Feedback of Expert Consultation on the NEAP 2013

15 December, 2012
Islamabad, Pakistan
Context for the Consultation
Children paralyzed by wild polio, last 4 months
Global Context - 2012

- Lowest ever cases & infected areas
- Highest political commitment
- Largest partner HR surge
- Evidence of program improvement
- All endemic countries positioning for low season push
Context in Pakistan

• Implementation and lessons of a-NEAP 2012
• Progress and current polio situation
• Upcoming low season opportunity
• Political transition and Elections in 2013 low season
• Updated National Emergency Action Plan, 2013
Expert Consultation to Review and Advise on Updated NEAP - 2013
Progress in Pakistan
Decline in Polio cases in all provinces/regions Except KP

28 infected districts /agencies

* Data source AFP 03/12/2012
Decline in WPV transmission in 2012 high transmission season

Low season Jan – May, high season June - Dec

* High season 2012 data incomplete, as of 1 December
Decline in WPV Genetic Clusters 2010-2012

Wild Poliovirus Type 1

<table>
<thead>
<tr>
<th>YEAR</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q5</th>
<th>Q6</th>
<th>R1</th>
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2010: 16 clusters

2011: 11 clusters

2012: 4 clusters

Single WPV3 Cluster last detected in April 2012
Improving trend of lots not rejected in LQAS

Jan 2011 to Oct 2012 *

18% vs 78% not rejected at 95%

* Data for NIDs and SNIDs
Not Rejected at 95%
Not Rejected at 90%
Not Rejected at 80%
Conclusion:
Substantial progress in 2012, the coming low season is an excellent opportunity for Pakistan to stop WPV transmission in 2013
Conclusion:
The Goal of NEAP to stop WPV transmission by December 2013 is feasible, if the plan is implemented rigorously.
Strategic Priorities for 2013
Strategic Priorities - 2013

• An aggressive SIA strategy in low season
• ‘Underserved Priority Population’ (Pashtun) Strategy
• Integrated socmob and ops micro-plans
• Intra-campaign monitoring
Objectives of SIA strategy

• Stop transmission of WPV1 and WPV3 in KP and FATA

• Stop transmission and achieve high immunity levels in key migrant and mobile communities with links to KP, FATA, and Afghanistan

• Reduce risk of transmission in other high risk zones and maintain high levels of population immunity to all 3 poliovirus serotypes in all non-endemic areas

• Stop the current outbreak of cVDPV2 centred in Baluchistan by March and prevent new outbreaks

• Respond rapidly & effectively with Mop-ups to WPV outside reservoir areas, and cVDPV anywhere
Principles of SIAD strategy

• Short intervals between rounds are feasible and desirable:
  – for reservoir zones and sometimes high risk zones following national rounds or in a sequence of sub-national rounds
  – for populations that have previously been inaccessible, where a minimum of 3 SIAD rounds should be conducted
  – for mop up activities in response to WPV or cVDPV, where a minimum of 3 SIAD rounds should be conducted
### Prioritization for low season SIAs
*(Dec 2012 – March 2013)*

| Priority 1: Reservoirs/Core endemic areas: Central Khyber Pakhtunkhwa, FATA, High Risk Towns of Karachi, Quetta Block, Demographically Linked areas with the Reservoirs | up to 6 Rounds |
|---|
| Priority 2: High Risk Districts Other than the Reservoirs: Parts of Northern Sindh, Southern Punjab, Southern Khyber Pakhtunkhwa | 4 rounds |
| Priority 3: Other High Risk Areas: Infected Areas during last six months outside the reservoir & High Risk Belt | 2 rounds |
| Rest of the Country | 1 Round |
Prioritization for low season SIAs
(Dec 2012 – March 2013)

- **Priority 1 (6 SIAs)**
- **Priority 2 (4 SIAs)**
- **Priority 3 (2 SIAs)**
- **Priority 4 (1 SIA)**

