

# POLIO

GLOBAL  
ERADICATION  
INITIATIVE

## INTER-COUNTRY COORDINATION MEETING

### ON WILD POLIOVIRUS COMMON RESERVOIRS IN PAKISTAN AND AFGHANISTAN

21 September 2016, Islamabad, Pakistan





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# Acronyms

<b>AFP</b>	Acute Flaccid Paralysis
<b>EOC</b>	Emergency Operations Center
<b>FATA</b>	Federally Administered Tribal Areas
<b>GPEI</b>	Global Polio Eradication Initiative
<b>HRMP</b>	High Risk Mobile Populations
<b>IPV</b>	Inactivated Polio Vaccine
<b>IHR</b>	International Health Regulations
<b>IMB</b>	Independent Monitoring Board
<b>IOM</b>	International Organization for Migration
<b>KP</b>	Khyber Pakhtunkhwa
<b>OPV</b>	Oral Polio Vaccine
<b>RRT</b>	Rapid Response Team
<b>SIAs</b>	Supplementary Immunization Activities
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNICEF</b>	United Nations Children's Fund
<b>WHO</b>	World Health Organization
<b>WPV</b>	Wild Poliovirus

# I. Context

Pakistan and Afghanistan are among the last endemic countries with 85% of the global polio cases in 2016. Both countries constitute one epidemiological block, given the longstanding shared wild poliovirus (WPV) transmission, due to ongoing significant-scale population movement. The bordering areas between the two countries constitute common WPV transmission corridors posing major risk for both the national programmes as well as the Global Polio Eradication Initiative (GPEI). In addition to the continuing WPV transmission in the eastern and southern corridors (greater Peshawar/Khyber-Nangarhar/Kunar/Laghman and Quetta Block/Kandahar/Helmand, respectively), WPV transmission is seemingly establishing in a central corridor ranging between southern Khyber Pakhtunkhwa (KP) / Federally Administered Tribal Areas (FATA) in Pakistan through south-eastern Afghanistan (Paktika, Paktia and Khost provinces).

The two country programmes have been closely coordinating on supplementary immunization activities (SIAs) operations, surveillance for polioviruses as well as evolving situations and events such as new polio cases in the bordering areas and population movement due to different reasons. Vaccination posts at Torkham and Friendship gate, the main border

crossing points in the eastern and southern corridors respectively, have been strengthened; however, there is limited progress at the border crossings between North/South Waziristan and south-eastern Afghanistan because of the difficult geographical terrain with comparatively little population movement. A recent polio outbreak in the central corridor with polio cases on both sides of the border is a matter of serious concern for both programmes. The two national programmes agreed to have a face-to-face meetings in pursuance to the agreed six-monthly frequency, with focus on the central corridor outbreak.

It is important to mention that the Polio Technical Advisory Groups of both countries and the Independent Monitoring Board (IMB) of the GPEI have been emphasizing the importance of good coordination between the two national programmes as well as close synergy among the provincial, district and sub-district level polio eradication teams. The Emergency Committee on the international spread of poliovirus under the International Health Regulations (IHR) has also been maintaining its recommendations for vaccination of international travellers from Pakistan and Afghanistan due to the risk of WPV exportation to polio-free regions and countries.

## II. Proceedings of the Meeting

The “common reservoirs coordination meeting” was convened on 21 September 2016 in Islamabad, Pakistan. The Afghanistan delegation was led by the Advisor to the Minister of Public Health and comprised of the National Emergency Operations Center (EOC) Director and regional EOC Managers and core teams from the eastern, south-eastern and southern regions of Afghanistan. The Pakistan delegation was led by the Prime Minister’s Focal Person for Polio Eradication and comprised of the National EOC coordinator, provincial EOC coordinators from KP, Balochistan and FATA and their core teams (list of participants annexed). The meeting was also participated by senior representatives from GPEI, including WHO, UNICEF, the Bill & Melinda Gates Foundation, Rotary International and the US Centers for Disease Control and Prevention (CDC).

The inaugural session was jointly chaired by the Advisor to the Minister of Public Health Afghanistan and the Prime Minister’s Focal Person for Polio Eradication in Pakistan. Both the delegation heads recognized the excellent opportunity that the programmes have at hand to stop WPV transmission; having made significant progress over the last one year, evidenced by the historically-low rates of poliovirus transmission and the lowest virus genetic diversity. Based on the lessons learnt during the last low transmission season, both the programmes have developed their National Emergency Action Plans 2016-17, targeting to stop WPV transmission by the end of 2016 and maintain through 2017. The strategies that worked in the last low transmission season have been optimized, fine-tuned and expanded under the NEAPs 2016-17, to fully maximise their impact during the upcoming low transmission season in 2017. The importance of working jointly to address the common challenges in WPV common reservoirs is more than ever before. The delegate heads expressed on behalf of the National Governments the resolve to work as one polio eradication team towards achieving the goal of global polio eradication.

