



Technical Advisory Group on Polio Eradication in Pakistan

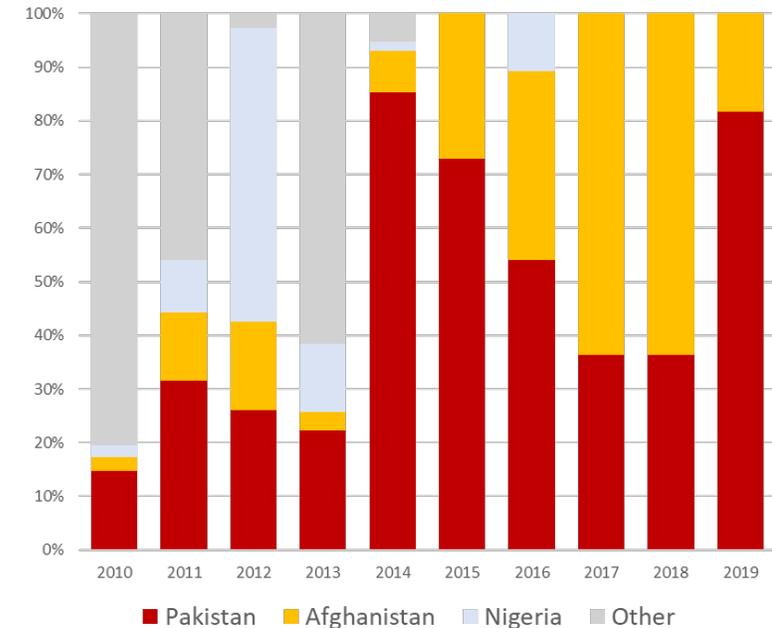
Feedback from TAG

29-30 August, 2019

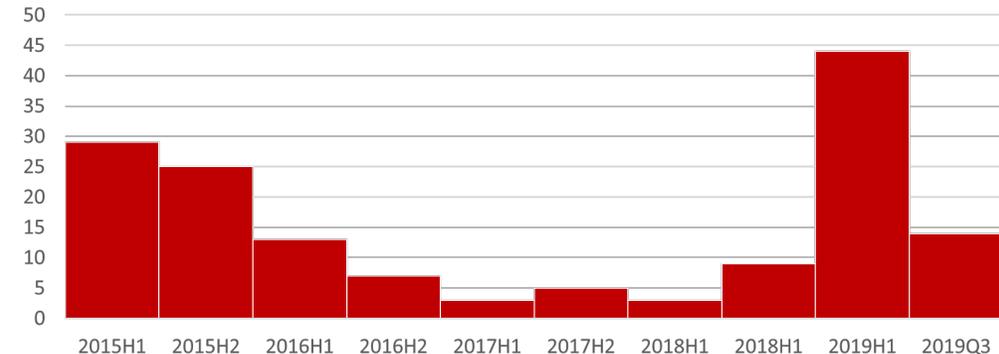
Pakistan program is on a failing trajectory, putting the rest of the global program at risk

- **Pakistan program is at a critical juncture – the costs of failure would be enormous.**
 - **80% of global WPV1 cases**
 - **Nigeria announced 3 years without polio.**
 - **Risk of exportation could jeopardize the global landscape**
- **How is the program failing?**
 - **Failure of coherent vision and unified strategy (“One Team”)**
 - **Failure of national-provincial-district-UC management**
 - **Failure of focus on effective, high-quality program activities**
 - **Failure to build trust with communities**
- **There is a huge window of opportunity to fix this with political commitment:**
 - **PM, CM, Army Support**
 - **Assessments / reviews**
 - **Commitment to change/ reset**

Proportion of WPV cases by country, 2010–2019



WPV cases, Pakistan, 2015–2019



Major risks to the program

- **Failure to shut down transmission in specific UCs of Peshawar and Karachi will maintain the cycle of continued transmission and periodic outbreaks**
- **Large portions of Afghanistan have been inaccessible to vaccination teams since April 2019, leaving a large population of children vulnerable to cross-border WPV1 transmission**
- **Deep entrenchment at implementation and management level with resistance to change**
 - **Cautiously optimistic that Bhurban meeting could be a good first step to get the leadership of EOCs aligned**
- **Poor quality SIAs and failure of regular, strategic engagement at community level to build trust resulting in increasingly frequent rounds and growing community frustration, undermining the long-term viability of the house-to-house strategy**
- **Inappropriate association of PEI with other services risks making the program more vulnerable to bargaining and negotiations**

