



Technical Advisory Group Meeting on Polio Eradication for Afghanistan and Pakistan

22 - 25 May 2024

W Hotel - Doha, Qatar

Objectives

- Review the overall progress in the past 11 months and current strategies and action plans for interrupting WPV1 transmission.
- Review the implementation of outbreak response and advise modifications to understand reason(s) for WPV1 circulation in historic reservoirs.
- Review strategies adopted by Afghanistan and Pakistan to map, track, and vaccinate migrant settlements and communities especially in bordering districts and provide guidance.
- Review and suggest SIA schedule for the remainder of 2024.



Preamble and Context

Acknowledgement

- Impressive resilience, and relentless hard work of frontline workers and the programme staff in both countries.
- Enhanced top level political commitment to eradicate polio in both countries.
- Afghanistan: the Acting Minister of Public Health announced resumption of H2H campaigns after more than 6 years.

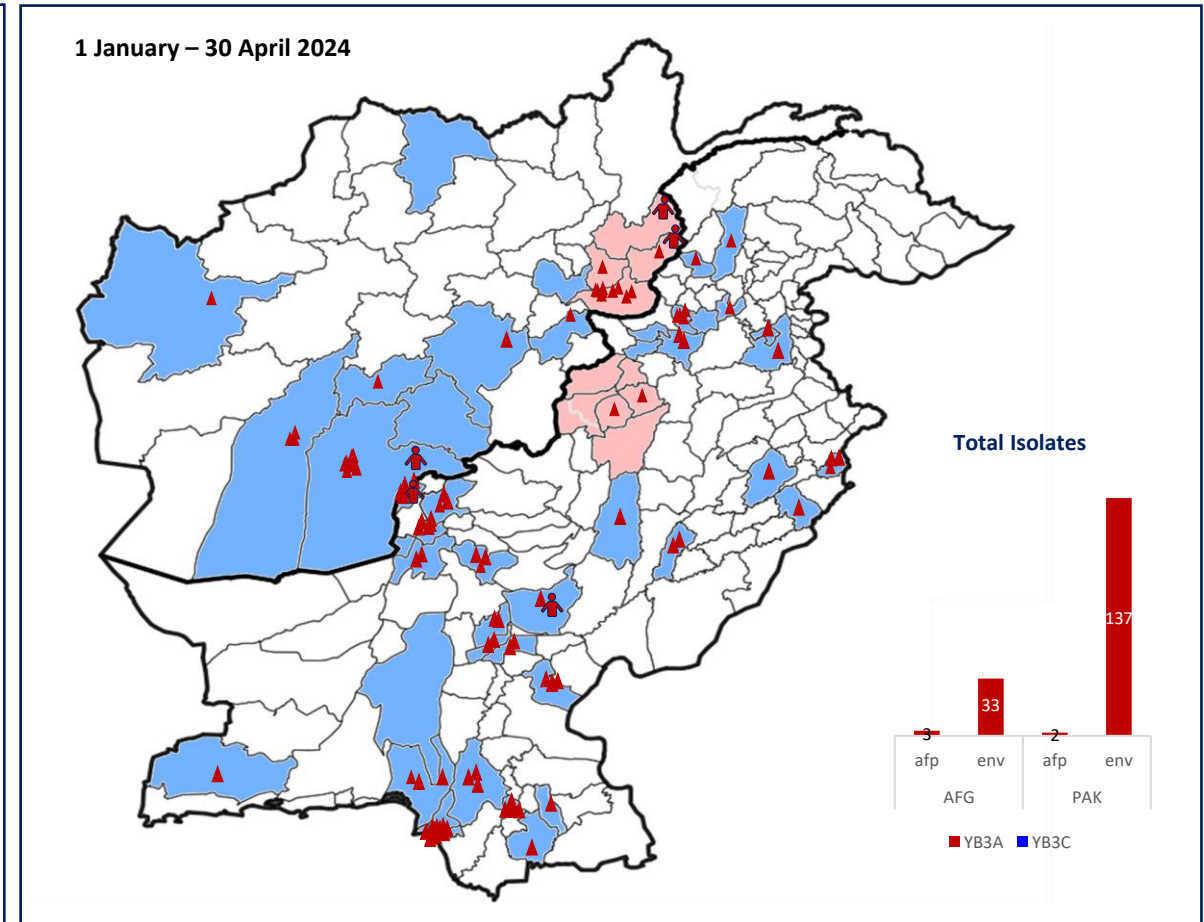
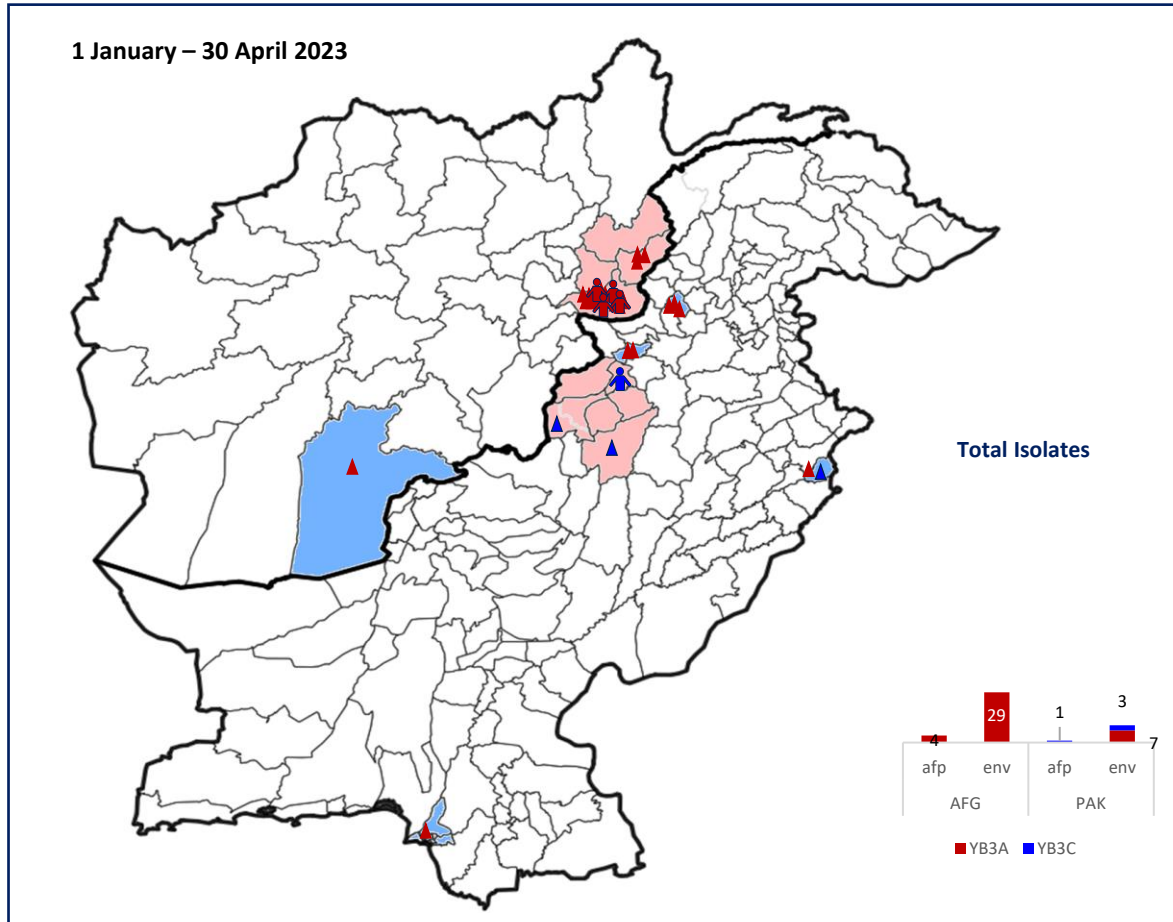


Preamble

Timing of this TAG meeting is particularly important:

- To provide strategic guidance to the new federal and provincial governments in Pakistan, and the authorities in Afghanistan at the time of resurgence of Wild Poliovirus Type-1 in Afghanistan, and Pakistan.
- The urgency to stop all WPV1 transmissions to meet the timelines of Certification of Polio Eradication as in the GPEI Strategy
- To articulate the priorities and pathways to end transmission of WPV for all national, regional and global stakeholders

More WPV1 detections and More infected Districts in the Joint Epidemiologic Bloc in 2024 than in 2023



* Comparison is based on collection date of ES specimens and date of paralysis onset for cases.

Since Last TAG.....

Number of infected districts

	Oct 2022 to Jun 2023	Jul 2023 to May 2024
Afghanistan	9	18
Pakistan	8	44
TOTAL	17	62

Major Risk of Historic Reservoirs Becoming Endemic Again!