### II.1 Update on the Current Situation and outcomes of the previous meeting

The WHO Eastern Mediterranean Region Polio Eradication and Emergency Support Manager presented an analysis of the current situation in the WPV common reservoirs and key outcomes from the last coordination meeting (held in March 2016 in Kabul, Afghanistan). Twenty-three polio cases have been reported so far (at the time this report was written), 15 from Pakistan and 8 from Afghanistan. The most recent polio cases from the eastern and southern common WPV corridors had onset of paralysis on 29 May (Kunar) and 4 April (Kandahar). The population immunity in both these corridors has been gradually improving over the last one year, as shown by the vaccination status of non-polio acute flaccid paralysis (AFP) cases. Despite no recent polio cases, WPV positive environmental samples have been reported on and off from both the corridors (Peshawar and Quetta Block). Of particular note are the recent positive environmental samples from Pishin and Quetta districts (two each in August 2016).

There is currently an outbreak in the central corridor ranging from southern KP / FATA in Pakistan and south-eastern Afghanistan that seems to be intensifying since the first polio case in February 2016 from Hangu district (KP). Subsequently, WPV cases have been reported from Bannu , D.I.Khan (southern KP) and lately from the bordering areas of South Waziristan (Pakistan) and Paktika / Bermal (Afghanistan). Most of the recent cases are associated with mobile populations moving across the border, particularly the ones displaced after the initiation of military operations in June 2014 in FATA, Pakistan.

The action points from the Kabul meeting have been implemented.

- The coordination at the national and provincial levels continued as per the agreed lines, with quarterly and monthly video conferences respectively and a national face-to-face meeting every six months. However, the interaction among south-eastern Afghanistan and FATA has not been regular due to IT-related difficulties. However, recently these teams have been convening regular Skype calls.



- Information sharing has been regular in general, with room for improvement on systematic and regular information sharing about the population movements.
- Both countries have enhanced the vaccination target age group up to ten years at the border vaccination posts. Listing of crossing points has been completed by the FATA (Pakistan) team, and the eastern and south-eastern region (Afghanistan) teams and additional vaccination teams were deployed on both sides, as per the assessment findings. Data tools / formats were jointly reviewed by the country teams but have not been standardized and put into use.
- Information sharing on AFP cases has improved. However, there are few recent instances of late cross-notification that need to be addressed. Orientation of healthcare providers on reporting the AFP cases has been intensified in the bordering areas by both the countries.
- Teams at the national and sub-national levels continue to share communication materials to ensure that the populations in the bordering areas are conveyed common messages.

The two National EOC leads further dilated upon the key current issues and way forward for the next six months. The National EOC Coordinator Pakistan acknowledged the good work done at all levels but highlighted the fact that both the programmes are not where they intend to be. He highlighted the expansion of "community-based vaccination" to the entire tier-1 region in Pakistan, as one of the most significant initiatives under the NEAP 2016-17. Moreover, a "mobile team action plan" has been launched in the tier-2 districts to ensure that high population immunity is maintained through implementing high quality SIAs across the board. He emphasized the importance of tailoring the approaches and strategies driven by the risks and enhancing programme capacity where needed. He also emphasized the importance of having very sensitive surveillance at this stage of the programme.

The National EOC Director Afghanistan underscored the decisive importance of reaching and vaccinating the populations on the move, consistently. It is of note that populations do move through informal routes (in addition to the known formal routes) that need to be covered by vaccination teams. While appreciating the good coordination levels among the teams in the eastern and southern corridors, he acknowledged the sub-optimal level of coordination among the southern KP/FATA and southeast Afghanistan teams across the central corridor. He advised to consider discussing the real and core ground issues during the group work and formulate practical and realistic solutions to address the currently existing issues.

## II.2 Group Work

The plenary session was followed by the group work. In addition to the groups on the eastern and southern corridors, a distinct group was constituted for the central corridor to particularly focus on planning for southern KP/ FATA and south-eastern Afghanistan, affected by an ongoing polio outbreak. Key members from the national teams also had brief discussions on further strategizing on the overall coordination. Key themes / questions for the provincial / regional group work included:

- Closing remaining coordination gaps at the provincial / regional / district level
- Specific plans to strengthen SIA quality and micro-synchronization along the border
- Mapping and strengthening vaccination of High Risk Mobile Populations (nomads, returnees, refugees and seasonal migrants)
- Strengthening surveillance (AFP, healthy children stool sampling, and environmental surveillance)

The groups presented their feedback and action plans with timelines and responsibilities, to the plenary session. The groups' feedback and action plans are annexed.

# III. Key Recommendations / Action Points

Key recommendations and action points that emerged from the post group-work discussions are listed below.

## III.1 National / Overarching

### Surveillance and case response

- Protocols for decision-making on where an AFP case belongs to, remain the same, i.e. any cross-country notified AFP case will be assigned to the country / place of onset of paralysis.
- Detailed investigation reports of each cross-notified and border district AFP cases to be shared as soon as available.
- Cross-notification of AFP cases by email and phone will be ensured within 48 hours of case investigation. Response from the cross-notified country should come within 72 hours of cross-notification.
- For cross-notified AFP cases with inadequate stool specimens, contact sampling is to be done in all areas of the child's significant travel history.
- Pakistan national surveillance team to share the protocol for healthy children stool sampling with Afghanistan team for consideration and use.
- National Rapid Response Teams (RRTs) of both countries to coordinate for detailed case investigation and response plan through the National EOCs. Response plan should consider incubation period, onset of paralysis as well as any travel during 14 days after the onset of paralysis.
- Regional RRTs to be formed in Afghanistan as soon as possible and contact details to be shared with bordering province / area team in Pakistan.
- Both RRTs are to ensure detailed case investigation checklists used in both countries capture all the relevant components.