Challenges

- **Lack of focus on core implementation strategies has resulted in the program rapidly sliding backward as demonstrated by widespread transmission**
- **Lack of implementation of & progress against previous TAG recommendations**
- **The program is faced with a lot of ideas to address challenges. Lack of consensus on the most urgent changes which need to be made in the program (i.e., management, strategic changes at each level) and how to best build on the high-level commitment of the Prime Minister, Chief Ministers, and leveraging the full support of the Pakistan Army**
- **Program has become increasingly complex with addition of multiple new strategies and initiatives – need to go back to basics, focusing on simplified approach**
- **Lack of prioritization to achieve clear strategic approach ensuring laser-focus on Super High Risk UCs, stopping outbreaks, and improving program quality in other areas**

TAG Summary Recommendations

Back to Basics...

- 1. Capitalize on current country leadership and regain One Team approach at all levels**
- 2. Ensure implementation of Transformation as a matter of urgency, with laser focus on SHRUCs**
- 3. Concentrate on building community trust as a program priority**
- 4. Ensure high-quality SIAs in order to achieve a program which can interrupt transmission**

These are the core elements of a viable program

Leadership Engagement



Observations

- Encouraged by the strong and vocal support from Prime Minister, Chief of Army Staff, and Minister of Health
- Acknowledge the strong program leadership by Minister of Health, PMFP, & NEOC Coordinator and continued support of GPEI

Recommendations

- Fully take advantage of personal leadership of Prime Minister, Minister of Health, Provincial Chief Ministers, and Army leadership
 - Regular review by National Task Force and Pakistan Army Leadership (every 3-6 months)
 - Work with the Pakistan Army in a sustainable and context-specific way
 - Ensure ownership by the highest leadership of specific roles & responsibilities of the administration and Pakistan Army in the Super High Risk UCs (SHRUCs)

Transformation

Based on epidemiology of polio in persistent core reservoirs, and outcomes of programme and management reviews, there is an urgent for programme transformation



Transformation – revitalize management

- Make the overall program fit-for-purpose
- Focused transformation, starting with the super high-risk UC level
 - Focus on quality SIAs simplifying and combining integrated operational and communication activities,
 - People: clarifying key roles and responsibilities, training and capabilities
 - Process: improving microplanning
 - Data: streamlining data volume and ensuring program use value

Transformation – focus

- **Re-focus program on basic priorities**
 - **Community: focus on building community trust**
 - **High-quality SIAs**
 - **Strengthen routine immunization service delivery**
 - **Delivery of additional services e.g. Ehsaas, BISP, health, nutrition, WASH**

Delivering transformation

- **National and provincial EOCs**
 - **NEOC and PEOCs to form transformation task teams under the leadership of their respective EOC Coordinators with inputs from management experts**
 - **Develop a clear joint workplan and commence implementation**
 - **Integrate the plan and key deliverables into the NEAP 2019/2020**

One Team

PEI Command and Control in disarray



Observations

- **Polio Eradication has only ever succeeded under the One Team approach**
- **Currently, there is no unified PEI command and control**
 - **Cascade impact on the coherence of provincial and sub-provincial levels**
- **Disharmony between NEOC and KP EOC is creating a state of crisis, impacting the program's ability to control the outbreak in Southern KP and focus on the SHRUCs of Peshawar**

Recommendations

- **Use the upcoming Bhurban retreat to revise “Modus Operandi” within and between EOCs, promote team-build and emphasize a healthy working environment with clear roles and responsibilities**
- **Take advantage of planned management reviews of Provincial and National EOCs as soon as possible**
- **In the long-term, to continue promotion of the one-team approach, conduct periodic management reviews and assessments of organizational health**
- **With the one-team approach in mind, also enact province-specific interventions – see upcoming slides**

