

Ministry of Public Health

Polio Eradication Initiative Afghanistan

9th IMB Meeting 01 October 2013

National Milestone for Polio Eradication 2013

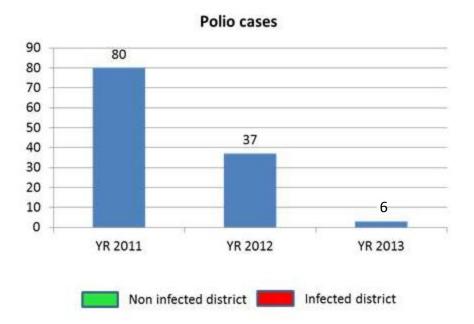
Milestone	2012	Feb 2013	Aug 2013	Remarks	
Total unvaccinated (Missed + inaccessible) children in Kandahar and Helmand of South	262334 (Jan 2012)	Target: 200,000 Achieved: 174,000	Target: 150,000 Not Achieved: 153349	40% more vaccinated	
Number of reported inaccessible children in Southern Region	54611 (Jan 2012)	Target: 25000 Not Achieved: 49513	Target:12000 Achieved: 9659	>80% Decrease	
Number and % of all zero Dose AFP cases of age less than 5 years in Southern Region	17% (44/257) (End 2012)	Target: 12% Achieved: 8% (5/66)	Target <5% Achieved: 4% (7/161)	>70% Decrease	
Number of reported inaccessible children in Kunar (Eastern Region)	10209 (Jan 2012)	Target: <10000 Not Achieved: 22573	Target:<5000 Not Achieved: 18395	40% increase in inaccessible	
% of 30 LPDs covered through ICN	43%	Target: 78% Not achieved: 60%	Target: 100% Achieved: 100%	Moving target	
% Awareness level in 30 LPDs	70%	Target: 90% Not Achieved: 78%	Target: 90% Not Achieved: 86%	16% increase	
Stop Polio virus circulation in Kunar, Nangarhar, Khost and Paktika provinces.	12 Polio Cases (End 2012)	Target: Stop outbreak by end of June 2013 Six cases reported; all from East: Last in August 2013			
Number of year to date Polio confirm cases in province Helmand and Kandahar	22 (End 2012)	Target: stop transmission by end of June 2013 No case reported since more than 10 months (Last case reported in Nov 2012)			
Number of year to date Polio confirm cases in Farah province	1 (End 2012)	Target: stop outbreak by end of June 2013 No case reported since more than 15 months (Last case reported in June 2012)			

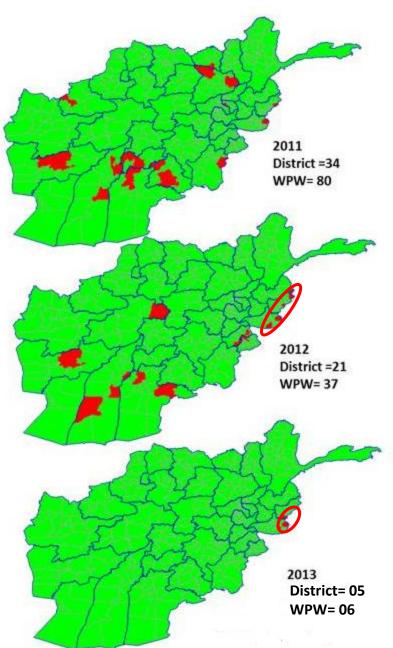
National Milestone: Commitment, Ownership and Oversight, Afghanistan 2013

- ➤ H.E President Karzai, instructed Provincial Governors to lead process of Polio Eradication and also inaugurated August NIDS
- ➤ Last meeting of High Council on PEI held at the office of Advisor to President in September
- ➤ Meetings of Polio Policy Group Chaired by H.E Minister of Public Health held in July and August
- ➤ Meeting of Provincial Governors of Southern region held at Kandahar in July attended by H.E Minister of Public Health; Minister's second visit to Kandahar

Distribution of Polio cases and infected districts, Afghanistan 2011-13

Region	Confirmed Polio cases by year				
	2011	2012	2013		
Central	4	0	0		
East	2	6	6		
South east	1	5	0		
South	62	24	0		
North	2	0	0		
Northeast	3	0	0		
West	6	2	0		
Country	80	37	6		