Country	District	First Isolation	Last Isolation	Duration
Afghanistan	Kandahar/ Hilmand	May-23	Mar-24	11 Months
	Peshawar	May-23	Mar-24	10 Months
Pakistan	Quetta/Pishin	Sep-23	Mar-24	6 Months
Pakistan	Quetta/Chaman	Nov-23	Mar-24	4 months
	Karachi	Sep-23	Jan-24	4 months
		Sep-23	Apr-24	7 Months

Context

TAG recognize the challenges in the operating environment in both countries:

- *Security, access*
- *Weak health and immunization systems*
- *Large unpredictable population movements*
- *Economic and humanitarian challenges*
- *Environmental change – natural disasters*
- *Political transitions*
- *Complacency during periods of absence of virus*



Context

However, there are important opportunities for success

- *Enhanced political commitment from the highest leadership in both countries*
- *House to house access across all Afghanistan*
- *Progress toward elimination of the endemic YB3C cluster in Pakistan (not detected since November 2023)*
- *Demonstration of clear understanding of challenges and new approaches to overcome them by the National and Regional/Provincial Programs*
- *The Program has human, technical and financial resources to finish polio*

Re-Invigorating the Eradication Programme and its IMPLEMENTERS

- Interruption of WPV transmission remains feasible
- Pakistan has an opportunity to finally interrupt its endemic YB3C transmission
- However, interruption of YB3A during the next low season will require:
 - Strong leadership, coordination, team cohesion, and performance management at all levels ---- as recently emphasized by the POB Mission
 - Cessation of transmission in the current endemic zones (southern Khyber Pakhtunkhwa, and East Region)
 - Prevention of establishment of endemic transmission in the historical reservoirs
 - Prevention of large-scale paralytic polio outbreaks, particularly in the South Region
 - Filling of programme gaps identified

Risks

- Change in political commitment and loss of programme focus.
- Persistent gaps in programme leadership, coordination, and team cohesion.
- Loss of donor and stakeholder confidence in the programme.
- Deterioration of humanitarian and security context.
- Sudden unpredictable population movements
- Persistent low RI in important geographies despite years long efforts

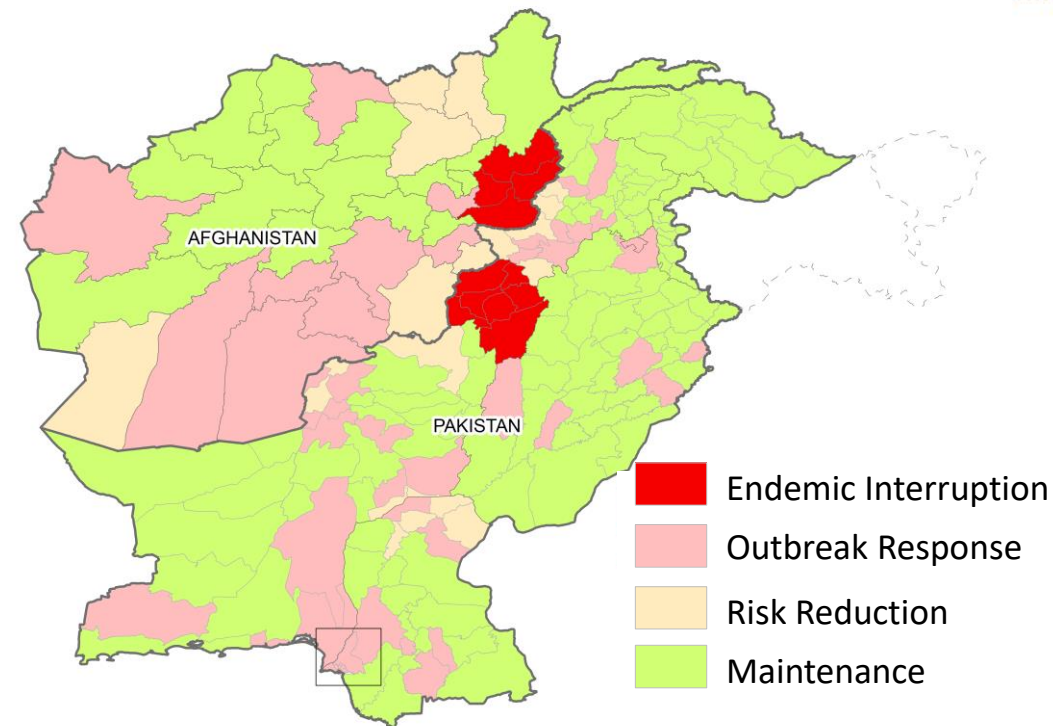


Source: AP

Epidemiology

Risk Categorization

- Although the level of WPV transmission risk has increased significantly since the last TAG
 - The TAG recommends continuing with the same overall risk categorization for programme planning and prioritization



1. Endemic interruption

Endemic Districts

Southern KP of Pakistan and East Region of Afghanistan

2. Outbreak response

Outbreak Response District

Districts with new detection of WPV1

3. Reduction of risk

Very high risk/Consequential

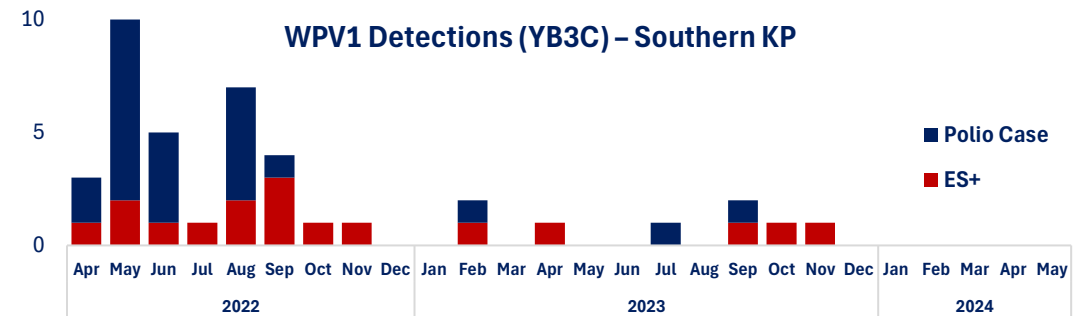
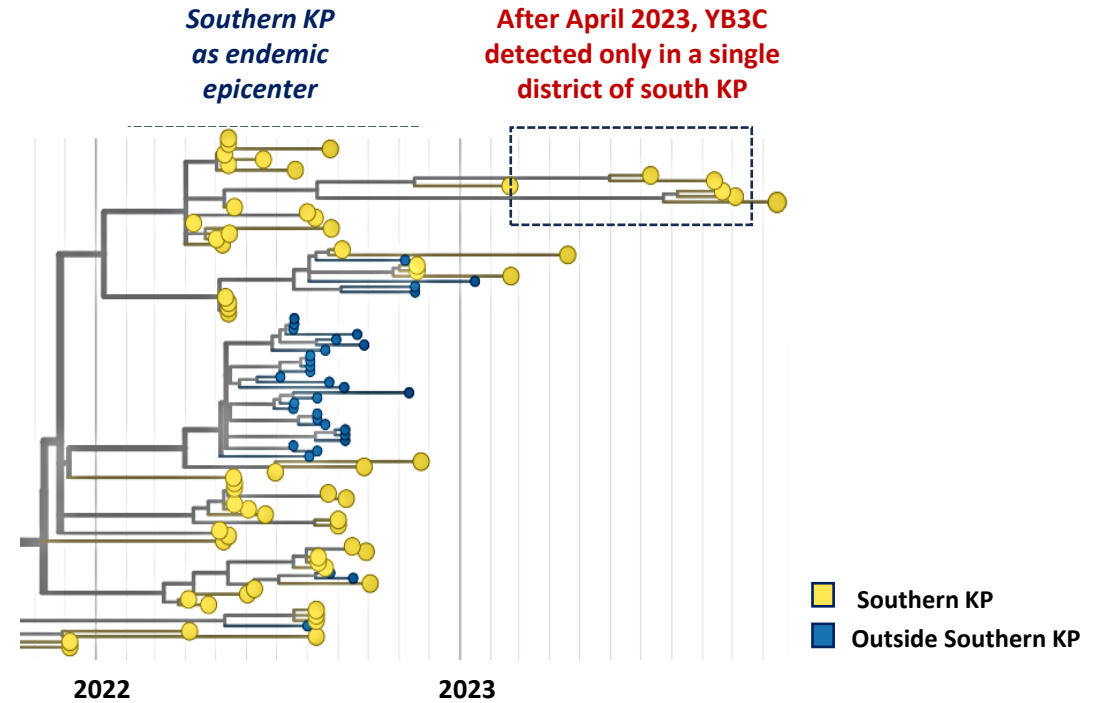
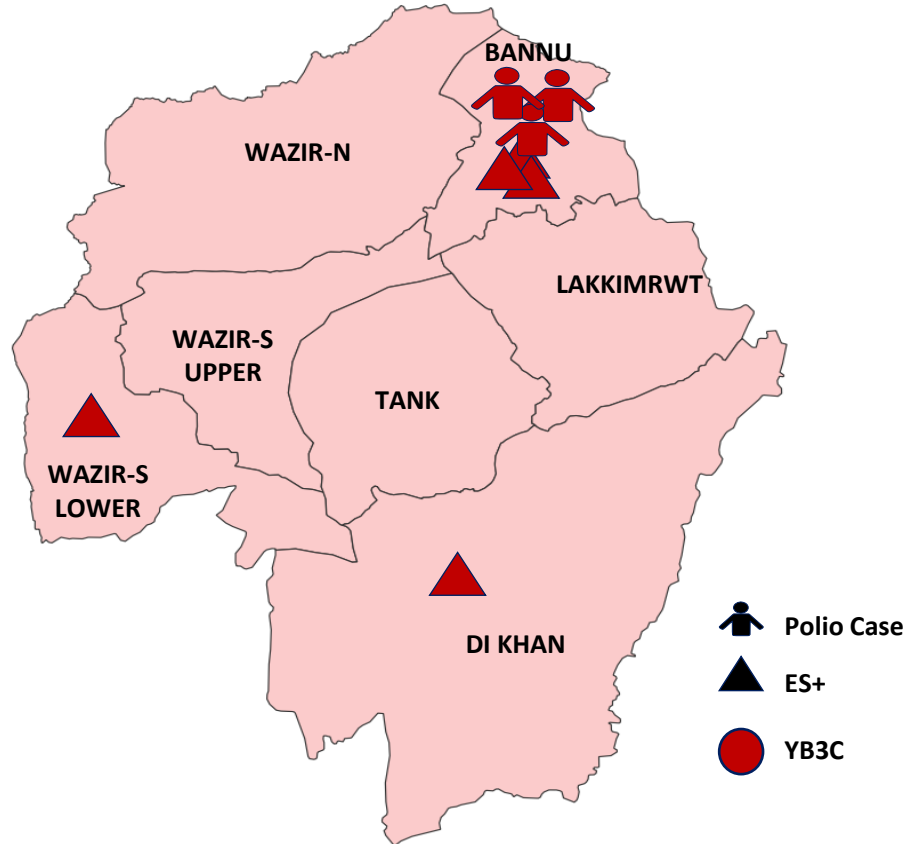
Historic reservoirs/adjacent to infected districts