### High Risk Mobile Populations (HRMPs)

- Ongoing vaccination (OPV/IPV) at UNHCR/IOM sites in Afghanistan should continue.
- National EOCs to designate HRMP task teams at national and sub-national levels and to establish communication channels/standard operating procedures (SOPs). Regional/provincial teams should coordinate at local level and keep the national level informed. Advance information of any anticipated surge, possible routes, timings, destinations, etc., should be immediately shared.
- Regional/provincial teams should identify informal crossing points and destinations. The teams should also identify possible sites near border for establishment of vaccination points (e.g. health facilities, markets, bus stands, etc.).
- Vaccination at destination of the HRMPs is to be strengthened to capture newly arrived / repatriated population groups.
- Population movement mapping from border areas should be improved / validated through better engagement of the community elders.

### SIA Synchronization

- Looking at limitations in changing the date, the two countries should maintain current SIA schedule for 2016.
- SIA schedule / dates for 2017 should be synchronized during next national video conference.
- The National EOCs to mutually share the plans for IPV SIAs immediately.

### Next National Coordination Meetings

- Next video conference among the national teams is planned during the first week of January 2017.
- Next national face-to-face meeting is proposed during the first week of April 2017 at an agreed venue (to be discussed during the next video conference).

### III.2 The Eastern Corridor (Greater Peshawar/Khyber – Eastern Afghanistan)

- Following the monthly video conference, there will be mutual sharing of data on agreed common format, copying the national EOCs and focal points. Common format / template will be agreed in line with the national format, immediately after the meeting.
- Considering the challenges for the interactions at the district level, the following are the agreed modalities:
  - Weekly telephonic contact among the district focal points / teams is mandatory
  - Face-to-face meeting will be convened once a quarter, subject to security situation
  - Regional EOCs will invite teams from priority districts for the monthly video conference
- Fortnightly / monthly video conference will continue among the regional / provincial teams. Quarterly face-to-face meeting (can be more frequent, if needed) will be held alternately in Peshawar and Jalalabad. The provincial / regional teams will jointly develop a standing agenda for the meetings / video conferences / teleconferences.
- The available mapping / listing of the bordering villages will be jointly updated by both teams by 18 October 2016.
- Regional / provincial teams will check on the specific assessment plans for bordering areas and share with counterparts by mid-October. Moreover, results of SIA assessments to be shared as part of monthly information sharing on the common format.
- Both teams will ensure regular / periodic sharing of experiences and lessons learned during video conferences and other interactions. Regional / district-specific plans recently developed / updated under the NEAP 2016-17 will be mutually shared, immediately.
- Pakistan team (national / provincial) will share all the available Fatwas, decrees, and video materials immediately. At the same time, Afghanistan team will share list of notables and madrassas in Pakistan that can possibly provide cross-border assistance. Interaction among the key members of Islamic advisory groups will be arranged, when required.
- FATA and eastern regional teams will jointly update the list of formal / informal crossing points and identify need for any additional deployments by 10 October 2016. This list will be updated on quarterly basis.
- Pakistan team will ensure vaccination of Afghan returnees in the registration camps in KP until these camps continue. OPV target age group may be considered for increase up to 120 months. Pakistan team may also consider IPV administration to children aged 4 - 23 months with approval of National EOC, if possible. Adequate messages may also be conveyed to the returnees at the registration camps about routine immunization. OPV vaccination at Bigiari & Torkhum should continue ensuring high quality.
- Both sides should continue to mutually support vaccine supply in case of shortage at the border vaccination posts; to be replenished within a week. This process should be documented with necessary information at the district and provincial levels.

### **III.3 The Central Corridor (Southern KP/ FATA – South-Eastern Afghanistan)**

- Cross-border coordination focal persons were identified by both the bordering regions, contact details were shared and clear terms of references (TORs) were defined
- Operational-level face-to-face meetings among the two regions should be held every three to six months. First of these meetings should be convened in Peshawar within four weeks, with following minimum discussion items:
  - Validation of formal and informal border crossings and identification of any additional ones
  - Coordination on micro-planning of bordering areas
  - Sharing of permanent transit point (PTP) locations in the bordering areas
  - Areas with access issues
  - Identification and effective engagement of the community influencers / elders

### **III.4 The Southern Corridor (Quetta Block – Southern Afghanistan)**

- The National Governments may possibly facilitate movement of the provincial EOC members and district teams for monthly face-to-face meetings
- The weekly tele/video conferences among the EOCs will continue, with possible inclusion of the Spin Boldak and Killa Abdullah district teams

