

World Health Organization

Technical Advisory Group on Polio Eradication for Afghanistan

Meeting Report, 30-31 May 2018

Contents

Contents.....	1
Acronyms	2
Executive Summary.....	3
I. Preamble.....	6
II. Observations, Conclusions and Recommendations.....	8
1. Observations and conclusions	8
2. Recommendations	15
Annex I	18
Afghanistan SIA schedule for OPV (2018).....	18
Annex II	19
Scope of SNID (Sep 2018 onwards).....	19
Scope of additional campaign in Dec 2018.....	19
Annex III	20
SIA schedule AFG & PAK, 2018.....	20
Annex IV	21
Map of focus districts, very high-risk districts and high-risk districts, May 2018.....	21
Annex V	22
List of focus, very high-risk and high-risk districts, May, 2018	22
Annex VI	23
List of participants.....	23

Acronyms

AFP	Acute flaccid paralysis
AEFI	Adverse event following immunization
BMGF	Bill and Melinda Gates Foundation
bOPV	Bivalent oral polio vaccine
CBT	Cross border team
CDC	Centre for disease control and prevention
CEO	Chief Executive Officer
DDM	Direct disbursement mechanism
EMRO	Eastern Mediterranean Regional Office (WHO)
EOC	Emergency operations centre
EPI	Expanded programme on immunization
ES	Environmental surveillance
FLW	Front-line worker
HQ	Headquarters
HRMP	High-risk mobile population
ICN	Immunization Communications Network
ICRC	International Committee of the Red Cross
IDM	Institute of disease modelling
IPV	Inactivated polio vaccine
mOPV1	Monovalent polio vaccine
NEAP	National emergency action plan for polio eradication
NEOC	National Emergency Operations Centre
NGO	Non-governmental organization
NIDs	National immunization days
NPAFP	Non-polio acute flaccid paralysis
OPV	Oral polio vaccine
PEI	Polio Eradication Initiative
PTT	Permanent transit team
SIA	Supplementary immunization activity
SNIDs	Sub-national immunization days
TAG	Technical Advisory Group
UN	United Nations
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WPV1	Wild poliovirus type 1

Executive Summary

The Afghanistan Technical Advisory Group (TAG) meeting was held on 30-31 May in Kabul, chaired by Dr Jean-Marc Olivé. The objectives of the meeting were:

- Review the status of polio eradication efforts, key challenges and way forward in Northern, Central and Southern corridors.
- Make recommendations to overcome remaining obstacles in polio eradication.

The TAG expressed regret over the unfortunate and tragic incidents in which polio workers lost their lives, were arrested or seriously injured in the course of carrying out their duties.

The Afghanistan programme has made good progress, despite all the challenges, particularly in improving campaign quality in key areas and in establishing cluster level analysis of missed children to inform programme actions.

The TAG expressed serious concern over recent bans by local authorities on house to house vaccination activities in large parts of Southern Region, which seem to be spreading. Following a long period of consistent improvement in access in 2017 and early 2018, in May 2018 the programme missed 1 million children.

The highest level of the government remains committed, led by HE the President, HE the CEO and HE the Minister of Health. WHO, UNICEF and the wider UN are fully committed and provide strong support to the polio eradication initiative.

TAG appreciated that 12 of the 24 recommendations made during the meeting in November 2017 have been fully implemented by the country program. However, it noted that some key recommendations require further attention, in particular the recommendation on evaluation of new initiatives and rapid feedback of evaluation findings into operational strategy planning.

TAG noted that 2018 National Emergency Action plan is being implemented and progress is being tracked by the national and regional EOCs; and the Afghanistan and Pakistan programmes have developed Northern and Southern Corridor common reservoir action plans.

Transmission of wild poliovirus in the Northern and Southern transmission corridors has not been interrupted; at the time of TAG meeting, Afghanistan had reported 8 polio cases and 18 WPV1 positive environmental samples in 2018.