4. Maintenance

All Other districts

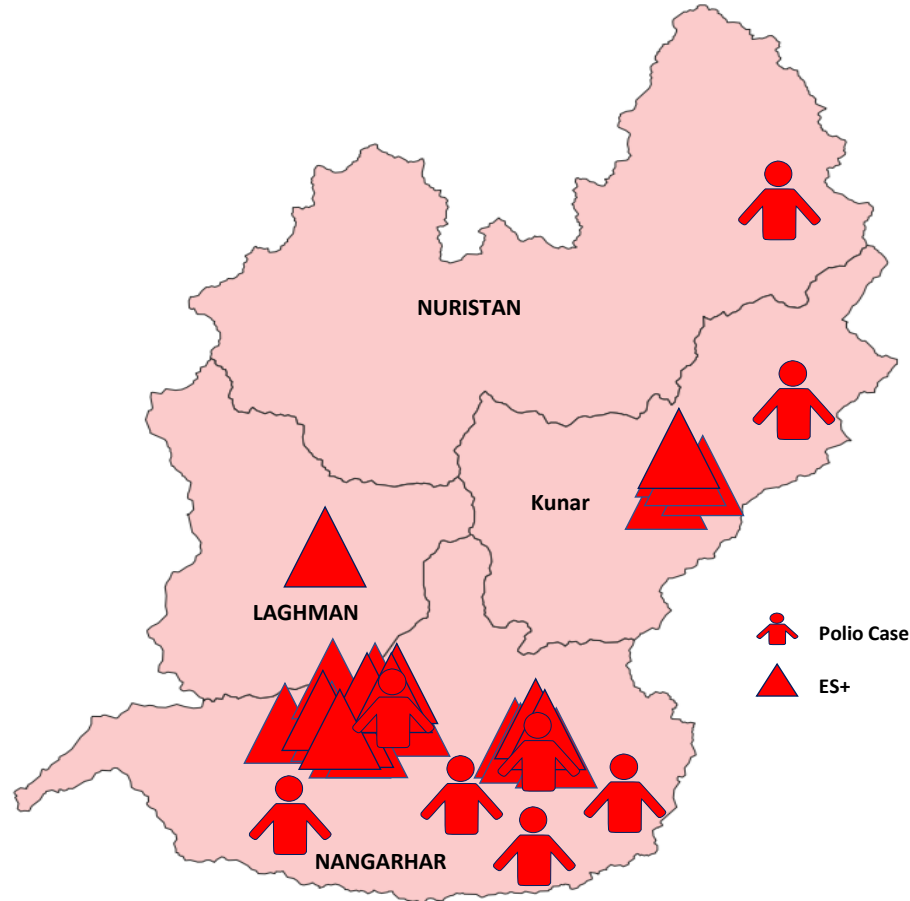
Progress Towards Elimination of YB3C South KP