- The bordering district teams should have teleconferences before/after every SIA
- Mutual support for vaccine supply in case of shortage at the border vaccination posts should continue
- Listing and mapping of the bordering villages should be immediately updated by the district teams under close supervision of the provincial EOCs. Cross-border assistance should continue to ensure that all the populations / areas around the borders are reached during the SIAs
- The list of radio and TV channels seen/heard in the bordering areas should immediately be shared by both teams
- Keeping in view the local context, Pashto messages should be included in the leaflets and billboards for the bordering areas
- Movement routes of nomads will be validated and shared immediately by both the teams
- Pakistan team will coordinate with UNHCR and share the information about possible number of Afghan families returning to Afghanistan. Vaccination teams will be deployed in case any repatriation / registration camps are set up
- Coordination on cross-notification of AFP cases should continue with special focus on information sharing on health facilities that missed the AFP case

## IV. Conclusion

During the concluding session, representatives from the Pakistan Ministry of Foreign Affairs and Army expressed the resolve to provide utmost facilitation to the polio eradication programme. GPEI representatives (WHO, UNICEF, Rotary International, CDC, Bill & Melinda Gates Foundation) appreciated the improvement in bilateral programme coordination over the last year. They highlighted the remaining pockets of persistently-missed children, despite the overall significant improvement in the programme quality across the WPV common corridors. Experiences in northern Nigeria carry significant lessons for the Pakistan and Afghanistan programmes, particularly on the importance of mitigating the challenges pertaining to insecurity and mobile populations. The GPEI support will continue with the same zeal with assurance that the two country programmes will continue high level of coordination.

Representatives from the development partners appreciated the strengthened coordination among the national and sub-national teams. The gaps mentioned by the IMB in its recent report were highlighted, especially the importance of consistently reaching mobile populations. The partners requested regular information sharing and assured to continue the support for the two programmes.

The two delegation heads while concluding the meeting, lauded the meticulous group work clearly highlighting that two programmes are now working

as “one team”. They underscored the importance of tracking the implementation of the action points. Gratitude was offered to the GPEI and development partners for the continued support. Both the delegation heads acknowledged the responsibility of the Pakistan – Afghanistan polio programmes towards the global community and towards the generations to come and assured about further heightening the momentum during the next three to six months towards the finish line.

While the two country programmes are operating for an endgame towards reaching the goal of polio eradication, there is need to enhance the coordination to the best possible levels and zoom into the necessary details to reach all the populations in the bordering areas. The active outbreak in the central corridor reinforces that none of the two countries can achieve polio eradication alone. The mobile populations between the two countries are critical for both the programmes and reaching them consistently would be the key to success. While significant progress has been made towards stopping WPV transmission, there is need to further enhance coordination on surveillance and close any remaining gaps. Both the national programmes have well-developed emergency action plans endorsed by the Technical Advisory Groups and ready to be operationalized. With high-quality coordinated and synchronized implementation of these plans, polio eradication is achievable in the region in 2016.

# V. Annexes

## V.1 Agenda

Time	Agenda Item	Facilitator
08:30 – 09:00	Registration	
09:00 – 09:10	Welcome Address	Head of the Pakistan delegation
09:10 – 09:20	Opening Remarks	Head of the Afghanistan delegation
09:20 – 09:35	Pakistan - Afghanistan situational update and status of recommendations of Kabul meeting	Chris Maher
09:35 – 09:55	Comments by National EOCs and update on developments by provincial/ regional EOCs (10 minutes each)	National EOC Director Afghanistan & National EOC Coordinator Pakistan
09:55 – 10:15	Discussion	
<b>10:15 – 10:30</b>	<b>Coffee Break</b>	
10:30 – 10:45	Key themes proposed for the group work	
10:45 – 15:00	<p><b>Group Work</b></p> <p><b>Group – 1: FATA – KP – Eastern Regions</b></p> <p><b>Group – 2: FATA – KP – South-Eastern Regions</b></p> <p><b>Group – 3: Southern Afghanistan – Quetta Block</b></p> <p><b>Topics / Themes / Questions for the Group Work</b></p> <p>Closing coordination remaining gaps at regional / district level</p> <p>Specific plans to strengthen SIA quality and micro-synchronization along border</p> <p>Mapping and strengthening vaccination of HRMP (nomadic, returnees, refugees, transit vaccination - SIA/PTP)</p> <p>Strengthening surveillance (AFP, healthy children stool sampling, and environmental surveillance)</p>	<p><b>Group – 1</b></p> <p>FATA &amp; KP teams</p> <p>Eastern region teams</p> <p>Facilitator: Zubair</p> <p><b>Group – 2</b></p> <p>FATA &amp; KP teams</p> <p>South Eastern region teams</p> <p>Facilitator: Chris Maher</p> <p><b>Group – 3</b></p> <p>Southern Afghanistan team</p> <p>Balochistan team</p> <p>Facilitator: Pervaiz</p>
<b>13:30 – 14:30</b>	<b>Lunch and prayers Break</b>	
15:00 – 15:15	Presentation Group – 1 (5 slides maximum)	Group Representative
15:15 – 15:30	Presentation Group – 2 (5 slides maximum)	Group Representative
15:30 – 15:45	Presentation Group – 3 (5 slides maximum)	Group Representative
<b>5:45 – 16:00</b>	<b>Working Tea</b>	
16:00 – 16:15	Discussion	
16:15 – 16:30	Remarks by the representatives of the GPEI partners Closing remarks from the Government of Afghanistan Concluding remarks from the Government of Pakistan	

