



POLIO IN AFGHANISTAN

Current situation as at September 2012

- Unexpected rise in cases in 2011, slight decline in 2012 compared to the same period 2011 (17 cases, compared with 27 cases)
- Bulk of cases in traditionally endemic Southern Region and Farah province in Western Region
- Isolated spread of poliovirus from these areas, and neighbouring Pakistan, to polio-free regions of the country
- Ongoing transmission due to steady decline in quality of supplementary immunization activities (SIAs) since 2009, despite continuing and increasing access in Southern Region in 2011 and 2012
- Worst-performing districts identified, in Hilmand, Kandahar and Uruzgan provinces in Southern Region, and Farah province in Western Region
- During SIAs, children missed due to flaws in management and accountability, and due to access as a result of insecurity in some areas

Implications

- Polio in traditional endemic zones, and neighbouring Pakistan, poses danger to populations living in polio-free areas of Afghanistan
- As for all endemic countries, risk of international spread remains

Emergency approach

- National Polio Eradication Emergency Action Plan developed. Special Focal Person for Polio Eradication appointed by the President, and Inter-ministerial Task Force established to support implementation of Emergency Action Plan
- Resources focus on worst-performing districts of endemic zone
- Engagement with local-level access negotiators and humanitarian organizations active in conflict areas
- New 'permanent polio teams': permanent vaccination teams in place in worst-performing, securitycompromised districts, able to circulate on a rolling basis to deliver additional OPV doses in between large-scale SIAs
- Scaling up Short Interval Additional Dose (SIAD) approach to more rapidly boost population immunity among populations living in hard-to-reach areas
- Strengthened capacity in worst-performing districts, through additional technical support and fulltime district polio managers; focus on management training to overcome administrative and managerial obstacles
- Strengthened accountability, through assessment and monitoring through provincial polio teams
- Refined post-SIA monitoring to obtain clearer picture of programmatic performance and enable corrective measures
- Sensitised microplanning, and increased recruitment of local personnel for vaccination teams and supervision
- Assessment of community perceptions and targeted and scaled-up social mobilization efforts
- Continuing engagement of religious, traditional and community leaders

Learn more and take action at www.polioeradication.org











Afghanistan