1 January 2023 – 22 May 2024

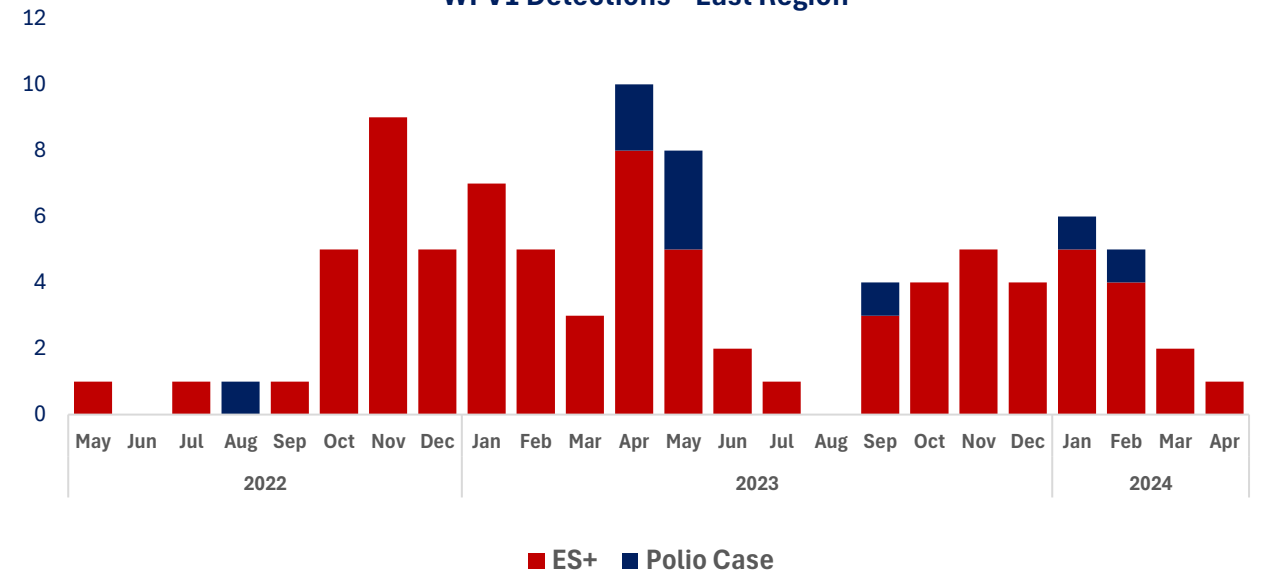


Persistence of YB3A in the East Region

1 January 2023 – 22 May 2024

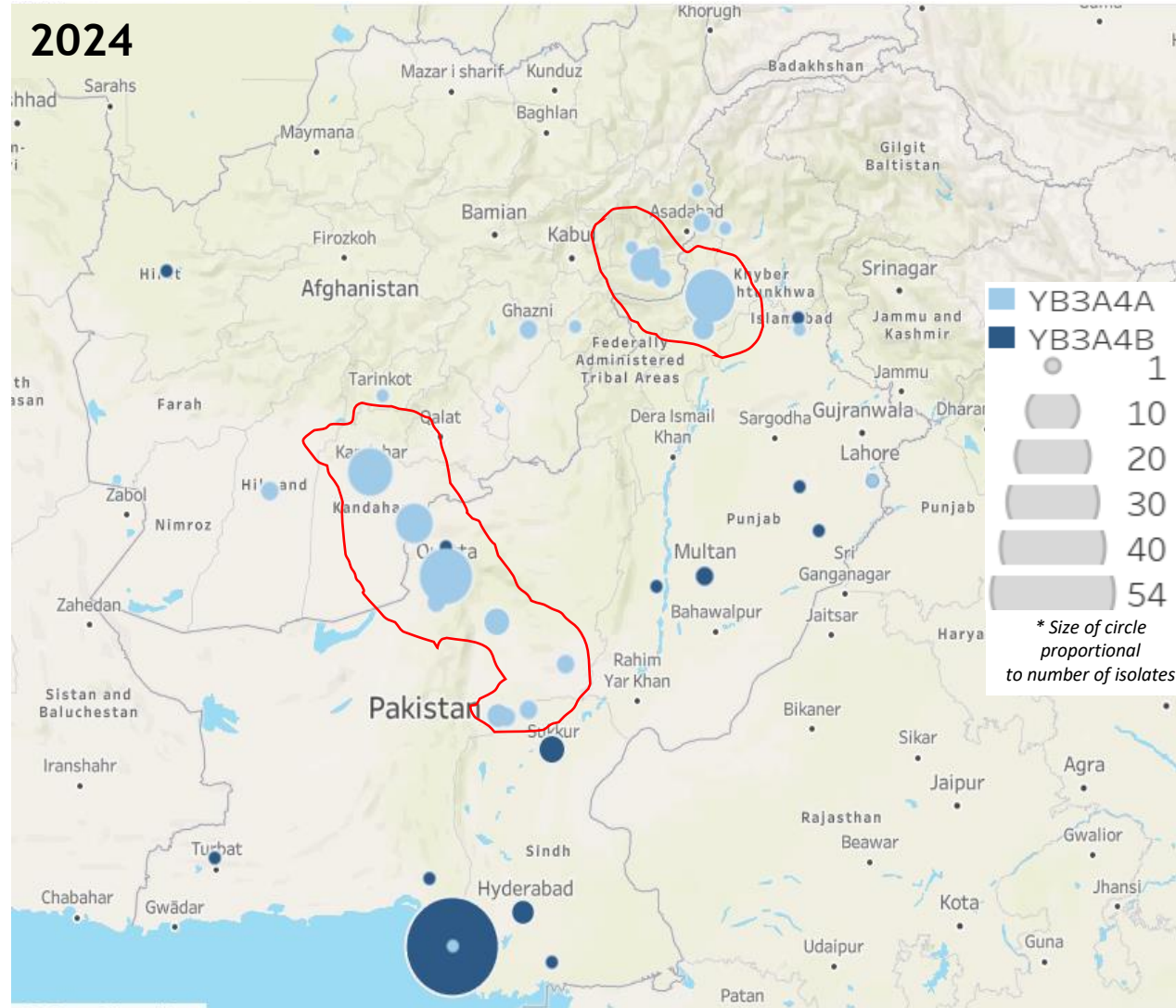


WPV1 Detections – East Region



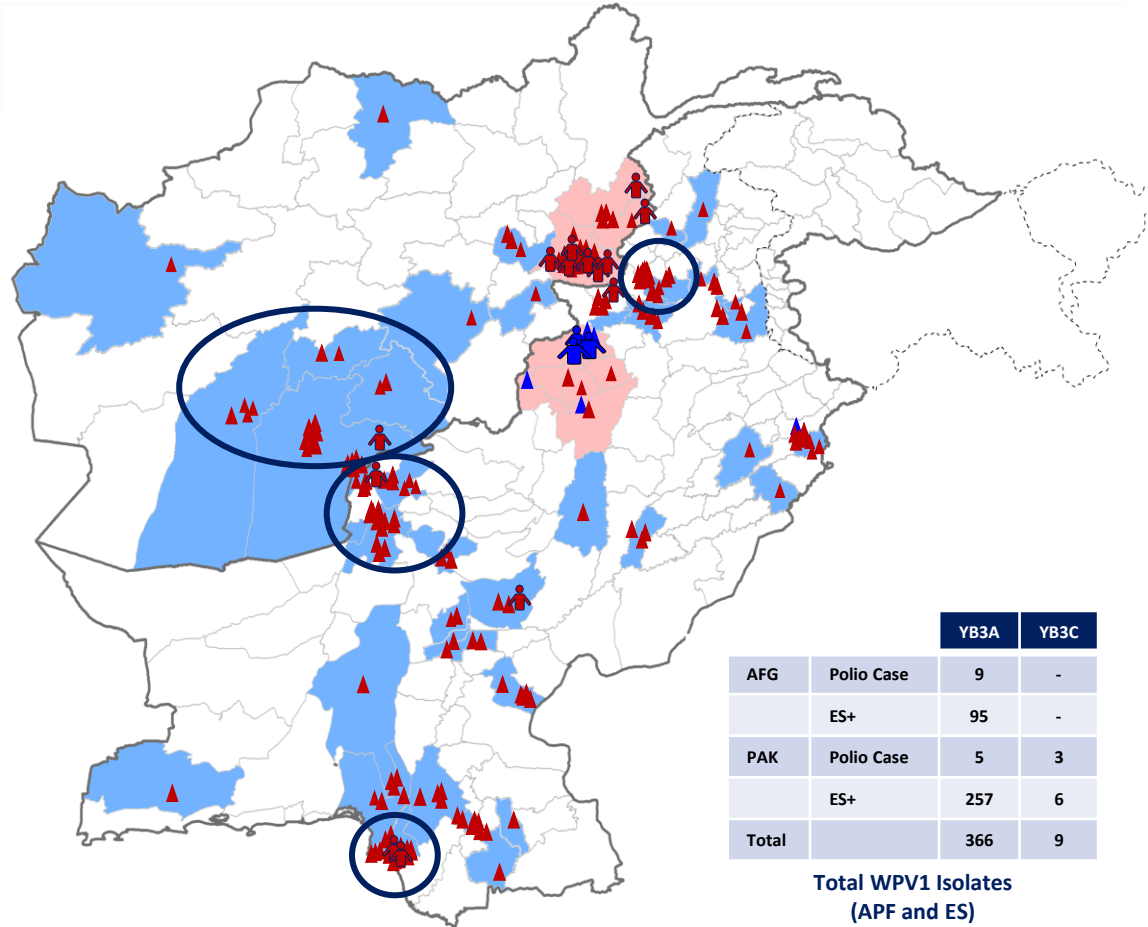
Resurgence of YB3A Across the Epidemiological Bloc