NEAP 2019/2020

Requires revisions, must refocus and simplify programme

Observations

- Current version of the NEAP is not fit-for-purpose

Recommendations

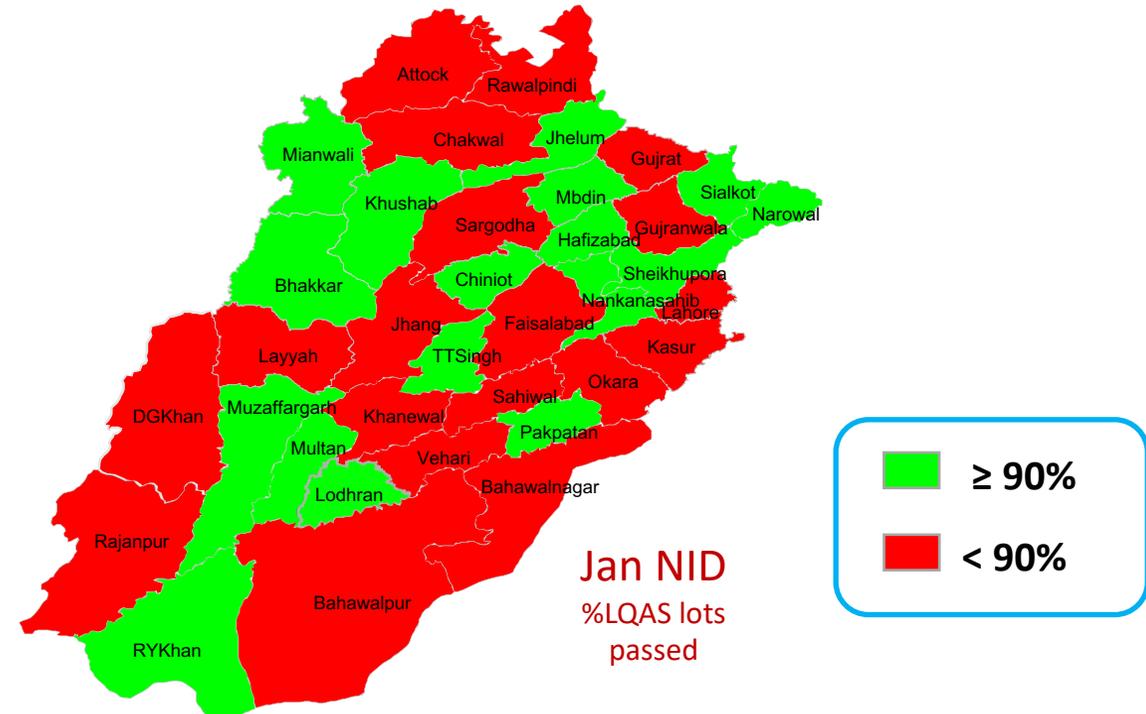
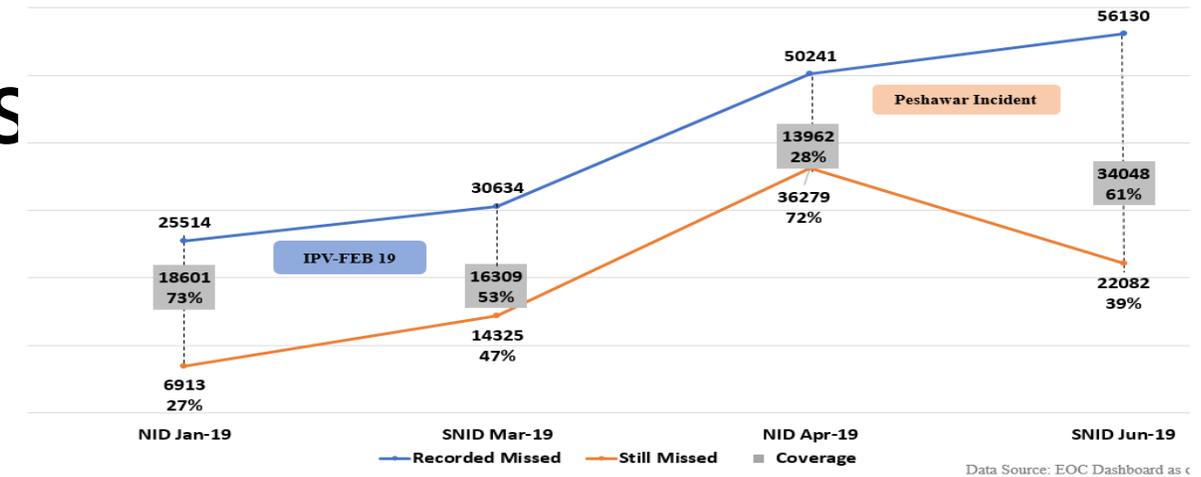
- Go back to drawing board in next months
- Align the NEAP with TAG recommendations, ensuring clear definition and focus on SHRUCs
- Overall shift to transformation – data, process, management at each level



SIAs – current challenges

Improving quality of SIAs is an overarching priority

- Deteriorating SIA quality even before the ‘Peshawar Incident’
- Continued frequent poor quality SIAs leading to community resentment and not to interrupting transmission



SIAs - objectives

Strategic Objectives of SIAs through June 2020

1. Establish capacity for high quality SIAs in super high risk UCs (SHRUCs) of Karachi, Peshawar, Quetta, Killa Abdullah, and Pishin
2. Stop outbreaks in South KP, Torghar, Hyderabad, Lahore, and Rawalpindi and effectively respond to any newly infected districts
3. Maintain overall population immunity to mitigate the risk of further WPV spread

The SIA recommendations aim to give the program space to reset to get it back on track to finally interrupt WPV transmission

It is imperative that this space is used to successfully reset!