* Partial (not every UC)
### Proposed SIAs Schedule: Dec 2012 to Mar 2013

#### Dec 17-19
**SNIDs**
- (56% of the target)

#### Dec 24-26
**SIADs**
- (23% of the target)

#### Jan 14-16
**SNIDs**
- (57% of the target)

#### Jan 21-23
**SIADs**
- (47% of the target)

#### Feb 11-13
**NIDs**

#### Dec 24-26
**SIADs**
- (23% of the target)

#### Mar 4-6
**SNIDs**
- (23% of the target)

* Partial (high Risk Populations / areas)

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* Priority1
* Priority2
* Priority3
* Priority4
Proposed SIAs Schedule: Dec 2012 to Mar 2013

**Dec 17-19**
SNIDs
(56% of the target)

**Dec 24-26**
SIADs
(23% of the target)

**Jan 14-16**
SNIDs
(57% of the target)

**Jan 21-23**
SIADs
(47% of the target)

**Feb 11-13**
NIDs
Preference for tOPV use

**Mar 4-6**
SNIDs
(23% of the target)

*Quetta Block (10-12 Dec)*

*Quetta Block to use tOPV if cVDPV outbreak continues*

*Partial (high Risk Populations / areas)*

- mOPV1
- bOPV
- tOPV
Supplementary Immunization Activities (SIAs)
Pakistan Dec 2012 - Jun 2013

Type of vaccine, and SIAs Jun-Dec based on Epidemiology
Supplementary Immunization Activities (SIAs) Pakistan Dec 2012 - Nov 2013

Type of vaccine, and SIAs Jun-Dec based on Epidemiology

- NID
- SNID
- SNID in reservoirs only
**Proposed SIAs Schedule; Jan – Jun 2013**

**Pak – Afg.**

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
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<th>Activity</th>
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<tbody>
<tr>
<td>14 - 16 Jan</td>
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<td>21 - 23 Jan</td>
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<td>27-29 Jan</td>
<td>SNIDs</td>
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<tr>
<td>11 – 13 Feb.</td>
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<td>10-12 Mar</td>
<td>NIDs</td>
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<tr>
<td>04 – 06 Mar</td>
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<td>10-12 Mar</td>
<td>NIDs</td>
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<tr>
<td>08 - 10 Apr.</td>
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<td>21-23 April</td>
<td>NIDs</td>
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<tr>
<td>10 – 12 Jun</td>
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<td>02 04 June</td>
<td>SNIDS</td>
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*Synchronization should be optimized*
Conclusion:
An aggressive SIA strategy is appropriate and desirable – BUT, quality of SIAs must continue to improve
Underserved Priority Population (Pashtun) Strategy
Underserved populations from reservoir areas are driving polio transmission

85% of WPV cases in 2012 are among Pashto speaking families

Vaccination status of cases:
- Pashto: 46 cases
- Other Languages: 8 cases

- 85% of WPV cases in 2012 are among Pashto speaking families
Conclusion: Underserved Pashtun Strategy

• Essential for success – finalize the PLAN

• Inclusion of Pashtun migrant communities integral part of SIAs in FATA/KP reservoirs
  – Ongoing mapping and validation of Pashtun Populations outside KP/FATA
  – Requires inter-provincial coordination

• Special communications and outreach
  • Expand POLIO-PLUS to all communities
Integration of Social Mobilization and Operational Microplans
Integrated Microplans

• In all reservoirs, especially high risk UCs

• Requires functional UPECs

• Updated based on tally sheet and monitoring data

• Focused on missed children

• Further disaggregation of data on missed children

• Linked to accountability
Intra-campaign Monitoring

• Major focus of monitoring process in 2013

• Linked to evening meeting in district control room

• Immediate corrective action

• Monitoring of monitors

• ‘Zero-tolerance’ for misreporting and financial misappropriation is appropriate at this stage
LQAS - Recommendations

• Update methodology – lot size of 60

• Monitor quality of LQAS

• Expand where feasible and reliable
Oversight, Management & Accountability
National Elections in 2013 a major challenge to oversight, management and accountability
# Program accountability framework

