Pakistan Program Review

Our Opportunity to make ZERO a Reality!

Senator Ayesha Raza Farooq
Prime Minister’s Focal Person for Polio Eradication

Polio Oversight Board
New York, September 25th 2015
Outline

1. Situational update (epidemiology/access/performance)
   – Zero is possible!

2. NEAP implementation and Impact on the programme
   – What we are doing differently
   – The building blocks of success

3. Program priorities, innovations and risks
   – Clear priorities, strong innovation but.....
   – Some remaining challenges and risks that must be managed

4. Programme funding and gaps
The Virus is Under Pressure
Polio epidemiology (2012-2015)

Ban in N/S WA
Killing of FLWs
Military Operation
Low Season Plan 2014/15

WPV1 (Case)
WPV1 (Env)
Access has Transformed
Reduction in children in insecure/inaccessible areas
(Jan 2013 – May 2015)

Source: FATA Polio Control Room
Programme Performance is Improving
2014/15 remaining missed children in NIDs

% children missed among recorded

<table>
<thead>
<tr>
<th>Month</th>
<th>Jan (NID1)</th>
<th>Feb (NID2)</th>
<th>Mar (NID3)</th>
<th>Oct (NID4)</th>
<th>Dec (NID5)</th>
<th>Jan (NID1)</th>
<th>Feb (NID2)</th>
<th>Mar (NID3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>12.7</td>
<td>11.2</td>
<td>15.4</td>
<td>11.8</td>
<td>10.9</td>
<td>13.1</td>
<td>12.5</td>
<td>12.2</td>
</tr>
<tr>
<td>Feb</td>
<td>11.3</td>
<td>18.5</td>
<td>16.7</td>
<td>10.3</td>
<td>11.1</td>
<td>14.6</td>
<td>12.1</td>
<td>12.9</td>
</tr>
<tr>
<td>Mar</td>
<td>13.8</td>
<td>17.2</td>
<td>14.3</td>
<td>12.9</td>
<td>12.0</td>
<td>14.7</td>
<td>13.1</td>
<td>13.5</td>
</tr>
<tr>
<td>Oct</td>
<td>12.4</td>
<td>16.5</td>
<td>14.6</td>
<td>11.2</td>
<td>11.7</td>
<td>14.0</td>
<td>12.5</td>
<td>12.9</td>
</tr>
<tr>
<td>Dec</td>
<td>12.8</td>
<td>14.4</td>
<td>12.6</td>
<td>12.8</td>
<td>13.7</td>
<td>14.3</td>
<td>12.9</td>
<td>12.6</td>
</tr>
<tr>
<td>Jan</td>
<td>11.9</td>
<td>12.7</td>
<td>11.2</td>
<td>13.9</td>
<td>12.3</td>
<td>14.1</td>
<td>12.5</td>
<td>12.8</td>
</tr>
<tr>
<td>Feb</td>
<td>13.5</td>
<td>14.3</td>
<td>12.1</td>
<td>13.7</td>
<td>12.9</td>
<td>14.5</td>
<td>12.7</td>
<td>13.1</td>
</tr>
<tr>
<td>Mar</td>
<td>12.0</td>
<td>13.7</td>
<td>11.8</td>
<td>14.3</td>
<td>12.5</td>
<td>14.7</td>
<td>12.4</td>
<td>13.0</td>
</tr>
</tbody>
</table>
We must grasp the opportunity to make ZERO a reality!

The ingredients....

- Right strategy –
- Right implementation plan
- Right focus
- Right teams in the right places
- Right commitment and oversight at all levels
- Right resources at the right time
NEAP 2015/16: The Building Blocks of Success

NEAP Objectives
- Stop virus transmission in all reservoirs
- Maintain and increase population immunity throughout Pakistan
- Sustain polio interruption through EPI-PEI Synergy

Strategies
- Paradigm shift to **missed children**
- Rationalized SIAs **schedule**
- **Quality** campaigns with systematic **monitoring** of all phases
- Front Line workers selection, training, supervision, protection and payment
- **Sustained community engagement** (Communications/CCPV)
- **Health Camps** (Polio+)
- **Access & Security** (systematic Civil-Security planning and coordination)
- **IPV-OPV** Campaigns
- **Transit** vaccination and **Cross Border Coordination**
- **Surveillance** strengthening
- **EPI-PEI Synergy**
What are we doing differently?