## V.2 List of Participants

Name	Designation	Organization
<b>Afghanistan</b>		
Dr. Hedayatullah Stanekzai	National Polio Focal Point	MoPH
Dr. Sardar Mohammad Parwiz	National EPI Manager	MoPH
Dr. Maiwand Ahmadzai	Director National EOC	MoPH
Dr Ajmal Pardes	National Cross border focal point MoPH Afghanistan	MoPH
Dr. Gula Khan Ayub	Communication Officer, NEPI	MoPH
Dr. Mohammad Hanif Niazi	National Surveillance Officer	MoPH
Dr. Naqibullah Hamdard	Operations Manager, EOC	MoPH
Mr. Nazar Mohammad Qani	REMT Manager South	MoPH
Dr. Abdul Rasheed Alkozai	EOC Southern Region	MoPH
Dr. Noor Ahmad Banda	PEMT Zabul	MoPH
Dr. Abdul Ahad	PEMT Helmand	MoPH
Dr. Najibullah Kamawal	PHD Nangarhar	MoPH
Dr. Ali Gul	PEMT Nangarhar	MoPH
Dr. Ihsanullah Fazli	PHD Kunar	MoPH
Mr. Mohammad Ishaq	PEMT Kunar	MoPH
Mr. Mohammad Habib Mohmand	PEMT Paktia	MoPH
Mr. Abdul Karim	PEMT Khost	MoPH
Dr. Asmatullah Arab	Polio Consultant	B&MGF
Mr. Nasir Ebrahimkhail	Senior Program Officer	Canadian Embassy
Dr Abdul Qahar	CDC PEI Country Consultant	CDC
Dr. Hemant Shukla	Team Leader Polio	WHO
Dr. Hassan Khan	Deputy Team Leader Polio	WHO
Dr. Asad Ullah Taqdeer	Deputy Team Leader Polio	WHO
Dr. Ali Ahmad Zahed	Surveillance Officer	WHO
Dr. Najibullah Zafarzai	PEI Coordinator	WHO
Dr. Awad Omar	Medical Officer	WHO
Dr. Nabil Abbas	Medical Officer	WHO
Dr. Tessema Assegd Kebede	Medical Officer	WHO
Dr. Hakim Jan Adeel	PEI Coordinator	WHO
Dr Ruh Ullah Habib	NPO	WHO
Ms. Melissa Corkum	Team Leader Polio	UNICEF
Ms. Laurence Chabirand	Deputy Team Leader Polio	UNICEF
Mr. Painsa Mohammad	Programme Officer	UNICEF
Dr. Shah Wali Popal (South)	Programme Manager	UNICEF

Name	Designation	Organization
<b>Pakistan</b>		
Mrs. Ayesha Raza Farooq	Senator and Prime Minister's Focal Person	GoP
Dr Rana Muhammad Safdar	Coordinator, National Emergency Operation Centre	GoP
Brig. Retd. Dr Bashir	Pakistan Army	GoP
Ms Amna Javed	Assistant Director/Focal Person for Afghanistan, Ministry of foreign Affairs (Pak)	GoP
Dr Abdirahman Sheikh Mahamud	Team Leader WHO for National EOC, Islamabad	WHO
Dr Tahir Abbas	National Surveillance Coordinator, Islamabad	WHO
Dr Jamal Ahmad	Advisor National EOC	CDC
Dr Mufti Zubarir Wadood	Senior Advisor & Focal Point for Common Reservoirs, National EOC	WHO/HQ
Dr Gregory Racznik	CDC Country Director, Pakistan	CDC
Brig. (R) Dr Kamaluddin Soomro	National Coordinator N-STOP	NSTOP (FELTP)
Dr Muhammad Nadeem Shah	Federal NSTOP/ Focal Point for common reservoirs	NSTOP (FELTP)
DR Shamsher Ali Khan	Regional Advisor ROSA	UNICEF
Dr Aidan O'leary	UNICEF Team Lead	UNICEF
Dr Tim Petersen	Deputy Director, Polio Country Operation Global Development, Seattle, USA	BMGF/USA
Dr Altaf Hussain Bosan	Technical Consultant	BMGF
Mr. Aziz Memon	National Chair, Polio Plus Committee	Rotary International
Mr Muhammad Akbar Khan	EOC Coordinator, Khyber Pakhtunkhwa	GoP/KP
Dr Muhammad Rahim Khattak	AD EPI/KP Focal Point WPV common reservoirs	GoP/KP
Mr Shakeel Qadir Khan	EOC Coordinator, FATA	GoP/FATA
Dr Burhanuddin	Area Coordinator South Waziristan, FR DI Khan	WHO/FATA
Dr Tufail Ahmed	HRMP Focal Point, FATA	WHO/FATA
Dr Hamid Mohammad	Team Leader, FATA	WHO/FATA
Dr Irfan Elahi	PPEO FATA	WHO/FATA
Syed Faisal Ahmed	EOC Coordinator, Balochistan	GoP/Balochistan
Dr Masood Khan Jogazai	Technical Focal Person – BMGF	BMGF/Balochistan
Dr Aftab Kakar	NSTOP/Focal Point WPV common reservoirs	NSTOP/Balochistan
Dr Sarfaraz Jamal dini	PPEO, Balochistan	WHO/Balochistan
Dr Mohd. Osama Mere	Consultant Advisor PEI	WHO
<b>GPEI</b>		
Dr Rudolf H. Tangermann	Surveillance lead/chair Afghanistan Task Team	WHO/HQ
Mr. Christopher Maher	Manager, Polio Eradication & Emergency support	WHO/EMRO
Dr. Joanna Nikulin	Afghanistan Focal Point	WHO EMRO