Despite evidence of overall progress in reaching more children with immunization, 6 of the 8 polio cases in 2018 had never been reached with polio vaccine. This shows that children are still being missed due to inaccessibility, continuing challenges in programme quality in both accessible and access compromised areas, and clusters of refusals with the backdrop of low routine immunization coverage in many high-risk areas.

The TAG was encouraged by the results of the sero-prevalence study conducted through health facilities in 14 provinces during 2017. While recognising the limitation to generalise the findings of health facilities based survey, it was nevertheless heartening to know that more than 96% of surveyed children had immunity against WPV1. For the period January to May 2018, and prior to the access issues noted above, an overall reduction in missed children during polio campaigns was

observed. However, the proportion of missed children has become static at the approximate level of 5% in recent rounds.

The key conclusions by TAG were:

- Transmission of wild poliovirus in the Northern and Southern transmission corridors has not been interrupted
 - Transmission in Kandahar Province has re-established. The key reasons are access challenges in Shahwalikot and surrounding districts, clusters of refusals and missed children in Kandahar City and surrounding districts, and intense population movements.
 - Transmission is also currently occurring in Nangarhar and Kunar. Genetic sequencing data strongly suggest that both Afghanistan and Pakistan programs have not yet been able to identify and reach all population groups harboring transmission in the Northern Corridor.
- The TAG appreciates the good progress made by the program in Afghanistan despite all the challenges, particularly in improving the quality of campaigns in key areas.
- The TAG is very seriously concerned over recent bans by local authorities on house to house vaccination activities in large parts of Southern Region and the possibility of it expanding further.
- If accessibility improves and can be sustained, the program is on the right track to achieve the goal of stopping transmission in Afghanistan. The reasons for continuing transmission are understood by the program and clear plans are in place to address gaps.

TAG made following key recommendations:

1. Conduct a mid-term review of progress in implementing the 2018 NEAP, and take corrective actions to address any identified gaps.
2. The Northern and Southern Corridor action plans must be fully implemented, and status jointly tracked by the Afghanistan and Pakistan NEOCs through monthly video-conference. A further face-to-face meeting on the common reservoirs should take place in the third quarter of 2018.
3. Urgent advocacy is needed to gain house-to-house access in areas where restrictions on immunization activity are being imposed. The TAG re-iterates that house to house immunization is an essential eradication strategy, and urges all stakeholders at global and country level to explore all options for facilitating house to house access.
4. Special focus should be put on regular assessment of planning and functioning of PTTs and CBTs to ensure that no opportunity is missed for vaccinating children on the move. This should include assessment of how these teams are monitored and supervised.
5. Assess the impact of initiatives under the 2018 NEAP and corridor action plans aimed at ensuring that all children are consistently reached with vaccine, and to document and share the results of this assessment with TAG members by August 2018.
6. The focused and cluster specific approach for addressing missed children, informed by data being collected including ICN data, is essential. The trends and reasons for children being missed, along with the methodology and impact of interventions to reduce missed children, should be tracked over time in both fully accessible and access compromised areas. The TAG

urges the program to use this approach to address all reasons for children being missed, whether through issues of access, campaign quality, absence, or refusal.

7. The detailed investigation of polio cases, positive environmental samples, and zero dose and under immunized AFP cases should be systematically documented and analysed by the national EOC to identify key gaps in the program and to use this information for corrective action.
8. Plans to intensify routine immunization in the 29 focus districts need to be implemented as quickly as possible. The joint PEI-EPI accountability framework with indicators to monitor progress on improvement of EPI coverage in these areas should be finalized and implemented.