SIA

Objective 1 – Establish capacity for high quality SIAs in super high risk UCs

- 1. Take an immediate 3-month pause from SIAs in these areas to begin systematic implementation of critical transformative changes.**
- 2. Ensure dedicated teams and effective management infrastructure at NEOC, PEOCs, and DPCRs to implement transformative changes in the SHRUCs**
- 3. Ensure sufficient spacing between SIAs in SHRUCs – at least 8 weeks between end of one SIA and the beginning of the next - to ensure transformative changes are implemented, fine tuned and sustained**
- 4. Allow space to re-engage communities, improve essential immunization services**

SIAs

Objective 2 – Stopping Outbreaks

In current outbreak areas of South KP, Hyderabad, Lahore, Torgham, Rawalpindi:

- 1. Stop all case response for 2-month pause to comprehensively address gaps in SIA quality, including community engagement and support to front-line workers**
- 2. Next outbreak response SIA should be a sub-national campaign in November in the currently outbreak affected areas**

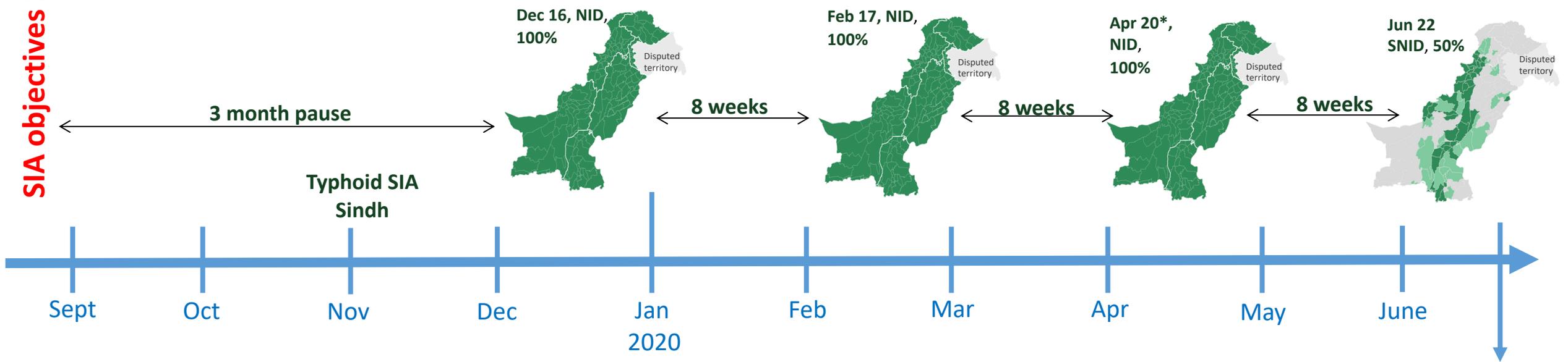
For any new outbreaks in polio-free areas (tier 4):

- 1. Implement immediate outbreak response SIA covering at least 2 million children starting within 2 weeks of detection**
- 2. Continue SIA of improving quality every 4 weeks until three SIA rounds are implemented after the last WPV case detection in the outbreak district**