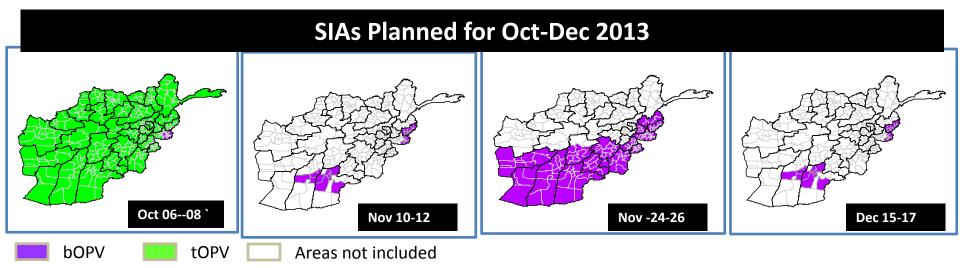
Number of SIAs 2013 by area and type of OPV: Afghanistan

Aggressive SIAs timetable Period Jan-Sept 2013

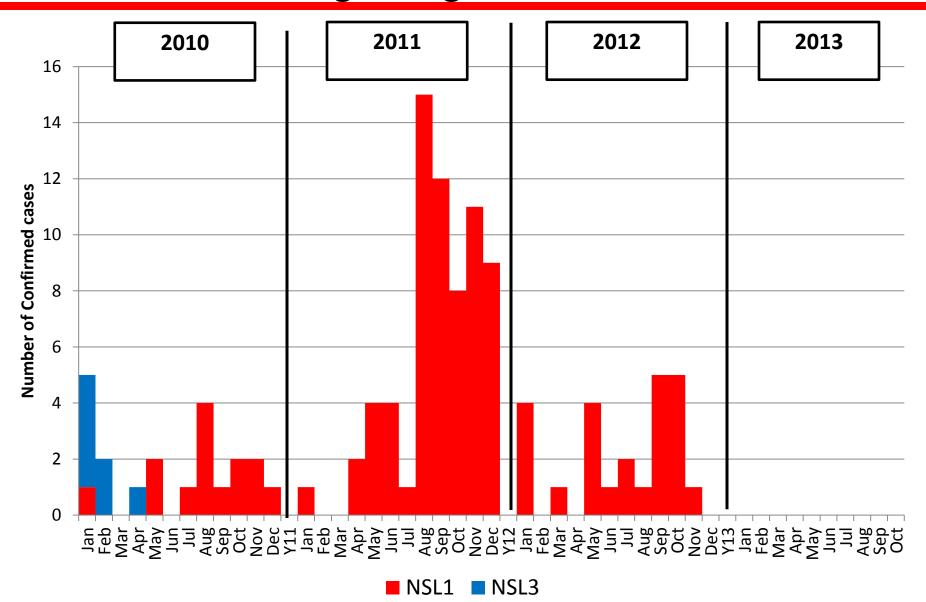
South: 12 rounds conducted in LPDs; 09 rounds with bOPV and three with tOPV.

East: 10 rounds conducted in LPDs; 09 rounds with bOPV and one with tOPV

S-East: 09 rounds in LPDs; 07 rounds with bOPV and two with tOPV



Polio confirmed cases by month and Polio virus type in Southern Region Afghanistan 2010-2013



Possible factors leading to a positive epidemiological shift in Southern Region

Proportion of missed children in 11 LPDs of Southern Region, Afghanistan-2012-13 Survey: Post Campaign household Assessment Surveys

Campaign	Total Target	Estimated children Missed for vaccination		
	Total Target	Number	%	
Jan 2012	660537	184807	28%	
Jun 2012	660537	157850	24%	
Dec 2012	628577	118871	19%	
Jun 2013	660537	92121	14%	
Aug 2013	689,901	74582	11%	

➤ Repeated SIAs with focus to improve the quality in key reservoir LPDs has resulted in good increase in number of vaccinated children.