I. Preamble

The Afghanistan Technical Advisory Group (TAG) meeting was held on 30-31 May in Kabul, chaired by Dr Jean-Marc Olivé and opened by Dr Stanekzai, Senior Advisor to Minister of Public Health in presence of the Deputy Special Representative of Secretary General of the United Nations, and WHO and UNICEF Representatives for Afghanistan. The meeting was also attended by members of the Afghanistan Polio Eradication Initiative (PEI) Team from national and regional levels as well as representatives from UNICEF and WHO headquarters and regional offices. The meeting was also attended by representatives from donor partners, notably CDC, BMGF, Germany, Rotary and Canadian Embassy, the last representing all bilateral partners. Following the meeting, the TAG presented feedback to all participants including H.E. Dr Ferozuddin Feroz, Minister of Public Health in presence of the Deputy Special Representative of Secretary General of the United Nations, and WHO and UNICEF Representatives for Afghanistan.

The last Afghanistan TAG meeting was held in 26-27 November 2017 in Kabul, Afghanistan.

Globally there has been significant progress with the number of polio cases decreasing from 37 in 2016 to 22 in 2017 for the whole year. At the time of the TAG in 2018, Afghanistan had already reported 8 polio cases and 18 environmental samples positive for WPV1 while Pakistan had reported 2 polio cases and 26 environmental samples positive for WPV1, indicating continuing transmission in common epidemiological block along the northern and southern corridor of transmission.

Afghanistan and Pakistan form one common reservoir for poliovirus transmission and the collaboration between both programmes is getting stronger at all levels with progress being made in both countries towards stopping transmission. Both the country programs have collaborated to develop and implement Northern and Southern corridor action plan to overcome remaining challenges.

The Afghanistan national polio eradication programme has developed a robust National Emergency Action Plan for Polio Eradication (NEAP) 2018. The national and the four regional Emergency Operations Centres (EOCs) continue to play a key role in implementation of NEAP 2018 activities.

The program continues to make progress in improving the quality of campaigns in accessible areas through various interventions including house based microplanning, strengthening of revisits and increased focus on guest children.

Transmission in the South, particularly in Kandahar, has re-established in 2017 with evidence of internal circulation. The key reasons for this are inaccessibility in Shahwalikot and surrounding districts resulting in population immunity gaps, frequent population movement and clustering of refusals.

Transmission has also been detected in Nangarhar and Kunar through positive environmental samples and 3 WPV cases. Genetic sequencing data shows orphan linkages across the northern corridor indicating the presence of unreached population group(s) in the Northern corridor across the shared epidemiological block.

Following a long period of improvement in access, there was a sudden increase in inaccessible children in the May NID resulting in close to 1 million unreached children. This is primarily due to a ban on the house to house strategy in some provinces in South region. Access remains a challenge in

Eastern region where numbers of inaccessible children have increased to more than 50,000. It is a major concern that 23,000 of these have remained inaccessible for more than 3 years.

The Afghanistan programme recognizes the following as key challenges for stopping transmission

- Access and security
 - Ongoing ban on house to house campaign in South region and the risk of further spread
 - Increasing inaccessibility in Eastern region
 - Deteriorating security situation creating an environment of fear among FLWs/monitors and program staff which negatively affects quality
- Inability to implement interventions to improve quality
 - Ban on house marking, house-to-house tally sheet and full time social mobilization in some areas
 - Challenges in getting females FLWs particularly in high risk areas
 - Limitations in full implementation of accountability framework
- Clusters of chronically missed children due to refusals

Looking at the challenges, the Afghanistan program proposed the following as a way forward to the TAG:

- Continued implementation of NEAP 2018 and tracking from national level on monthly basis
- Intensification of dialogue with concerned parties at all levels; leveraging support of other agencies like ICRC for gaining full access and implementation of NEAP. Intensifying complementary vaccination activities
- Close tracking of implementation of Northern and Southern corridor action plans in coordination with Pakistan
- Cluster approach to address refusals, enhancing the engagement of appropriate influencers
- Deployment of national EOC focal points to oversee and support implementation in high risk areas/ blind spots

In the context of the continuing transmission in Afghanistan in both the Northern and Southern corridors and the opportunity to interrupt transmission, the Afghanistan TAG meeting was called from 30-31 May 2018 with two key objectives:

- ***Review the status of polio eradication efforts, key challenges and way forward in Northern, Central and Southern corridors.***
- ***Make recommendations to overcome remaining obstacles in polio eradication.***

II. Observations, Conclusions and Recommendations

1. Observations and conclusions

General Conclusions

The TAG deeply regrets the unfortunate and tragic incidents in which polio workers lost their lives, were arrested or seriously injured in the course of carrying out their duties.