<table>
<thead>
<tr>
<th>Oversight</th>
<th>Management</th>
<th>Local Accountability</th>
<th>Monitoring &amp; Microplanning</th>
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<tbody>
<tr>
<td>Head of State &amp; All of Govt. Engagement</td>
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<tr>
<td>- National Task Force</td>
<td>- Appointment of Additional Secretary in CS Office</td>
<td>- DCO, designate ACs for polio eradication</td>
<td>- UC Medical Officer</td>
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<tr>
<td>- PM Cell led by a senior leader</td>
<td>- Use of ‘Dashboard’ to review preparedness</td>
<td>- Review campaign preparations</td>
<td>- Updated and integrated microplans</td>
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<tr>
<td>- Appointment of Additional Secretary</td>
<td>- Rigorous analysis of monitoring data</td>
<td>- Review intra-campaign monitoring data in evening</td>
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<tr>
<td>- At least quarterly program review</td>
<td>- Corrective action</td>
<td>- Immediate corrective action</td>
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Oversight & Accountability
Recommendations – Election Transition

• Sustain political commitment through elections
• Institutionalize current structures – appoint/designate officers
• Start preparing now
• Coordinate with Election Commission
• Role of civil society and international partners
• Immediate interaction with Interim Leadership
• Make polio eradication an ALL PARTY election issue
DDM
(direct disbursement mechanism)

• Must be fully implemented urgently
• Adapted to local imperatives, while maintaining transparency, efficiency and fairness
Conclusion:
Action should begin now to sustain political commitment and accountability through elections
Falling Routine Immunization Coverage is a Concern and Requires Urgent Attention
Declining RI Coverage – Increasing Risk

Immunization Status in Punjab

District wise Overall Coverage *

* Source: EPI Punjab
Conclusion:

While polio program can make substantial contributions to strengthen Routine Immunization, direct investments and commitment are urgently needed to reverse the falling trajectory of RI in Pakistan.
Polio Reservoirs
Geographic Priorities
Polio Reservoirs: KP

• Can KP stop the outbreak?
• The experts believe the team in KP can and has the opportunity to stop polio in 2013
• Security is not a major issue in KP
• However, transparency and meaningful accountability, especially by and of DCOs will be necessary
Polio Reservoirs: FATA

• Unless children are accessed and immunized in FATA, the program in Pakistan will not succeed

• The FATA plan holds promise, top priorities are:
  – Effective and fully operational Civil Military Cooperation
  – Access to all areas, including N & S Waziristan
  – Activation of Unit Polio Eradication Committees
  – Engagement of all parties in conflict
Polio Reservoirs: Quetta Block

• Quetta Block

  • Ensure proper selection of vaccination teams
  • Overcome challenge posed by local paramedics
  • Stop cVDPV2 outbreak
  • Customize DDM
Polio Reservoirs: Gadap

• Increasing proportion of environmental WPV isolates – increasing risk
• Security situation remains a challenge and barrier
• Strong management by the district authorities must continue
• Continue Polio-Plus
• Check for ‘zero’ dose children in all major transit sites
Cross-border coordination

• National Task Force to follow up on recommendations of the July cross-border meeting in Kabul

• More active engagement of local authorities in ensuring coordination high quality cross border activities

• Better synchronization of SIAs

• Cross-border mopping up for WPV across FATA and cVDPV2 across Balochistan borders
Major Priorities for the Coming Low Season
Top low season priorities to interrupt transmission

• Sustained oversight, management & accountability during and after elections

• ‘Underserved Priority Population’ Strategy

• Enhanced Civil Military Coordination in FATA

• Fully functional polio control rooms and union council committees

• Fully implement direct fund disbursement (DDM)
Risks

- Elections
- Continued or expanded inaccessibility
- Sub-optimal civil-military cooperation
- Gaps in program oversight, management and accountability
- Vaccine Shortage / supply management
Final Conclusion:

The Goal of NEAP to stop WPV transmission by December 2013 is feasible, if the plan is implemented rigorously.