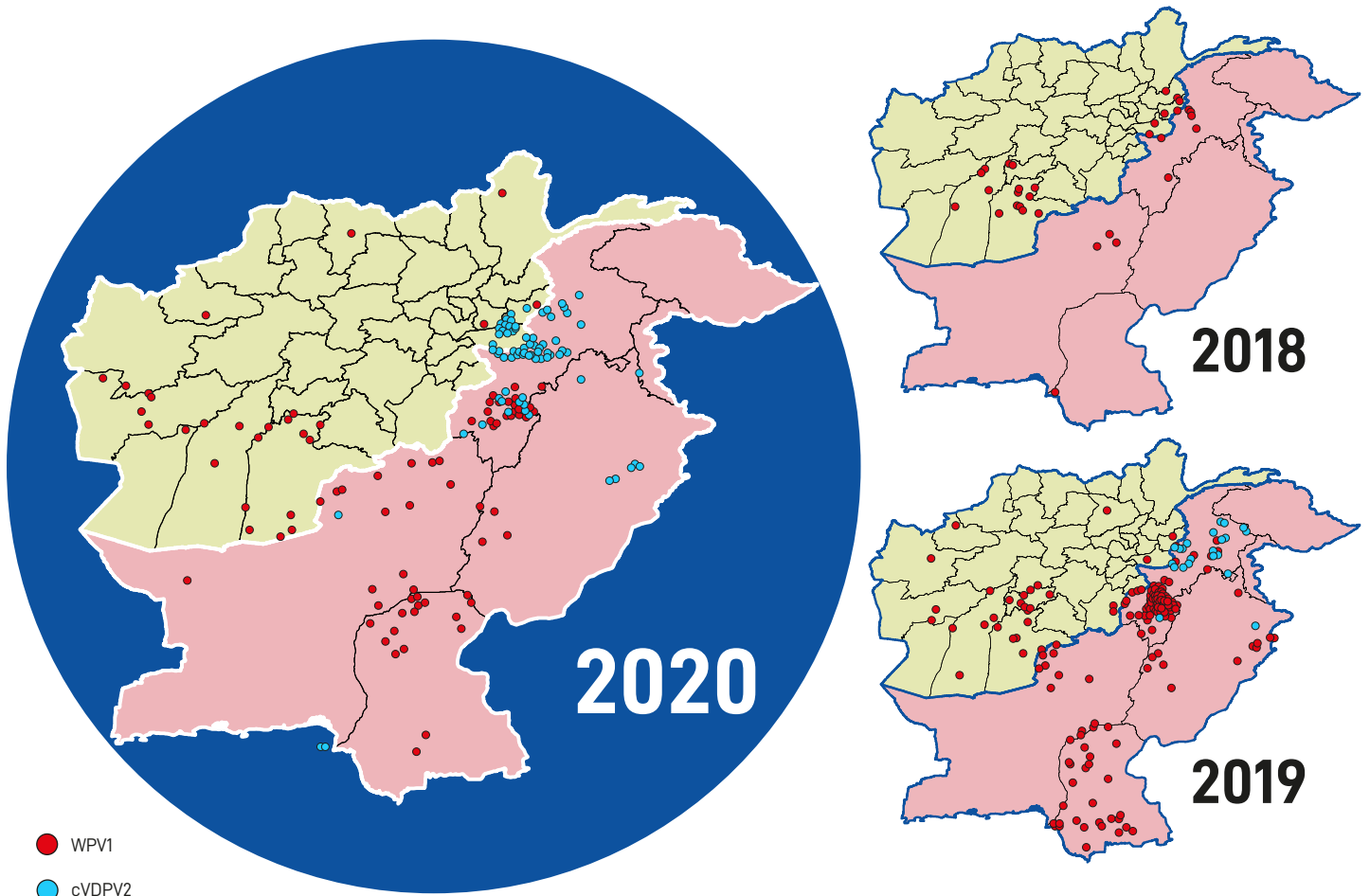
WPV1 from Environmental Surveillance

- Afghanistan
- Pakistan



Distribution of WPV1 & cVDPV2 by geography in Pakistan & Afghanistan; 2018 - 2020*

*Cases for 2020 as at 15 July



FOCUS

TAG goes virtual to answer critical concerns from Afghanistan and Pakistan



More than 200 people took part in the two TAG consultations.

