Polio Eradication Initiative of Afghanistan

IMB Meeting
May 6-7, 2014
## Reported Wild Poliovirus Cases 2012-2014 Afghanistan

<table>
<thead>
<tr>
<th>Region</th>
<th>Confirmed cases</th>
<th>2012</th>
<th>2013</th>
<th>2014*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td></td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>East</td>
<td></td>
<td>6</td>
<td>12</td>
<td>4</td>
</tr>
<tr>
<td>South east</td>
<td></td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>South</td>
<td></td>
<td>24</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>North</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Northeast</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>West</td>
<td></td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Country</strong></td>
<td></td>
<td><strong>37</strong></td>
<td><strong>14</strong></td>
<td><strong>4</strong></td>
</tr>
</tbody>
</table>

Data up to 24 Apr 2014

- **2012**
  - Districts= 22
  - WPV=37

- **2013**
  - Districts= 10
  - WPV=14

- **2014**
  - District= 03
  - WPV=4
Polio confirmed cases by month in Southern and Eastern Region
Afghanistan 2011-2014

Southern Region

Eastern Region

Cases reported after regular interval

* Data up to 1 March, 2014
Afghanistan-Pakistan P1 isolates by genetic cluster 2013-14
Estimated children missed by each campaign 2012-14; Trend in three high-risk provinces of Afghanistan

Helmand: No campaign in March in entire province (target 655,000) due to management and security related issue. Quality of campaign keep on changing.

Kandahar: Access keep on changing

Kunar: No progress in access and campaign quality is going down
LQAS Results in bordering regions of Afghanistan, 2013-2014

LQAS Results shows an improving trend in Southern region, but 42%-56% of LOTs in Eastern Region are rejected at 80%.
Status of Routine Immunization by Province 2013; Afghanistan

Results of Coverage Evaluation Survey: DPT3/OPV3 Coverage by Province 2013, Afghanistan
ICN Indicators: Increase awareness and enhance demand

- Visible correlation between awareness levels and refusal rates in general

- Need to sustain more than 90% awareness levels

- More than 80% refusal conversion rates by Social Mobilizers through revisit strategy
## NEAP 2013-14: Main Objectives and Status update

<table>
<thead>
<tr>
<th>S/N</th>
<th>NEAP Objective</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Stop cVDPV in South</td>
<td>Achieved</td>
</tr>
<tr>
<td>2</td>
<td>Prevent establishment of poliovirus in non-transmission zone of the country.</td>
<td>Achieved</td>
</tr>
<tr>
<td>3</td>
<td>Interrupt Poliovirus circulation in South</td>
<td>Partially Achieved</td>
</tr>
<tr>
<td>4</td>
<td>Control ongoing outbreak in East</td>
<td>To be Achieve</td>
</tr>
</tbody>
</table>
Intense focus on “Low Performing Districts”: Revised List 2014 Afghanistan

LPDs Revised

There are 22 Districts in Category 1 with target of almost 700,000

Total of 19 SIAs implemented in LPDs.
7 rounds implemented during last 6 months with intensified operational and communication activities
Additional Vaccination Activities in LPDs, 2013-14: Afghanistan

- **Permanent Polio Team Strategy** covers 70% target of 11 LPDs. Assessment in 2013: Almost 89% children received at least one dose, 81% two doses and 56% received three OPV doses. More than 30,000 children (7%) received OPV for the first time.

- **Transit Teams** at entry and exit points of the difficult districts in Kandahar, Helmand vaccinating almost 43,000 children per month.

- **All case responses** are implemented within two weeks. Three rounds completed for Kabul case response.
Maintain Cross-Border Coordination

- AFG-PAK meeting of National Teams held in March 2014 at Islamabad. A joint action plan is developed

<table>
<thead>
<tr>
<th>MONTH</th>
<th>DATE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pakistan</td>
<td>Afghanistan</td>
<td></td>
</tr>
<tr>
<td>March</td>
<td>24 – 26 (NID)</td>
<td>23-25 (NID)</td>
</tr>
<tr>
<td>April</td>
<td>14 – 16 (SNID)</td>
<td></td>
</tr>
<tr>
<td>May</td>
<td>05 – 07 (SNID)</td>
<td>04-06 (NID)</td>
</tr>
<tr>
<td>May</td>
<td>19 – 21 (SIAD)</td>
<td>18-20 SIAD</td>
</tr>
<tr>
<td>June</td>
<td></td>
<td>22-24 SNID</td>
</tr>
<tr>
<td>August</td>
<td>18 – 20 (SIAD)</td>
<td>17-19 NID</td>
</tr>
<tr>
<td>September</td>
<td>08 – 10 (SIAD)</td>
<td>21-23 SNID</td>
</tr>
<tr>
<td>September</td>
<td>29 Sep – 1 Oct(SIAD)</td>
<td></td>
</tr>
<tr>
<td>October</td>
<td>20 – 22 (SNID)</td>
<td>19-21 NID</td>
</tr>
<tr>
<td>November</td>
<td>10 – 12 (NID)</td>
<td>16-18 SNID</td>
</tr>
<tr>
<td>November</td>
<td>24 – 26 (SNID)</td>
<td></td>
</tr>
<tr>
<td>December</td>
<td>08 – 10 (NID)</td>
<td>14-16 SIAD</td>
</tr>
<tr>
<td>December</td>
<td>22 – 24 (SIAD)</td>
<td></td>
</tr>
</tbody>
</table>
Enhance Transparency and Management
Direct Disbursement Mechanism (DDM)