Proposed SIAs for NEAP 2019/20



SIA objectives 1 and 3

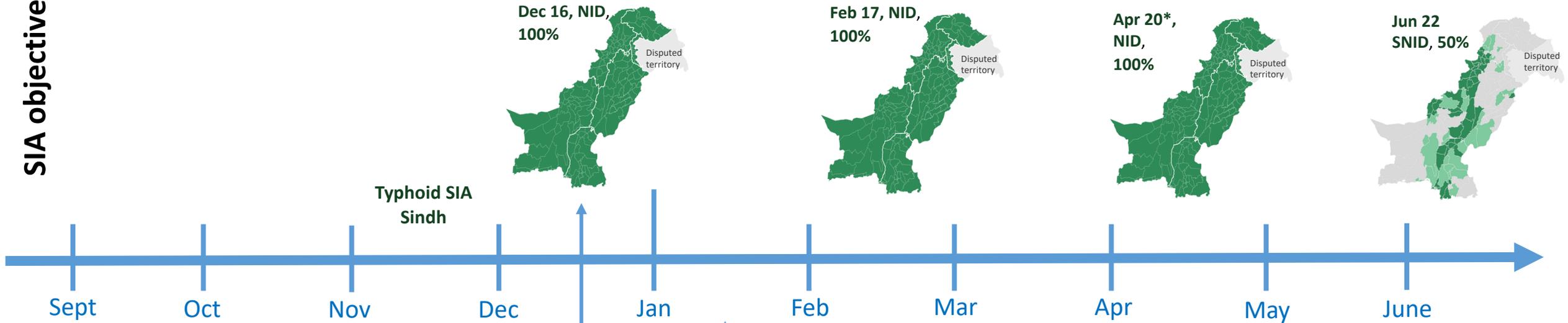


Jul – Dec 2020 (indicative):
Aug 17: SNID 50%
Oct 19: SNID 50%
Dec 21: NID 100%

Proposed SIAs for NEAP 2019/20



SIA objectives 1 and 3



Typhoid SIA
Sindh

Existing outbreak areas:

Outbreak response SIAs
(Hyderabad to plan around typhoid SIA)

Any new WPV case or env+ in tier 4: see outbreak response recommendations

SIA objective 2

Impact of Pakistan campaign schedule on global vaccine supply

Observations

- Global bOPV vaccine supply is declining and in the current situation with cancellation of campaigns in Pakistan, flexibility will be required to ensure that any dose available to the program and of assured quality is put to use in 2019, which will require issuance of waivers for product with less than 50% remaining shelf life by 6th September
- Priority is to ensure sufficient bOPV supply to meet needs of Pakistan beyond 2021

Recommendations

- Critical need to expand the supplier base to Pakistan, including through licensure of products from suppliers new to Pakistan, for example licensure of a prequalified Chinese vaccine currently under review by DRAP
- Ensure sufficient IPV funding as strengthening of EPI program

Communication – strategy

Observations

- The programme is engaged in multiple communications and social mobilization activities, but without a sufficiently clear and coherent strategic direction
- The programme has made good progress in developing social media strategies for managing negative influence and responding to crises

Recommendations

- Community engagement using structured, evaluable approaches adapted for local context should be given priority, ensuring integrated management of all relevant CE actors (CBV, ComNet, RSP etc)
- Social media strategy should continue to monitor and manage online content to support positive public messaging
- Mass media strategy should focus on enhancing public confidence in PEI and OPV
- Development of ‘perception management’ interventions should be done carefully, ensuring review of initiatives by a group of communication and media experts, monitoring content and impact and advising on adjustments
- All communication activities should be executed with coherence ensuring consistency of content and messaging across all platforms

Communication: CBV

Observations

- **CBV has expanded to a level at which management and effectiveness may be compromised. CBV activity has been shifted to vaccination and operational support to the detriment of community engagement at a time when building community trust is critical**

Recommendations

- **Following the Transformation recommendations, CBV in SHRUCs should be re-oriented to increase support systematic community engagement with clear management and reporting at UC level to create an enabling environment for high quality SIAs**
- **Outside SHRUCs, CBV may be rationalised based on an assessment of community and operational needs in those areas**

Synergy Between PEI and EPI



Observations

- TAG welcomes Minister's leadership in insisting on joint participation of PEI and EPI in all meetings
- TAG welcomes EPI proposal for focused improvement in polio high risk districts supported by Gavi
- TAG appreciates data on zero dose children and notes lack of clarity on process for covering these

Recommendations

- Develop EI improvement plans for super high risk UCs and implement as soon as possible (using Gavi funding)
- Clarify SOP and responsibilities for responding to zero dose
- Deepen PEI-EPI collaboration on training, denominators microplanning, and monitoring
- Ensure that IPV coverage is monitored at all levels and achieves the same figures as DTP3



Synergy Between PEI and Integrated Services

Observations

- **Integrated service delivery could provide an opportunity for community engagement and creation of an enabling environment for high-quality SIAs in the SHRUCs**
- **But vaccination and PEI should not be allowed to become a transactional process, used as a bargaining chip**

Recommendations

- **Identify areas with most marginalized communities (e.g. SHRUCs) and advocate through existing health and development policy/programmatic forums (e.g. EHSAAS) for accelerated multi-sectoral community development supporting convergence of key health and development programs**
- **Ensure high level national and provincial policy umbrella to converge key health and development programs**
- **Monitor progress of other partners and integrated services activities in core programme and assess the impact of such interventions on community attitudes to/acceptance of PEI**