From Kabul to Geneva, Islamabad to London and Amman to North America – preparing for the 2020 Technical Advisory Group (TAG) meeting was like no other. With TAG members, GPEI partners and government participants scattered across the globe and unable to travel, the first meeting of the year was convened virtually.

Previously, the six-member TAG team would travel to the country, when possible, to review the polio programmes twice a year. They met with all stakeholders in each country, answered questions, deliberated, and provided key recommendations to ensure the programme is on the right track.

The virtual meet in June was prompted by the global pandemic, but the move to an online format was part of a broader revision of the Terms of Reference (TOR) for the TAG, led by a multi-agency working group within the GPEI Hub. Only one of the two-yearly meetings will be held in-person going forward. Regardless of the meeting format, virtual online preparatory discussions of the TAG will be an important measure to ensure high quality deliberations.

One of the key changes centred around the format of the proceedings. TAG now receives pertinent questions from the concerned government and in-country GPEI partners in advance of the meeting, enabling richer, more focused discussions during the shortened meeting.

Some 100 participants took part in each country TAG consultation, discussing recommendations over the course of a day and then delivering them to Ministers of Health in a feedback session a few days later. While the format and process were new, the proceedings of the meeting were similar: representatives from governments, GPEI partners and observers consulting and working through recommendations in an inclusive and participatory way.

Through the revised TAG process, the GPEI partners now have greater ownership in supporting the preparation, facilitation and, coordination of the TAG meetings, paving the way for greater involvement of the Regional Directors of EMRO (WHO) and ROSA (UNICEF) in supporting and overseeing the implementation of recommendations.

Key questions to TAG

RESUMING ESSENTIAL POLIO IMMUNIZATION, ACCESS AND COMPLETING THE TRANSFORMATION

The TAG recommended both countries restart vaccination campaigns in late July or early August, with a focus on the cVDPV2 outbreaks and, wherever possible, in a synchronized manner. TAG urged country programmes to consider an integrated approach for the design, planning, and delivery of polio eradication activities within the COVID-19 response and delivery of other health services, such as essential immunization – critical in building further trust with communities.

TAG noted the lack of access for polio campaigns in many parts of Afghanistan, due to constraints imposed by anti-government elements (AGEs), to be the main obstacle to polio eradication in Afghanistan. TAG recommended the programme continue the intensified dialogue and utilize the support of the programme to the COVID-19 response to build further trust for immunization activities, both routine and supplementary.

For Pakistan, a considerable amount of attention went to the ongoing transformation of the Pakistan polio programme. Despite disruptions caused by COVID-19, TAG urged Pakistan to ensure that the pace of implementing specific milestones is maintained and further increased, while welcoming strategic changes to multiple areas of the programme, including communication, the CBV programme, and the management reforms. TAG reminded the country programme that a relentless focus on achieving and maintaining the highest quality in all operational aspects would be required until eradication is achieved.

Meeting reports from both TAG meetings can be found online here: [Afghanistan](#) and [Pakistan](#).

CROSS-BORDER CALL: STRENGTHENING COORDINATION

Senior members of the Afghanistan and Pakistan Emergency Operations Centres (EOC) met via video conference in mid-July to discuss cross-border coordination following respective countries' TAG meetings. Both countries agreed to synchronise vaccination activities during campaigns in the coming months, with border vaccination to start immediately. Teams outlined measures to be taken including vaccinator training on preventive measures and use of PPEs to mitigate transmission of COVID-19. The importance of coordinated surveillance activities for both polio and COVID-19 was discussed, with both programmes agreeing that focus should be on identifying and addressing surveillance gaps, including areas indicated by isolation of orphan viruses. Afghanistan acknowledged Pakistan's support for stool shipment across the border during the pandemic. Pakistan agreed to increase shipment to the regional reference laboratory.

THE LAST WORD

A reason to celebrate: the African Region is the closest it has ever been to being certified free of wild poliovirus. In June, the independent Africa Regional Certification Commission (ARCC) accepted full documentation of wild polio-free status from the four remaining countries in the African Region, notably Nigeria. Nigeria is the only country outside of WHO's Eastern Mediterranean Region that was considered endemic for poliovirus. The ARCC is expected to conclude its review and announce its final decision in late August.



Above: A child receives the polio vaccine in Kano, north-western Nigeria.

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