### V.3 Eastern Afghanistan – KP / FATA Group Work

Closing Coordination Gaps		
ISSUES	ACTION PLAN	Responsibility & DEADLINE
Lack of regular sharing of data	Mutual sharing of data on agreed common format following the monthly video-conference (VC) (copying the national EOC and focal points)	Provincial / Regional Focal Persons Before Sept. NIDs
	Common format / template to be agreed (inline with the national format)	
District level interactions still not regular	<ul style="list-style-type: none"> <li>*Weekly telephonic contact among the district focal points / teams (must)</li> <li>*Face-to-face meeting, once in a quarter (subject to security situation)</li> <li>*Regional EOCs to invite team from priority districts to the monthly VC</li> </ul>	District and Regional Focal Points & EOCs
Regional coordination	<ul style="list-style-type: none"> <li>* Fortnightly / monthly VCs to continue</li> <li>* Quarterly face-to-face meeting (can be more frequent, if needed); alternately in Peshawar and Jalalabad</li> <li>* Standing Agenda to be developed for all interactions</li> </ul>	Regional / Provincial EOCs

SIAs and Microsynchronization		
ISSUES	ACTION PLAN	Responsibility & DEADLINE
Mapping / Listing of bordering villages done in March not revised (with change in situation on both sides e.g. repatriation, access etc.)	<ul style="list-style-type: none"> <li>*Sharing of common format by end of Sep.</li> <li>* FATA / KP team to update the mapping / listing and share the same with Afghanistan; by 5 October</li> <li>* Mapping / listing to be completely updated by both teams; by 18 October</li> </ul>	FATA / KP / ER EOCs
Lack of clarity about specific assessment plans for bordering areas and sharing of the same (with results)	<ul style="list-style-type: none"> <li>* Regional / provincial teams to check for the specific assessment plans for bordering areas and share with counterparts; by mid-October</li> <li>* Results of SIA assessments to be shared as part of monthly information sharing (on the common format)</li> </ul>	FATA / KP / ER EOCs
* Persisting issues with SIA performance in some bordering areas and lack of cross-border experience sharing	<ul style="list-style-type: none"> <li>* Regular / periodic sharing of experiences and lessons learned (during VCs and other interactions); ongoing</li> <li>* Sharing regional / district specific plans (developed under the NEAP) for bordering areas</li> </ul>	Regional / Provincial EOCs
* Refusals / resisting families / access issues in eastern region	<ul style="list-style-type: none"> <li>* Sharing of all available Fatwas, decrees, video material, etc., by Pakistan team</li> <li>* Sharing of lists of notable and madrassas by Afghanistan colleagues, that can possibly provide cross border assistance</li> <li>* Interaction of key members of Islamic advisory groups, if and when required</li> </ul>	Provincial / Regional / National EOCs

<b>HRMP Mapping and strengthening</b>		
<b>ISSUES</b>	<b>ACTION PLAN</b>	<b>Responsibility &amp; DEADLINE</b>
Continued change of routes used by mobile populations / returnees, etc.	<ul style="list-style-type: none"> <li>* FATA team to share the available list of crossing points; by end-Sep 2016</li> <li>* Jointly update the list of formal / informal crossing points and identify need for any additional deployments; by 10 Oct</li> </ul> <p style="text-align: center;">The joint list to be updated quarterly</p>	Provincial / Regional EOCs
Repatriation of Afghan Refugees	<ul style="list-style-type: none"> <li>* Continue focus on vaccination of returnees in the registration camps in KP; ongoing until the registration camps continue</li> <li>* OPV target age group to be up to 120 months; ASAP* Pak to consider IPV administration to children aged 4 - 23 months with approval of N.EOC; ASAP</li> <li>* Continue focus on OPV vaccination at Bigiari &amp; Torkhum; ongoing               <ul style="list-style-type: none"> <li>* Conveying adequate messages to the returnees at the registration camps, about routine immunization</li> </ul> </li> <li>* Share the vaccination data (and possibly destination information) of returnees with Afghanistan team</li> </ul>	Provincial / Regional EOCs
Occasional shortage of vaccine at Torkham border (mainly of Pak side)	<ul style="list-style-type: none"> <li>* Both sides to mutually support vaccine supply in case of shortage (to be replenished within a week)</li> <li>* This is to be documented with necessary information at the district and provincial levels</li> </ul>	District and regional / provincial EOCs