Afghanistan programme has made good progress, despite all the challenges, particularly in improving campaign quality in key areas and in establishing cluster level analysis of missed children to inform programme actions.

The TAG is very seriously concerned over recent bans by local authorities on house to house vaccination activities in large parts of Southern Region, which seem to be spreading. Following a long period of consistent improvement in access in 2017 and early 2018, in May 2018 the program missed 1 million children.

However, if accessibility improves and can be sustained, the programme is on the right track to achieve the goal of stopping transmission in Afghanistan as the reasons for continuing transmission are understood and the programme has clear plans to address identified gaps.

The TAG also expressed the concerns regarding upcoming parliamentary elections and the possible impact on the program.

Oversight coordination and program management

The highest level of the government remains committed, led by HE the President, HE the CEO and HE the Minister of Health. WHO, UNICEF and the wider UN are fully committed and provide strong support to the polio eradication initiative.

The partnership between government, UNICEF, WHO and other agencies at national and regional levels continues to be strong. The national EOC is functioning well, coordination and management at regional EOCs has greatly improved.

TAG appreciates establishment of new forums i.e. Polio Executive Committee and Polio Policy Dialogue to enhance coordination and information sharing between the government and implementing partners, and between implementing partners and the broader donor and partner community.

Status of recommendation from last TAG

TAG appreciates that 12 of the 24 recommendations made during the meeting in November 2017 have been fully implemented by the country program. However, it notes that some key recommendations require further attention, in particular the recommendation on evaluation of new initiatives and rapid feedback of evaluation findings into operational strategy and planning.

Access

The most important challenge the Afghanistan programme is currently facing are the ongoing issues with access for immunization and monitoring.

House-to-house vaccination is the gold standard for polio eradication and must be implemented in all critical areas to achieve the goal of polio eradication. The recent restrictions on house-to-house campaigns in Southern Region could jeopardize the global eradication of wild poliovirus.

Expanding inaccessibility in Eastern Region and ongoing inaccessibility in Khakrez and Shawalikot districts of Kandahar Province in Southern Region is also concerning.

The programme is tracking access at cluster and sub-cluster level and is making constant efforts at all levels to gain access for immunization and monitoring in all areas of Afghanistan. TAG believes that existing mechanisms for engaging stakeholders must be continued.