Expansion of YB3A into Two Clusters



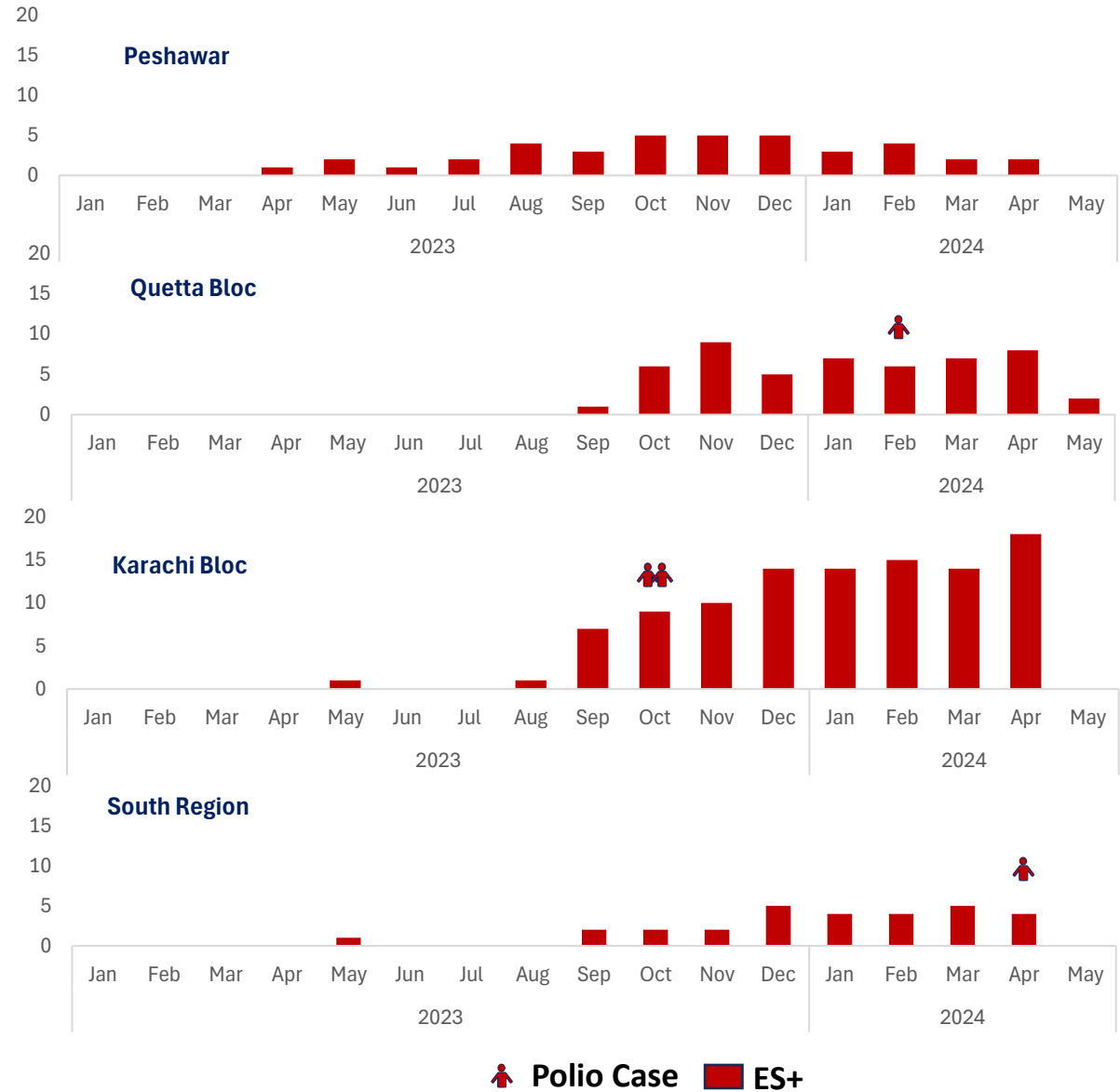
Epidemiology Historic Reservoirs

1 January 2023 – 22 May 2024



Endemic Zone Outbreak Zone

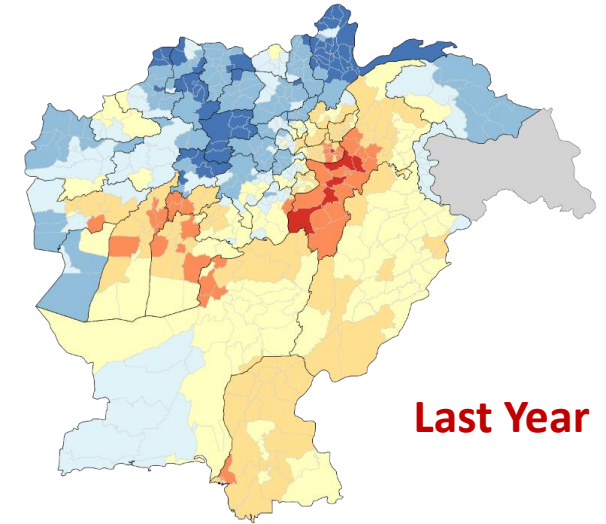
Human (AFP) ES+ YB3A YB3C



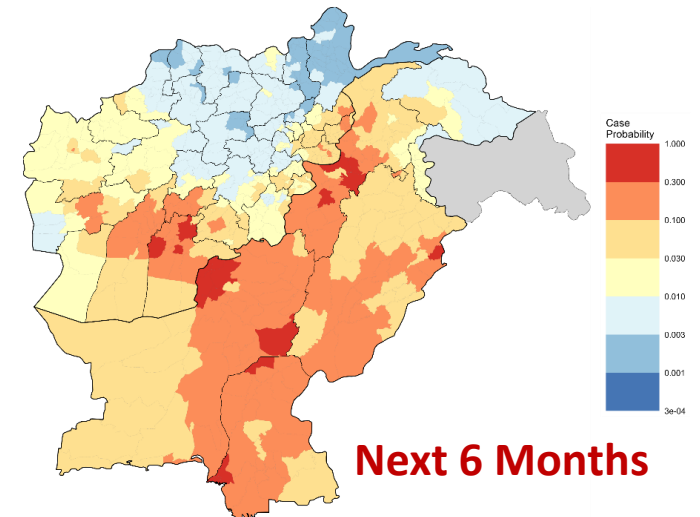
Epidemiological Risks

- Persistence or undetected transmission of YB3C
- Continued endemic transmission in the East Region
- Large scale polio outbreak in South Region
- Re-establishment of endemic transmission in historical reservoirs

Case risk June 2023 – Nov 2023
as of 21 June 2023



Case risk April 2024 – Sept 2024
as of 29 April 2024



Reference: IDM



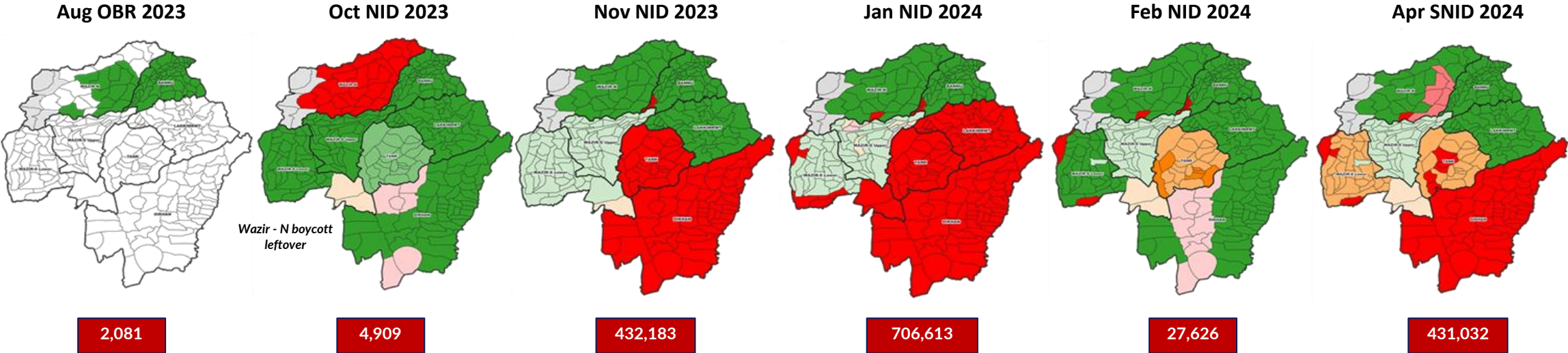
Endemic Zones

Southern Khyber Pakhtunkhwa

- The sacrifices of LEA and workers are sincerely appreciated.
- TAG noted progress toward elimination of YB3C.
- Continued drive of the EOC KP, South KP Hub, and FLWs to vaccinate children through multiple modalities in very challenging operating environment is admirable.
- However, there is a major caveat: concerning high numbers of missed children due to insecurity, boycotts and program quality issues.
- Stronger coordination and teamwork needed to ensure success in southern KP.

Recommendations – Southern KP

- Large numbers of missed (leftover) in recent campaigns (ranging from 5000 to 706,613). Steps should be taken to cover all missed children through harmonized implementation of high quality the 3+2 modality recommended earlier
- Most recent detections of YB3C have been in Bannu district. Several UCs of Bannu and adjacent areas of NW have not been consistently vaccinated during the last 12 months. Continue to find modalities to vaccinate children in the hardest to access UCs of Bannu, and North Waziristan.



Wazir - N boycott leftover

Campaign Modality



Recommendations – Southern KP

- Key AFP surveillance performance indicators are still not meeting the required benchmarks. Urgent efforts are needed to improve surveillance performance.
- Organize aggressive search of YB3C transmission in and around southern KP.
- Rapidly develop consensus on the SBCC strategy and agreed implementation plan. TAG is available to review and provide guidance on the strategy and plan.

Districts	NPAFP Rate			Notification Within 7 Days			Stool Adequacy			EV Isolation		
	2022	2023	2024	2022	2023	2024	2022	2023	2024	2022	2023	2024
BANNU	26.5	23.6	34.7	67	64	82	72	68	84	16	17	13
LAKKIMARWAT	45.3	53.6	43.1	71	78	92	75	83	95	17	13	13
WAZIR-N	27.4	25.3	28.3	73	75	78	79	78	75	16	20	13
D.I KHAN	12.4	12.3	11.9	72	68	82	74	80	77	16	14	10
TANK	30.6	28.4	25.1	79	68	89	85	80	100	16	12	16
WAZIR-S Lower	20.6	16.6	12.1	64	71	57	74	80	78	13	19	12
WAZIR-S Upper	20.6	31.4	20.8	64	94	80	74	91	100	13	17	0

East Region

TAG appreciates the efforts and resilience of the team in the East Region, and the improvements in quality of the programme activities.