<b>AFP Surveillance</b>		
<b>ISSUES</b>	<b>ACTION PLAN</b>	<b>Responsibility &amp; DEADLINE</b>
Late notification and sharing of documents for some AFP cases	<ul style="list-style-type: none"> <li>* AFP cases to be cross-notified within 24-48 hours, together with filled-in prescribed formats</li> <li>* Rest of the documents (lab request forms, clinical notes) to be shared within next 24 to 48 hours</li> </ul>	Provincial / regional EOCs
Late issuance of epid numbers for some AFP cases	Epid number to be issued within 24 - 48 hours of cross-notification	Provincial / regional EOCs
Some silent areas...	<ul style="list-style-type: none"> <li>* Consider stool collection from healthy children in areas of concern* Pakistan team to share the current SOPs on the subject with Afghanistan National team</li> </ul>	National EOCs to advise the provincial EOCs

## V.4 Southern KP/FATA – South-Eastern Afghanistan Group Work

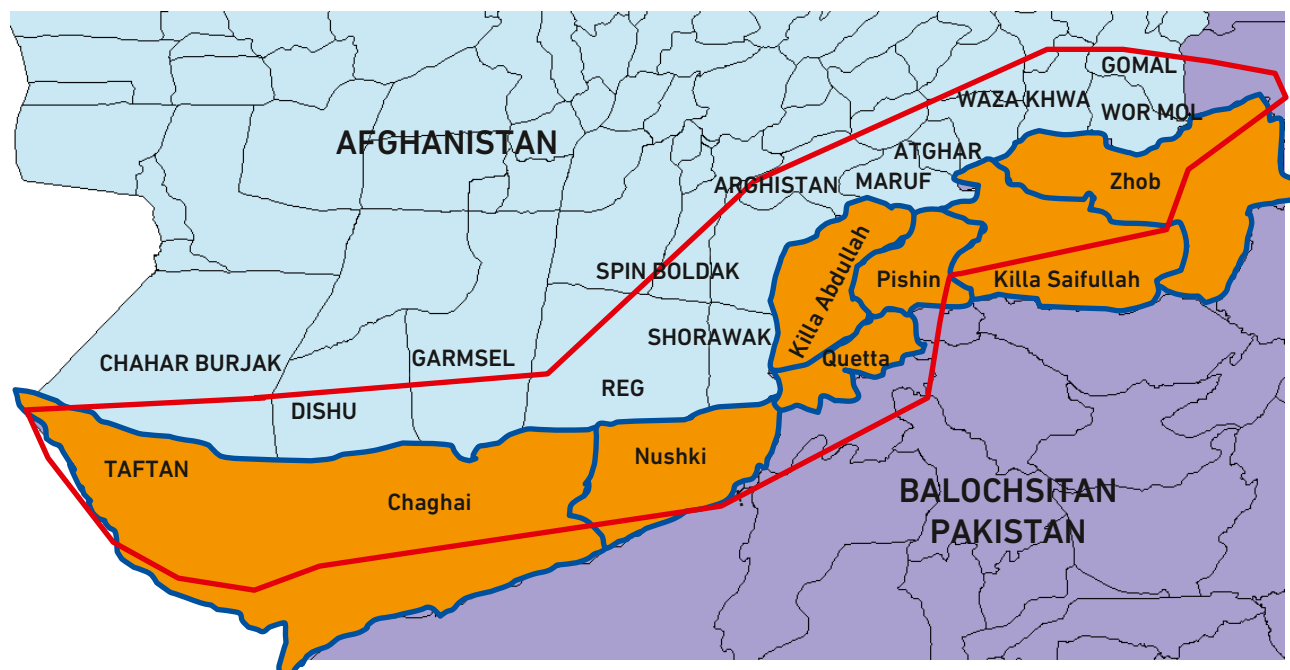
Action Plan	
Means of communications	<ul style="list-style-type: none"> <li>• Identification of cross-border (CB) focal persons</li> </ul>
TORs for CB contact focal persons	
Mapping of High Risk Mobile Populations (HRMPs)	<ul style="list-style-type: none"> <li>• Strategy for covering the HRMP on the move</li> <li>• Routes of mobility</li> <li>• Timing</li> <li>• Nomadic campaigns in SE Afghanistan to be revised based on the nomad movement patterns (timings and routes)</li> </ul>
Operational-level meeting in Peshawar (within 4 weeks, in between campaigns of both countries)	<ul style="list-style-type: none"> <li>• Formal and informal CB points</li> <li>• Coordinate micro-planning of bordering areas</li> <li>• Sharing of permanent transit point (PTP) locations in the bordering areas</li> <li>• Areas with access issues</li> <li>• Community influencers / elders</li> </ul>
Plan for Afghan returnees from Pakistan	<ul style="list-style-type: none"> <li>• Eastern region encashment center</li> <li>• Southern region encashment center</li> </ul>