Additional Vaccination Activities 2013: Possible factors leading to a positive epidemiological shift in Southern Region, Afghanistan

- ➤ Permanent Polio Team Strategy (PPTs) covers 60% target of 11 LPDs. Almost 96% children received at least one dose, 85% two doses and 51% received three OPV doses. 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 44000 children per month.
- ➤ Routine EPI coverage as estimated by vaccination status of non polio AFP Cases of age 6-23 months in Southern region shows that proportion who received at least 3 routine doses increased from 14% in 2012 to 32% in 2013.

Communication activities 2013: Possible factors leading to a positive shift in Southern Region, Afghanistan

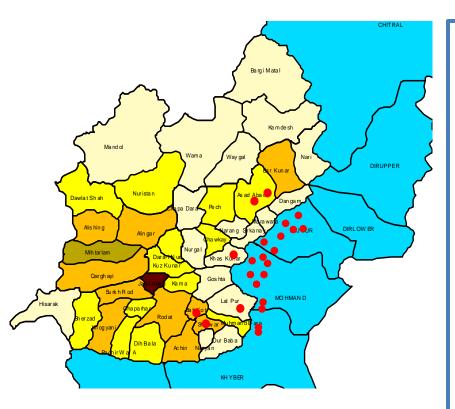
Shift in the Strategy:

From awareness raising to community demand: Sensitization of over 3500 community influencers in Kandahar and Helmand before every round in 2013 – 60 to 80 calls received from community influencers to report missed areas

Focus on improved IPC skills:

- 5291 vaccinators, supervisors and social mobilizers trained on IPC using new training modules.
- Refusal in targeted children reduced from 2.3% in Jan to 1.5% in July.

Epidemiological Challenges in Eastern Region, Afghanistan 2013-14



Genetic sequence shows evidence of continued circulation

Large outbreak across the border

Pockets of inaccessible children due to insecurity expanding in Kunar: Total inaccessible increased from average 10000 to 22000. Importantly same children are missed.

Dynamics of security is completely different than South with multiple groups and no facilitation by ICRC

Pop Density

< 50,000 Individuals

50,001 - 100,000

100,001 - 200,000

200,001 - 300,000

300,001 - 450,000

WPV1

Eastern Region Specific Strategy 2013-14: Afghanistan

- Mapping inaccessibility by district and by reasons for area specific solutions
- Case response vaccination and adapt District Focus Strategy
- Permanent transit teams placed at entry/exit points of difficult districts of Kunar (4000 children are vaccinated per month)
- Program adapted low profile approach engaging elder and local influencers.
- Enhancing IPC skills of service providers and 100% LPDs covered by ICN
- Cross-border vaccination: 1 million children vaccinated at border posts

Use of LQAS, PCA and Out of House Survey results for Campaign quality and population immunity, Afghanistan 2013

July				August			
Province	LQAS results	PCA	Out of house survey	Province	LQAS results	PCA	Out of house survey
Kandahar	Accepted 90%	86.0	61.0	Kandahar	Rejected 60%	92.0	74.0
Kandahar	Accepted 80%	96.0	82.0	Kandahar	Accepted 80%	88.0	69.0
Kandahar	Accepted 80%	87.0	76.0	Kandahar	Accepted 60%	92.0	79.0
Kandahar	Accepted 90%	90.0	83.0	Kandahar	Accepted 80%	92.0	76.0
Kandahar	Accepted 80%	98.0	71.0	Kandahar	Accepted 80%	92.0	66.1
Kandahar	Accepted 80%	93.0	84.0	Kandahar	Accepted 90%	92.1	84.4
Kandahar	Accepted 80%	83.0	96.0	Kandahar	Accepted 90%	79.8	97.3
Hlimand	Accepted 80%	94.0	74.0	Hilmand	Accepted 60%	90.6	88.8
				Hilmand	Accepted 80%	88.9	73.2
Nangarhar	Accepted 80%	100.0	NA	Nangarhar	Accepted 60%	96.8	NA
Nangarhar	Accepted 90%	98.0	81.0	Nangarhar	Accepted 60%	87.8	NA
Laghman	Accepted 80%	98.0	90.0	Nangarhar	Accepted 80%	97.7	NA
Nuristan	Rejected 60%	96.0	NA	Laghman	Accepted 60%	93.9	87.4
Kunar	Accepted 60%	99.0	NA	Nuristan	Accepted 60%	92.4	90.5
Kunar	Accepted 80%	100.0	96.0	Kunar	Accepted 80%	83.6	87.5
				Kunar	Accepted 60%	96.7	NA
				Kunar	Accepted 60%	100.0	100.0
Khost	Accepted 60%	95.3	94.0	Khost	Accepted 80%	96.6	92.6
Khost	Accepted 60%	98.0	95.1	Khost	Accepted 60%	94.9	88.9
Paktya	Accepted 80%	97.0	91.9	Paktya	Rejected 60%	95.9	100.0
Paktya	Accepted 60%	93.5	82.7	Paktya	Accepted 60%	89.0	85.5
Paktika	Accepted 80%	93.5	93.7	Paktika	Accepted 60%	90.9	90.6
Ghazni	Accepted 80%	95.3	94.4	Ghazni	Accepted 60%	95.9	93.3