TAG is reassured by the findings of the programme Audit related to validity and reliability of programme information (both SIAs and surveillance data).

Recommendations East Region

- Immediately address main findings of the programme Audit:
 - Update micro-plans before each campaign especially to include and map all migrant and guest children
 - Fine-tune the SOPs for PCM and LQAS monitoring to further improve detection of missed children
 - Set targets by province for engagement of female vaccinators and supervisors and monitor progress
 - Continue to identify and map missed children particularly refusals to address clusters of under-vaccinated children with particular emphasis in border districts
 - Optimize integration of operational and SBCC elements of micro-plan, and coordination of activities

Recommendations East Region

- Work with the local authorities to facilitate vaccination of children
 - The national leadership should encourage local officials to fully participate in vaccinating their children. Local officials should lead by example by publicly vaccinating their children.
- Continue the aggressive schedule of SIAs every 4 to 6 weeks to interrupt transmission. However, interval between SIAs can be adjusted if more time is needed for critical quality improvements
 - Each vaccination campaign in the East Region should include the epidemiologically linked communities in the Northeast
- Given the community acceptance of SIAs in older age groups, consider implementation of additional older age campaigns

Recommendations East Region

- Develop plans to implement an *f*IPV campaign for under five years children, once quality improvements outlined in the audit have been accomplished.
 - Identify under-vaccinated, high-risk populations that will benefit most from *f*IPV.
- Engage, understand and where possible align with the Big Catch Up in the East Region in ways that do not jeopardize quality of ongoing SIAs and facilitate implementation of the BCU.
- Continue to fully investigate every orphan virus to identify gaps in surveillance and to define links to high risk and under-vaccinated populations, particularly focusing on border districts and migrants.



Outbreak Response in Historic Reservoirs

Major Risk of Historic Reservoirs Becoming Endemic Again!

Country	District	First Isolation	Last Isolation	Duration
Afghanistan	Kandahar/ Hilmand	May-23	Mar-24	11 Months
	Peshawar	May-23	Mar-24	10 Months
Pakistan	Quetta/Pishin	Sep-23	Mar-24	6 Months
Pakistan	Quetta/Chaman	Nov-23	Mar-24	4 months
	Karachi	Sep-23	Jan-24	4 months
		Sep-23	Apr-24	7 Months

South Region

TAG appreciates the decision of the top leadership to allow house to house vaccination in the South Region. This is the most important step toward preventing a large-scale polio outbreak, following multiple detections of WPV

Fully benefiting from this opportunity will require diligent social, political, security and operational preparations

Recommendations – South Region

- Ensure systematic preparations for a smooth and quality implementation of three house-to-house SIAs as soon as possible, not later than end of Q3-2024
 - All relevant departments (Propagation of Virtue and Prevention of Vice, Religious, Interior, Health and others) and administrative and military leadership should be on board to support the campaigns.
 - Leadership should directly communicate with communities and health workers on full support of the government for H2H polio campaigns, and the priority they give to polio eradication program.
 - Community influencers and elders and local authorities, should be part of the microplanning.
 - Obtain support of national and international respected religious scholars

Recommendations – South Region

- Continue to optimize modalities to increase vaccination coverage of children in Kandahar City.
- Additional strategies which may follow the above
 - Expanded Age SIAs: Start with under five year, build trust all around and then assess feasibility and timing
 - Use of IPV is justified in the setting of prolonged under-vaccination in the South. As in ER, engage, understand and where possible align with the Big Catch Up for preparations, timing and quality.
- Apply lessons learned from the East to improve the campaign quality faster
- Redefine, remap, and track migrant, mobile and returnee populations and their guests, to ensure up to date micro-plans before every campaign

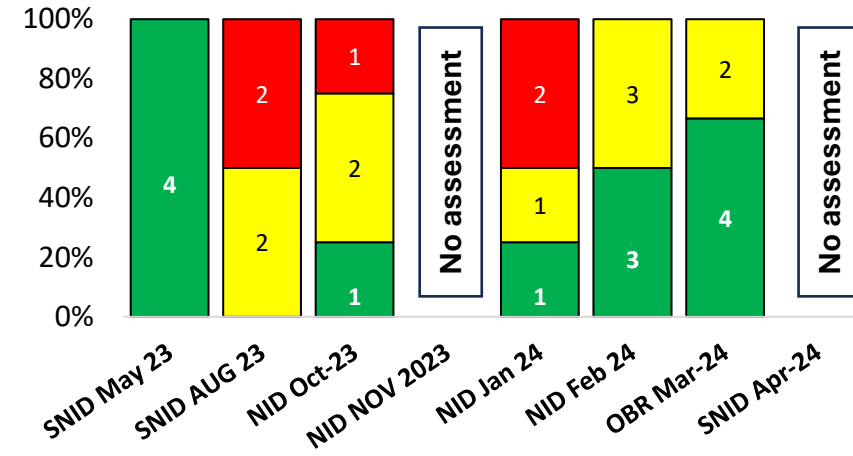
Quetta Bloc

- *As of early 2023, multiple campaigns have been staggered or delayed due to insecurity and local protests concurrent with multiple introduction and local circulation of virus.*
 - *Disruption of campaigns in Chaman and Kila Abdullah has continued except in the February SIA.*
- *The support of administration and senior leadership is appreciated as it has enabled implementation of three successive harmonized SIAs across the province in 2024.*
- *The TAG appreciated the team cohesion and clear identification of priorities by the PEOC.*

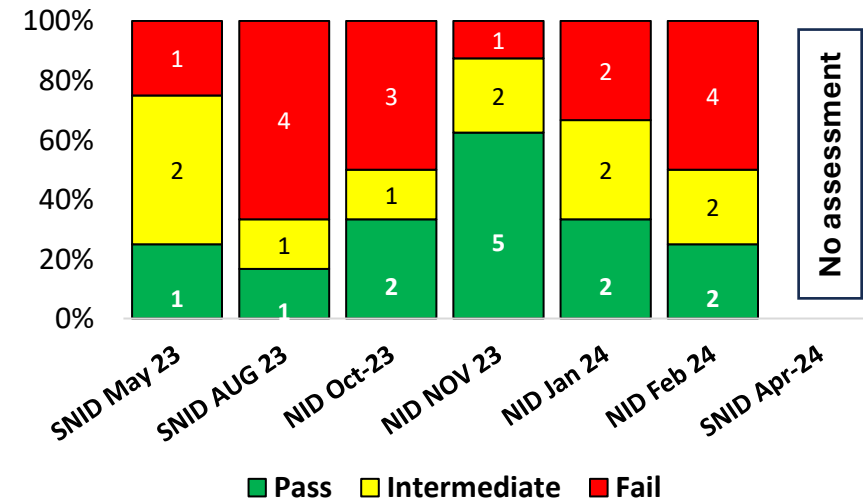
Recommendations - Quetta Bloc

- Support of the top leadership and administration is urgently needed to implement high quality SIAs in Chaman and Kila Abdullah, the two districts with the lowest levels of immunity, and ongoing virus circulation
- The TAG agrees and recommends diligent efforts to map, track and vaccinate migrant and mobile populations, and returnees moving in and out of the Bloc
- The multiple introductions, importations, and exportations should be investigated to identify infected migrant population groups

Chaman LQAS Results



Kila Abdullah LQAS Results



Recommendations - Quetta Bloc

- Key AFP surveillance performance benchmarks remain suboptimal in Pishin and Kila Abdullah, these must be improved especially considering absence of environmental surveillance in Kila Abdullah.
- The TAG appreciates the initiative of the Government of Balochistan to improve Routine Immunization. These efforts need to be prioritized in Kila Abdullah and Chaman. Similarly, the Big Catch Up should also be fast-tracked in the Quetta Bloc.

Indicators*	Quetta			Chaman			Kila Abdullah			Pishin		
	2022	2023	2024	2022	2023	2024	2022	2023	2024	2022	2023	2024
No: of AFP Cases Reported	85	68	17	18	27	10	11	12	3	29	33	13
Non-Polio AFP Rate	7.6	6.2	4.4	8.7	18.8	17.8	6.8	11.6	8.2	8.3	8.4	9.3
Adequate Stool %	89	85	94	94	93	90	73	58	67	93	91	77
Detected within 7 days of onset %	78	78	82	89	93	90	64	58	100	90	82	77
Investigated within 48 Hrs of notification %	100	97	100	100	100	100	100	100	100	100	100	100
EV isolation %	14	13	3	19	20	0	18	32	0	14	11	8
SL isolation %	1	0	6	3	2	10	0	5	33	3	3	4

Karachi Bloc, Including Hyderabad

Consistent commitment of the highest political leadership in Sindh – Chief Minister, Health Minister, and the Chief Secretary is admirable

The TAG appreciated the consistent strong leadership of the Provincial EOC and was impressed by the transparent uncovering of problems and thoughtful problem solving by the team.