- **Use of scientific evidence and data to drive planning and decision making**
  - Risk modeling/prioritization
  - Real time Campaign monitoring (all phases)

- **Intensive advance planning**
  - Bringing forward the planning
  - Identifying key problems and defining solutions
  - Engaging key implementers at all levels
  - Task team approach (shared responsibility)

- **Focused and intensive implementation**
  - Priority assigned to tier-1 districts (HR, monitoring, DPCR revamping)
  - Disciplined delivery on deadlines
  - Roll out of Accountability and Performance Management Framework
A Clear Geographical Focus

**Tier 1: Reservoir Districts = 12**
- NIDs + SNIDs
- CCPV /Health Camps

**Tier 2: High Risk/Vulnerability Districts = 30**
- Areas with frequent introduction of virus and also known SIA quality problems and immunity gaps
- NIDs + SNID

**Tier 3: Outbreak Districts = 11**
- Flexible designation
- Areas that report a case or positive environmental sample.
- NIDs + SNIDs + mop ups

**Tier 4: Rest of Pakistan (110)**
- NIDs

<table>
<thead>
<tr>
<th>Tier</th>
<th>Target Children (millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2.7</td>
</tr>
<tr>
<td>2</td>
<td>6.0</td>
</tr>
<tr>
<td>3</td>
<td>4.7</td>
</tr>
<tr>
<td>4</td>
<td>22.0</td>
</tr>
</tbody>
</table>
The Right Teams in the Right Places

• National EOC
  ✓ Fully functional with a “One Team” approach.
• Network of 5 Provincial EOCs
  ✓ Fully functional with designated senior leadership
  ✓ GPEI surge underway to provide further specialist support
• Strengthened District and Union Council Teams
  ✓ DPCR refurbishment in priority districts
  ✓ Focused surge of staff to high risk districts and Union Councils
    • 250+ to high risk Districts (PEOs, NSTOP, DHCSOs)
    • 3,650+ surge to 5,500+ at High Risk Union Councils (UCPWs and UCCOs)

<table>
<thead>
<tr>
<th>PROVINCE</th>
<th>PRE-SURGE</th>
<th>SURGE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>BALOCHISTAN</td>
<td>324</td>
<td>171</td>
<td>495</td>
</tr>
<tr>
<td>FATA</td>
<td>279</td>
<td>992</td>
<td>1271</td>
</tr>
<tr>
<td>ISLAMABAD</td>
<td>26</td>
<td>21</td>
<td>47</td>
</tr>
<tr>
<td>KP</td>
<td>398</td>
<td>2164</td>
<td>2562</td>
</tr>
<tr>
<td>PUNJAB</td>
<td>351</td>
<td>234</td>
<td>585</td>
</tr>
<tr>
<td>SINDH</td>
<td>484</td>
<td>72</td>
<td>556</td>
</tr>
<tr>
<td>PAKISTAN</td>
<td>1862</td>
<td>3654</td>
<td>5516</td>
</tr>
</tbody>
</table>
Commitment at all Levels

- PMFP and EOC coordinators have daily interaction with highest Govt. offices including PM, CM, and CS.
- Prime Minister’s Focus Group
- National Task Force Meetings chaired by PM attended provincial CMs and Governor KP
  - Last meeting September 10
- Chief Secretaries spearheading change through Provincial Task Forces (PTFs)
- Optimal engagement and leadership of Deputy Commissioners (DC)
## Programmatic Priorities and Innovations

<table>
<thead>
<tr>
<th>Priorities/Innovation</th>
<th>Progress and Impact</th>
</tr>
</thead>
</table>
| Missed Children                               | • Estimated 1 million under-immunized children in Pakistan  
|                                               | • Identification, tracking and vaccination of missed children now embedded in all phases of SIAs                                                 |
| Front line workers                            | • 4,700 (96%) of front-line supervisors in tier 1-2 districts received enhanced 2-day training, with 23,000 polio teams to follow  
|                                               | • PKR 2 billion in payment arrears cleared and revamped DDM                                                                                 |
| Communications                                | • Redesigned, re-branded and re-packaged to increase trust and empowering and equipping FLW to succeed on the door-step                            |
| Access & Security                             | • Inaccessible children now below 35,000  
|                                               | • Security protection for mobile teams much improved                                                                                         |
| Continuous Community Protected Vaccination    | • Expanded from Karachi and now rolled out in KP/FATA/Balochistan  
|                                               | • Covering 40% of target population in Tier1 districts                                                                                      |
| Health Camps                                  | • 2,000 camps targeted (95%) to highest risk areas  
|                                               | • 500K beneficiaries/100K u5/10K zero dose                                                                                                  |
| IPV-OPV                                       | • IPV-OPV targeted Campaigns reaching 1.7 million children.  
<p>|                                               | • IPV now being rolled out in EPI                                                                                                           |
| Surveillance                                  | • Surveillance reviews and improvement plans in all provinces                                                                                  |</p>
<table>
<thead>
<tr>
<th>Risk</th>
<th>Mitigation Strategy</th>
</tr>
</thead>
</table>
| Failure of access to children in insecure areas                     | • Accurate mapping of all inaccessible areas and populations  
• Sustained Civil-Military Co-operation at all levels |
| Failure to vaccinate all accessible children                         | • Sustained staff surge at all levels (N.B. District/UC level)  
• Comprehensive revision and validation of Micro-plans  
• Ensure that Polio teams are well selected, trained, supervised, protected, and timely paid  
• Systematic tracking and vaccination of missed children  
• Further rollout of proven innovations (e.g. CCPV, health camps, transit/cross border vaccination and IPV)  
• Enhanced programmatic monitoring at all level |
| Failure to track the Virus                                           | • Implementation of recommendations AFP Surveillance reviews  
• Sustained and expanded environmental surveillance |
| Failure to timely interrupt cVDPV                                   | • Sustained reduction in cVDPV cases and isolates  
• TAG endorsed SIAs strategy adapted to manage risk |
| Lapse in political commitment & oversight                           | • Focus on NTF, PTFs, DPECs and UPEC performance  
• Roll-out of accountability framework |
| Inadequate Funding                                                   | • Accelerated advocacy with key partners and donors  
• Front-loading funding for 2016 |
### Financial requirement PCI 2016-18*:
reaching and maintaining zero (USD in millions)