- ➤ LQAS piloted in 22 districts in April but now expanded to 56 districts all over the country
- ➤ LQAS is giving lower coverage than the PCA and out of house surveys.
- ➤ Proportion of Lots accepted at 80% is much higher in South than in East and South-East indicating improved quality

Program Risks, Challenges

- ➤ Pockets of low immunization coverage, population movement and poliovirus circulation across the border pose continued risk which is higher in South.
- ➤ Routine EPI coverage in Southern region though has shown little improvement but is around 30%.
- ➤ Persistent Inaccessible children in Kunar (East) and evidence of continuation of poliovirus circulation poses risk of expansion and spill over to neighboring areas
- Risk of cVDPV in South-East due to situation in Waziristan

Program Priorities and Recent interventions

Revised NEAP: Based on the program needs and also considering the IMB Recommendations, NEAP is revised for the period up to June 2014 with 6 areas of priorities

- Intense Focus on Low Performing Districts
- Reduce missed children
- Communication directed to increased community demand
- Management & Accountability
- Strengthening Routine EPI
- Strengthening Surveillance

Program Priorities: Strengthen Routine EPI

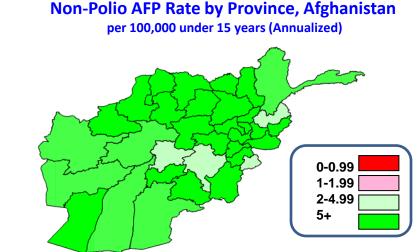
- > SEHAT Project: Plan with GCMU to strengthen Immunization Service Delivery
 - ➤ Adding a new clause of entire population in the catchment area to overcome the confusion of target population
 - ➤ Salary vaccinator increased to 8000 AFGs, 200 AFGs per outreach session and 400 AFG for mobile session
 - Provide Motorbike to each Fixed Center with fuel and maintenance budget
 - Contractor are responsible for management of vaccine preventable diseases outbreak
 - Result based financing (25-30% finance will be released on results)

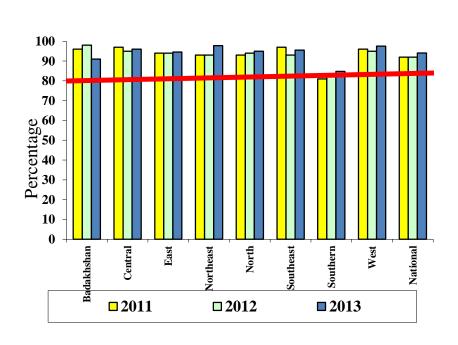
AFP Surveillance Indicators; PEI Afghanistan

➤ Non Polio AFP rate >2/100,000, stool adequacy of >80% and EV Isolation of above 10% at subnational levels and meets the globally set standards

➢ Genetic sequence of Polioviruses in 2012 and 2013 also indicates that most cases detected by the system on time

Analysis of inadequate and compatible cases has also shown the presence of areas where surveillance need to be strengthened





Future Plans Oct-Dec 2013, PEI Afghanistan

> SIADs and expansion of PPTs in East (in areas of permission)

> International Communication Review

> Review of AFP surveillance in end of Nov

> Expansion of Environmental Surveillance in Helmand

> Cross border coordination meeting end of October