However, the amplification of virus in Karachi and its subsequent spread across Pakistan poses a significant risk to the program.

Recommendations: Karachi Bloc including Hyderabad

Given the long absence of virus, complacency has likely led to development of gaps in the quality of SIAs that are now being uncovered. The polio transmission risk factors in Karachi necessitate sustaining the highest quality of immunization campaigns with little margin of error.

- The full extent of under-reported missed children due to operational problems, refusals, collusion, fake finger marking etc., should be assessed in all high-risk Union Councils of Karachi and Hyderabad, particularly among migrant settlements.
- The TAG commends the PEOC for the various approaches that are being developed to mitigate under-reporting of missed children and collusion. These analytic, management, and capacity building measures should continue to be refined to achieve the quality necessary to interrupt transmission.

Recommendations: Karachi Bloc including Hyderabad

- Redefine, remap migrant populations, and their guests especially considering the changes in patterns of movement related to repatriation
- The remapping of migrant populations, profiling of reluctant and refusing families should be undertaken jointly by SBCC and operational teams in an integrated manner
- The underlying reasons for insufficient improvement in vaccination of zero-dose children identified during campaigns and the overall RI coverage in the highest risk UCs requires a thorough investigation, and urgent corrective measures.
- Improve the quality and rigor of monitoring, and continuously evaluate the veracity and integrity of monitoring data. Build analytic capacity to detect emerging trends, cross-reference sources, and identify data discrepancies

Peshawar Bloc (Peshawar and Khyber)

TAG recognizes the efforts of the Peshawar team that have prevented paralytic polio despite repeated importations of WPV and establishment of local circulation.

Establishment of endemic transmission in Peshawar is imminent requiring urgent steps to vaccinate missed children.

Outbreak Response: Peshawar Bloc

Recommendations

- The full extent of under-reported missed children due to operational problems, refusals, collusion, fake finger marking etc., should be assessed in all high-Risk Union Councils of Peshawar and Khyber, particularly among migrant settlements.
- The PEOC should develop measures to mitigate under-reporting of missed children and collusion. These should include analytic, management, and capacity building measures. These approaches should continue to be refined to achieve the quality necessary to interrupt transmission.

Outbreak Response: Peshawar Bloc

Recommendations

- Peshawar is a major hub, and transit destination for migrant population from Afghanistan, bordering districts of the province, and other parts of Pakistan.
 - The program should diligently redefine, remap migrant populations, and their guests before each campaign, especially considering the changes in patterns of movement related to repatriation.
 - The remapping of migrant populations, profiling of reluctant and refusing families should be undertaken jointly by SBCC and operational teams in an integrated manner
 - Special efforts should be made to investigate and map links between Peshawar Bloc and populations living in districts that border Afghanistan

Outbreak Response: Peshawar Bloc

Recommendations

- The PEOC should investigate viruses detected in Peshawar particularly orphan strains to identify epidemiologically linked populations in and around Peshawar Bloc.
- Peshawar has had a longstanding challenge of delayed notification of AFP cases. This challenge must be thoroughly analyzed, and underlying problems solved.

Outbreaks outside Historic Reservoirs

Outbreaks Outside Historic Reservoirs

- **Pakistan:**

- **27 districts outside the historic reservoirs that have detected WPV1 between January 2023 to date:**
- **7 districts with no WPV1 detection for three or more months, at least three SIA** (Hangu, Orakzai, Nowshera, Khuzdar, Kech, Rawalpindi, DG Khan)
- **8 districts with repeated introductions of different lineages** (Jamshoro, Sukhur, Hub, Sibbi, Lasbela, Mastung, Lahore and Multan) –
Kohat and Nasirabad have single lineage detected over four months, need to improve outbreak response quality.
- **10 Recent introductions, too early to assess** (Dir Lower, Swabi, Swat, Jacobabad, -Badin, Mirpur Khas, Dera Bugti, Usta Muhammad, Okara, and Faisalabad)

- **Afghanistan**

- **There are 5 provinces outside the historic reservoirs that have detected WPV1 between January 2023 to date. Of these,**
- **1 province with no WPV1 detection for three or more months, at least three SIAs** (Mazar e Sharif)
- **0 repeated introductions of different lineages**
- **4 provinces with recent introductions, too early to assess** (Uruzgan, Kabul, Paktia, Ghazni)

The outbreak response activities have prevented establishment of transmission in 18 of 32 districts/provinces (PAK 17, AFG 1).

Outbreak response to recent detections is ongoing in 14 districts/provinces (PAK 10, AFG 4).

Southeast Region

TAG appreciates the difficult operating environment in the Southeast Region. The program has prevented persistence of virus in the Region.

However, with population movements, and unresolved clustering of refusals amongst cross border migrant communities remains a continuing risk of transmission.

Outbreak Response: Southeast

- Intergraded operational and SBCC efforts should be intensified to immunize all persistently missed children
- Cross border coordination should also focus on identifying religious and community influencers who should be mobilized to facilitate vaccination of reluctant communities on both sides of the borders
- Redefine, and remap migrant and mobile, and returnee populations, and their inclusion of micro-plan for every campaign.
- Exchange information on movement of populations along the central corridor
- Actively search for poliovirus both through intensified AFP surveillance and environmental sampling, considering risks of undetected transmission of YB3C and repeated introductions from the southern corridor

Outbreak Response: Punjab, Pakistan

Findings and Recommendations

Despite repeated detections, Punjab program has not allowed persistence of virus in any of its outbreak districts - high RI coverage essential.

The current political commitment to improve further RI coverage and keep Punjab polio-free is appreciated and remains imperative.

Rawalpindi, Lahore and Faisalabad in north and southern districts bloc host a diverse group of migrant and mobile population, which require redefinition and remapping and focused program efforts to track and vaccinate children in these populations.

The program should diligently evaluate the quality of surveillance and vaccination activities (RI, SIAs) in these migrant and mobile populations



Corridors and Cross-Border Coordination

Border Districts: *Findings and Recommendations*

- *The pattern of environmental detections, including long-chain and orphan viruses, strongly suggests that populations living in bordering districts are contributing to the persistence, and spread of WPV.*
- *Both countries should thoroughly review programme performance, identify missed communities, and search for poliovirus in all districts along the border.*
- *Lessons learned from the Audit conducted in the East Region may help guide this review, especially the northern corridor.*

Recommendations – Cross Border

- Use all available data sets to track cross border mobile groups, exchange information on migrants/returnees and include in micro-plans
- Ensure timely joint investigation of all cross-border importations particularly orphan viruses
- Conduct external audit on the Pakistan side of the northern corridor to gain the full understanding of epidemiology in the corridor

Recommendations – Cross Border

- Complete analysis of cross-border synchronisation at district level
- Comply with IHR requirement (vaccinate outgoing population) and screen incoming population to confirm vaccine status
- Conduct joint monitoring and evaluation of Permanent Vaccination Posts at formal border crossings, and assess vaccination status of populations crossing the borders including returnees
- The TAG reiterates recommendation on joint analysis of refusals, and joint messaging among cross border populations
- Develop plan for cross-border Islamic scholars initiative



SIAs

SIA

Despite multiple NIDs and large-scale vaccination campaigns wild poliovirus transmission has continued to expand through late 2023 and 2024 with evidence of an increase in number of missed children in some known high-risk areas.

*SIA planning and implementation can **no longer be business as usual***

*All efforts should be targeted to reach persistently missed children in the endemic, historic reservoirs, and outbreak zones. **All gaps in quality however small must be identified and addressed rapidly.***

SIAs Principles

- SIAs scheduling decisions should be driven by the epidemiological risk categorization and focus on reaching persistently missed populations. Advanced SIAs schedule is mainly prepared for resource planning, and synchronization.
- The TAG recommends same risk categorization as previously advised with the following adjustments based on the evolving epidemiological risks
 - Endemic zones – SIAs every 4 to 6 weeks, longer intervals if necessary for making critical quality improvements can be considered. Ensure at least four highest quality rounds before end 2024
 - Outbreaks
 - Historical reservoirs: at least 4 SIAs of very high quality with assurance that the current gaps identified have been systematically addressed (collusion, misreporting, mapping of migrant and mobile population groups, operational gaps, human resource performance management)
 - Outbreaks outside reservoirs: ensure rigorous implementation of Outbreak SOPs with ongoing risk assessment to guide the response.