<table>
<thead>
<tr>
<th>Year</th>
<th>OPV</th>
<th>Operational</th>
<th>Surveillance</th>
<th>SM campaigns</th>
<th>SM ongoing</th>
<th>Enabling activities</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>51</td>
<td>47</td>
<td>6</td>
<td>8</td>
<td>22</td>
<td>8</td>
<td>143</td>
</tr>
<tr>
<td>2017</td>
<td>38</td>
<td>34</td>
<td>6</td>
<td>7</td>
<td>18</td>
<td>2</td>
<td>105</td>
</tr>
<tr>
<td>2018</td>
<td>32</td>
<td>29</td>
<td>6</td>
<td>6</td>
<td>14</td>
<td>2</td>
<td>89</td>
</tr>
<tr>
<td>Est. Total Requirement (USD)</td>
<td>122</td>
<td>110</td>
<td>18</td>
<td>21</td>
<td>54</td>
<td>13</td>
<td>338</td>
</tr>
<tr>
<td>Carry forward funds</td>
<td>26</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>26</td>
</tr>
<tr>
<td><strong>Est. Total Financial Gap</strong></td>
<td><strong>95</strong></td>
<td><strong>110</strong></td>
<td><strong>18</strong></td>
<td><strong>21</strong></td>
<td><strong>54</strong></td>
<td><strong>13</strong></td>
<td><strong>311</strong></td>
</tr>
</tbody>
</table>

*Doesn’t include
- Core contribution of GoP including staff salaries, infrastructure and logistics at all levels of the program
- Planned Provincial top up payments to FLWs e.g. Low season 2015 Punjab paid $4.5 Million
- Security Costs including personnel and logistics
- GPEI partner Technical assistance, HR surge, innovations, EOC and DPCR refurbishment and running cots
**Resource mobilization status**

- PC-1 finalized with Provinces and partner agencies
- Ministry of Health submitted PC-1 to the Planning & Development Division in August 15
- Coordination mechanisms put in place to finance PC-1
  - Inter-ministerial group comprising of Ministry of Health, EAD, Ministry of Finance as well as P&D
  - Coordinates and monitors the resource generation progress with GPEI partners
- Funding requests initiated by the EAD
  - IsDB ($100 million loan)
  - Japan government ($50-60 million loan)
  - Canada (USD$30 million)
  - UAE, Kuwait, Qatar
  - GPEI Partners (ongoing)
- High-level visits conducted / planned (IsDB, Japan, Canada)
We are going to do it together;
All as One Team

Thank You
September NID

- Systematic independent pre-, intra- and post campaign monitoring
  - 3,000 HH Clusters (intra-campaign)
  - 500 LQAS Lots (standardised, independent and using handheld devices)
  - PCM in all Districts (300 per District/approx. 49,000 households)
  - Real-time feedback to PEOCs and NEOC

- 35 million children vaccinated
  - 2.8/3.1 m missed children were tracked and vaccinated during the catch up days (Further extended catch up planned in CCPV areas)
  - Access to a further 10,000 children achieved in most insecure areas (FATA)
  - Scale up of CCPV with door-to-door vaccination campaigns in most difficult to reach areas in Tier 1 Districts of Balochistan, FATA, KP and Karachi
  - First “door to door” in Khyber since 2009 and NWA/SWA since 2012
  - 120,000 police days in SIA protection

<table>
<thead>
<tr>
<th>PCM Coverage by Finger Marking Data by Districts (Preliminary)</th>
</tr>
</thead>
<tbody>
<tr>
<td>90% +</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>May 2015 (SNID n=66)</td>
</tr>
<tr>
<td>Sept 2015 (NID n=155)</td>
</tr>
</tbody>
</table>