Means of communication	
Contact persons for coordination	
SE Region	<ul style="list-style-type: none"> <li>• National level –               <ul style="list-style-type: none"> <li>- Dr Ajmal Pardis: 74pardis@gmail.com (0798555518)</li> <li>- Mohammad Noor: (0772732741)</li> <li>- Dr Nabil : abbasnabil_56@yahoo.com (0782226983)</li> </ul> </li> <li>• Regional level –               <ul style="list-style-type: none"> <li>- Pinda khairkhawh: pkhairkhawh@unicef.org ( 0798507299)</li> <li>- Dr Haleem: dr.Haleem@gmail.com (0782226985</li> <li>- Dr Daud Shah: mohammaddaud.shah@yahoo.cm (0729764921)</li> </ul> </li> </ul>
Southern FATA	<ul style="list-style-type: none"> <li>- Over all FATA – Dr Tufail : pcsofata@gmail.com (03154499369)</li> <li>- NWA – Dr Kashif: acfrbannu@gmail.com (03349337030)</li> <li>- SWA – Dr Burhan: acfrdik1984@gmail.com (03338973620)</li> <li>- Kurram – Dr Arshad: acfrkohat@gmail.com (03339410281)</li> </ul>
KP	<ul style="list-style-type: none"> <li>- Dr Rahim Khattak – dr.rahim1961@gmail.com ( 03018322099)</li> <li>- Dr Waheed Miraj – dr.waheed55@gmail.com (03339002277)</li> </ul>

<b>TORs for CB contact persons</b>	
<b>Regular interaction with contact focal person on CB coordination</b>	
<b>Share update on mobility patterns of high-risk mobile population</b>	<ul style="list-style-type: none"> <li>• Mapping of HRMP</li> <li>• Timing of their mobility pattern</li> </ul>
<b>Sharing information on mass movement across the border</b>	
<b>Quarterly/bi-annual operational level meetings in Peshawar / Jalalabad</b>	
<b>Weekly telephone calls (Skype, mobile) / local level CB meetings .</b>	<ul style="list-style-type: none"> <li>• Kurram / Paktya: Kharlachi</li> <li>• Ghulam khan: NWA / Khost</li> <li>• Paktika / SWA: Angoor adda</li> </ul>
<b>TORs for CB contact persons (cont'd.)</b>	
<b>Campaign schedule and updates</b>	<ul style="list-style-type: none"> <li>• Micro-plan review</li> <li>• Understanding the communities living in the bordering areas and know who is responsible for their vaccination</li> </ul>
<b>Surveillance update</b>	<ul style="list-style-type: none"> <li>• Immediate notification (within 48 hours) of cross-notified AFP cases</li> <li>• Share good practices</li> <li>• Detailed investigation of all WPV cross-border cases on both sides</li> </ul>
<b>Review and update mapping of all the CB points</b>	

## V.5 Southern Afghanistan – Balochistan Group Work

### Southern Afghanistan and Balochistan Border Map



Subject	Issue	Recommendation
Coordination	Currently face-to-face meeting is not taking place (since May) between bordering districts	<p>The Government should facilitate movement of the relevant EOCs and district teams to meet face-to-face on monthly basis</p> <p>Continue weekly video conference call (VCC) between both EOCs</p> <p>Spin Boldak – Killa Abdullah district teams should attend VCC of EOC on monthly basis.</p> <p>Other districts should be invited by turn and based on need</p> <p>The bordering district should have telephonic conference call on campaign basis</p> <p>The logistical support for these calls should be included in campaign budget plan</p>
	Shortage of vaccine on border-crossing points	To maintain support in providing OPV vaccine while it is urgently needed (Spin Boldak, Nushki districts)
	Children are found missed while crossing the border	<p>The number of children missed and the reason should be mutually shared</p> <p>Strengthening monitoring and supervision of CBT and the findings should be shared</p>

Subject	Issue	Recommendation
<b>Specific plan to strengthen SIA quality</b>	In accessible villages between Afghanistan and Pakistan	Revise the list and map of the villages in the areas where problems exist  The maps and microplans should be shared with both teams to be covered by the teams which has the ease of access  The list of radio and TV channels seen or heard on both side should be shared
	Leaflets and billboard messages are in one language in Baluchistan side	Include Pashto messages in leaflets and billboards
	Seasonal movement of nomads between Afghanistan and Pakistan	Movement routes of nomads and coverage to be shared with both teams
<b>Vaccination of High Risk Mobile Populations (HRMPs)</b>	Repatriation of Afghan refugees	Pakistan team will meet UNHCR and share the information about number Afghan families returning to AFG  Assign vaccination teams on departure camps, if any
	Late notification of cross-notified cases  Details of AFP reporting contacts including health facility that missed the case is not shared	Fine-tune the current AFP surveillance structure to ensure timely cross-notification of AFP cases  Details of the reporting contacts including health facilities that missed the AFP case should be shared
<b>Healthy children stool specimen sampling and environmental surveillance</b>		The need for sampling from healthy contact of AFP child should be in consultation with the national team



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