SIAs Principles

- Risk Reduction and Maintenance:
 - Risk Reduction – most risk reduction districts/provinces are now part of the ongoing outbreak responses; any remaining risk reduction areas should receive a total of six vaccination campaign opportunities in 2024
 - Maintenance – Pakistan: program has implemented 4 NIDs in previous eight months, the need for another NID should be assessed in the fourth quarter of 2024.
 - Afghanistan: Reassess the need for a third NID during the fourth quarter of 2024
- There should be clear and intentional efforts to ensure synchronization in the southern and northern corridors – at least 3 rounds; and close coordination between all bordering districts between countries

*f*IPV SIAs - Pakistan

- The program should consider areas and populations most likely to benefit from *f*IPV, especially in populations where *f*IPV use can be shown to stimulate better vaccine uptake.
- TAG would support focusing *f*IPV implementation in areas with known high-risk mobile populations, clustered missed children (including high rates of vaccine avoidance/hesitancy).



Cross-Cutting Programme Areas

Migrant/Mobile High Risk Population Groups

TAG appreciates the initiative to redefine and remap migrant/mobile and returnee populations.

Both NEOCs should develop clear guidance and best practices for mapping, tracking, and special operational and SBCC efforts to vaccinate these population groups.

Sufficient dedicated monitoring should be conducted to identify missed children in these high-risk groups.

Collusion, Misreporting, Underestimation of Missed children

TAG appreciates the initiative taken in historical reservoirs in Pakistan to uncover collusion, misreporting, and gross under-estimation of missed children

The NEOC Pakistan should develop clear guidance for PEOCs to systematically identify the true extent of missed children in high-risk UCs and population groups in historic reservoirs.

These guidelines should outline best practices for management, frontline motivation and capacity building, and ongoing monitoring and analyses of data based on lessons being learned across different reservoirs.

Central Pakistan

- *The confluence of three provinces, common risk factors, and hard to reach riverine areas, detection of WPV in multiple districts of central Pakistan pose a risk of establishment and expansion of poliovirus transmission.*
- *The TAG appreciates the PEOC Coordinators are exchanging information.*
- *The NEOC should designate a team to assist the PEOC Coordinators in timely coordination of surveillance, risk assessment, and SIAs activities across the three provinces.*

PEI-EPI Synergy - Findings

Routine/essential immunisation remains the bedrock of sustainable progress through interruption to certification

- TAG appreciates the significant synergistic activities between the PEI and EPI programs ongoing in both countries.
- However, the progress is uneven.
- Weaknesses in current EPI denominators make robust assessment of progress in coverage difficult
- Programmes need to understand and, where possible, align PEI activities with EPI, Extended Outreach and multi-antigen initiatives in both countries during the next six months

PEI-EPI Synergy - Recommendations

- TAG encourages the PEI Programs to share, as soon as possible, microplanning data on target populations, to assist EPI in recalibrating EI/RI denominators and enable monitoring at all administrative levels
- Program should not miss the opportunity to engage with the Big Catch Up, aligning and coordinating with BCU activities in ways that do not jeopardize quality of ongoing SIAs, ensuring sharing of data on 0-dose and high-risk vulnerable populations
- All opportunities should be taken to leverage BCU resources and other GAVI funds to strengthen government health system strengthening strategy and service delivery systems

SBC - Findings

TAG acknowledges substantial progress on SBC analysis and strategy development

Key now is to prioritise most critical objectives and activities, and develop integrated SBC/Ops action plans

The problem of missed children - whether due to 'refusals', 'NA', 'Grey or 0/0 houses' or 'operational gaps' - is a collective challenge that requires joint problem-solving in an integrated and holistic approach.

SBC – Recommendations

Integrating SBC across the Programme

- SBC activities should support strategies to reduce ‘missed children’ rather than just ‘refusal’
- Prioritise major challenges to programme operational quality and OPV coverage
 - Team performance, clustered refusals, slum communities, HRMP engagement
- NEOC to create best practice guidance for integrated microplanning, incorporating SBC and SIA/ operational information and action in one document

Engaging and Supporting FLWs

- Refresh the frontline worker listening process and follow through on recommendations – *do not disappoint them*
 - Hold a special series of listening sessions focused on solutions to the fake finger marking issue
- Train all frontline workers in SBC skills
- Ensure HR supports to support FLWs in cases of injury, harassment, and violence

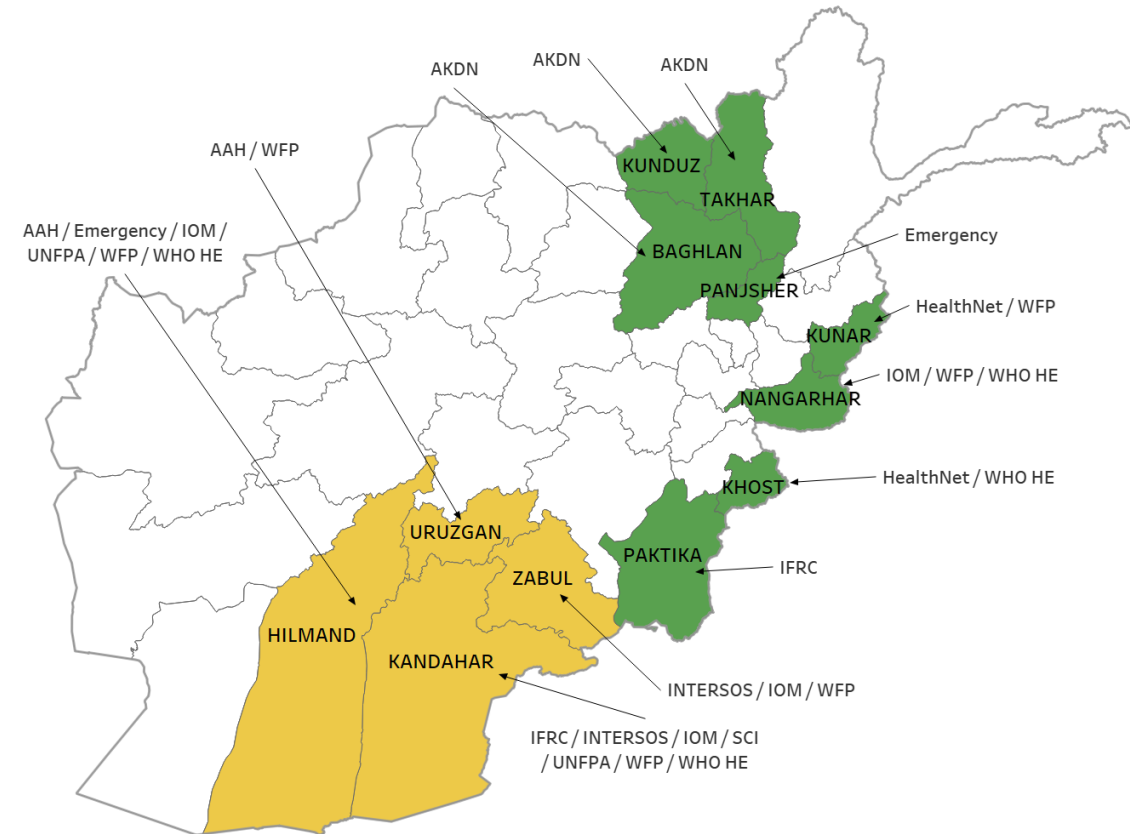
Pluses, Health Camps, ISD & Humanitarian Engagement

Finding

- Significant advance in strategic clarity and formative evaluation of pluses, health camps and ISD activities

Recommendations

- Complete full evaluation of plus/health camp/ISD interventions in Kandahar City, including coverage of target population through health camp and S2S vaccination
- Continue to plan and engage humanitarian actors' support in South Region
- Assess the impact of small-scale pluses in specific border areas and evaluate impact



Conclusions

Conclusions

- Despite progress toward elimination of YB3C cluster, both countries are at risk of re-establishment of endemic WPV1 transmission in their historic reservoirs
- Cessation of WPV transmission remains feasible but requires:
 - Strong and consistent government leadership and engagement at all levels
 - Bolstering programme performance management, coordination, and ensuring team cohesion at national, provincial, and district levels that translate into program quality necessary to reach zero
- The programme is clear about its challenges, fully recognizes gaps in implementation, and has the resilience and capabilities to address the critical gaps

Conclusions

- The target of eliminating YB3C cluster during 2024 is feasible but requires unflinching efforts in southern Khyber Pakhtunkhwa.
- The target to stop transmission of all WPVs by end 2024 under current circumstance is unrealistic; however, WPV interruption is possible during the next low season if the TAG recommendations are implemented urgently and comprehensively.

Next TAG November 2024



Thank You