- Afghanistan introduced and piloted DDM in 7 districts in 2013. Number of challenges and lessons are learned.
- MoPH issued official letter to all PHDs to ensure implementation of DDM.
- DDM is expanded to 23 districts in March NIDs and will be implemented in 43 districts in May NIDs 2014.
- A full time experienced DDM consultant is hired by WHO.
- Shift of Operational Cost of SIAs from UNICEF to WHO from June; UNICEF managing vaccine supply and communication costs.
Enhance Community Demand: Immunization Communication Network

- **Strategic expansion of the ICN in the East region, especially in Kunar.**
  - awareness levels by social mobilizers rose from 43% in October 2013 to 90% in March 2014.

- **Provincial Social Mobilization Groups constituted in all provinces of LPDs**

- **IPC training modules and training videos for frontline workers rolled out**
  - Early trends indicate reduction in children missed due to New Born, Sick and Sleep in the 11 LPDs in South region. From 1.32% in Sept’13 to 0.84% in Feb’14

- **Efforts for increased female engagement ongoing:**
  - 381 female SMs in SR in 2014 compared to 122 in 2013
  - 50 female SM & 4 female CCSs in ER in 2014 compared to 38 SMs only in 2013

- **Continued efforts for community elders sensitization:**
  - 1187 Mullahs, Teachers and community elders given orientation in SR in 2014
## Strengthen AFP Surveillance; PEI Afghanistan

- **Started Environmental Surveillance in Kandahar and Helmand. Expansion underway in East and Kabul**

### Kandahar Province

<table>
<thead>
<tr>
<th>S.No</th>
<th>Site</th>
<th>Total Samples</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>KDH-Khandak</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>KDH-Rarobat</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>KDH-Petawa (Chawnie)</td>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Helmand Province

<table>
<thead>
<tr>
<th>S.No</th>
<th>Site</th>
<th>Total Samples</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>LSK-Bolan Bridge</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>LSK-Radio Mahallie</td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Nangarhar Province

<table>
<thead>
<tr>
<th>S.No</th>
<th>Site</th>
<th>Total Samples</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>J-abad-Radar Bridge</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>J-abad-Sangi Qala</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Afghanistan

- **Total samples collected= 25**
- **Total samples +ve for WPV= 0**
- **Total samples +ve for SL/EV= 21**

### Wild poliovirus type 1
- **SL or EV or Mix (SL+EV)**
- **Pending/ Under Process**

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**Note:** The table shows the total samples collected and the distribution across different sites within the provinces of Kandahar, Helmand, and Nangarhar in Afghanistan.
Kunar: Bottlenecks and Barriers

1. Quality of Campaigns in Accessible Areas
   - Management and accountability issues
   - Inadequate Cluster by cluster micro-plan
   - Refusal (misconception, religious)
   - PEMT (in appropriate selection of staff, unofficial power)
   - Highly Mobile Population

2. Weak Political Context
   - New Provincial Governor
   - Less engagement of district Governors
   - Non innovative Provincial Health Director

3. Insecurity and Inaccessibility
   - AGE have Multi groups and no unique leader
   - More hardliner AGE
   - Insufficient analysis of causes of inaccessibility
Kunar: Proposed Solutions

1. Management and accountability issues:
   - Accountability of BPHS NGOs (see district by district RI coverage from AFP data and practice of cluster by cluster micro-plan by WHO)
   - The BPHS NGOs should more involved in campaigns and participate in Intra camping monitoring
   - Human Resource Management by each PEI Partner (staff appraisal, staff selection)
   - Improve financial management by DDM

2. Strengthening Political Commitment
   - High level visit from National to Kunar
   - Polio High Council regular contact with Kunar governor
   - Remind Provincial Governor about performance
   - Provincial multi-sector TF committee to be functional
   - Official letter from HE Minister office to Kunar PHD
   - More emphasis on neutrality of the program
Kunar: Proposed Solutions

3. Insecurity and Inaccessibility

- Analyze and review insecurity issues
  - Adequate review and analysis of security issues before each campaign
- Facilitate roll-out of Security Awareness Package training for DCO/PCOs and include PPO/DPOs
- Improve quality of inaccessibility data and analysis
- See possibility of support through ICRC, Private Sectors
- Use ICR interlocutors though to increase access
PEI Program Challenges and Risks

- Election and Political Transition period of April-June
- Insecurity and Inaccessibility, particularly in Kunar and parts of Southern region
- Pockets of low immunization coverage, population movement and poliovirus circulation across the border pose continued risk to South and Eastern regions.
Future Plans 2014: PEI Afghanistan

- Monitor implementation of revised NEAP
- Expansion of Environmental Surveillance in Eastern and Central Regions and international AFP surveillance review
- Introduction of IPV in Routine Immunization in 2015 and pilot in LPDs in August 2014
- Engagement of PEI network to strengthen Routine EPI on micro-panning, supervision, monitoring and reporting in selected areas
- Periodic KAP Surveys through Harvard University
Thank You