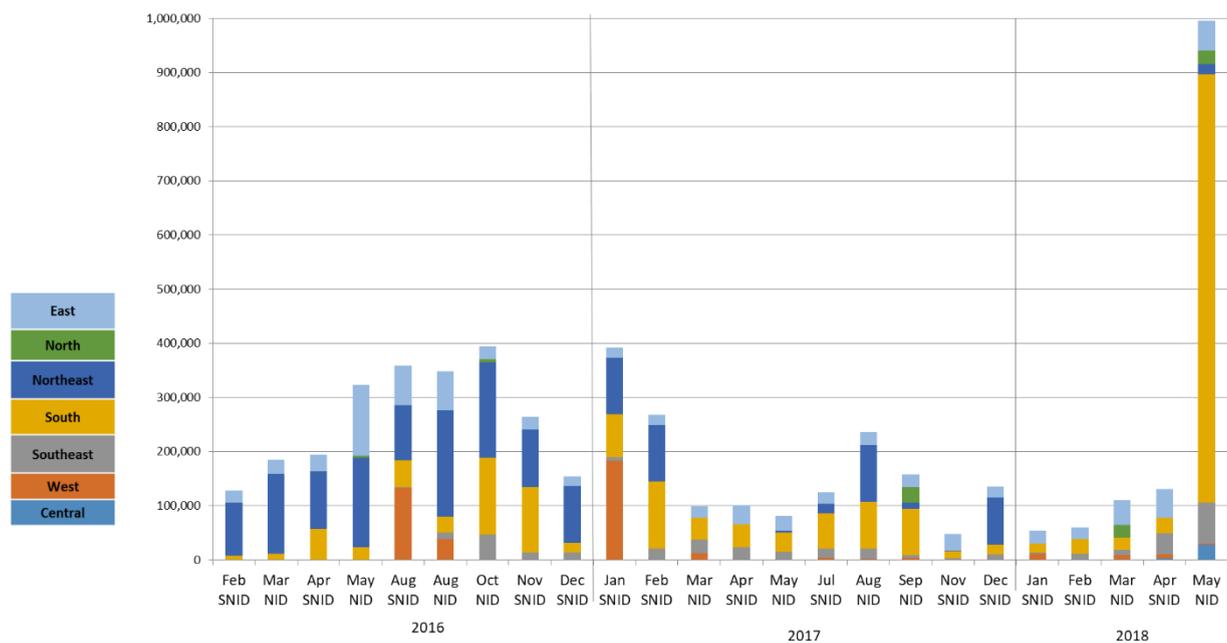


Figure 1: Recent deterioration in inaccessibility for SIA campaigns

NEAP

TAG notes that 2018 National Emergency Action plan is being implemented and progress is being tracked by the national and regional EOCs.

In addition, the Afghanistan and Pakistan programmes have developed Northern and Southern Corridor common reservoir action plans and established a joint mechanism to track the progress made.

Epidemiology

Transmission of wild poliovirus in the Northern and Southern transmission corridors has not been interrupted; at the time of TAG meeting, Afghanistan has reported 8 polio cases and 18 WPV1 positive environmental samples in 2018.

In the Southern Region, transmission has re-established in Kandahar Province and it is worrisome that some districts have been harbouring transmission for more than one year. Key reasons for ongoing transmission in Kandahar are chronic access challenges in Shahwalikot and surrounding

districts, campaign quality issues and clusters of refusals resulting in missed children in Kandahar City and surrounding districts, and intense population movement along the Southern Corridor.

Transmission is also currently occurring in Nangarhar and Kunar provinces of Eastern Region where WPV1 positive environmental samples as well as polio cases continue to be detected. Genetic sequencing data strongly suggest that both Afghanistan and Pakistan programmes have not yet been able to identify and reach all population groups harbouring transmission along the Northern Corridor. These population groups pose a strong risk to successful eradication of polio in the one epidemiological block if not identified and reached.

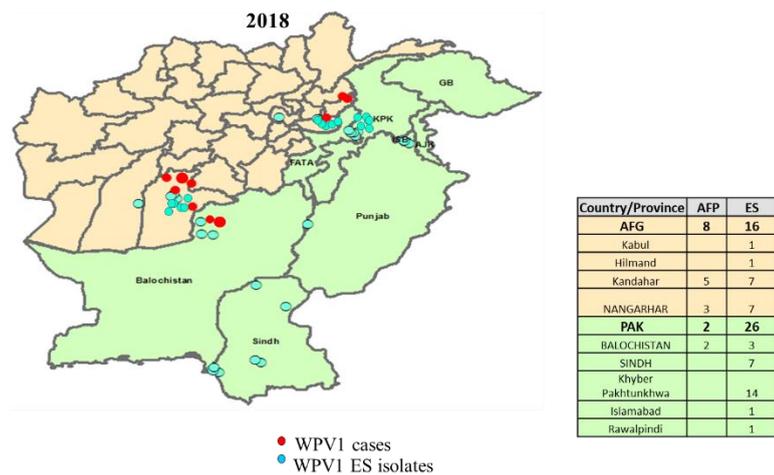


Figure 2: Distribution of WPV1, Afghanistan/Pakistan 2018 (as of 31 May 2018)

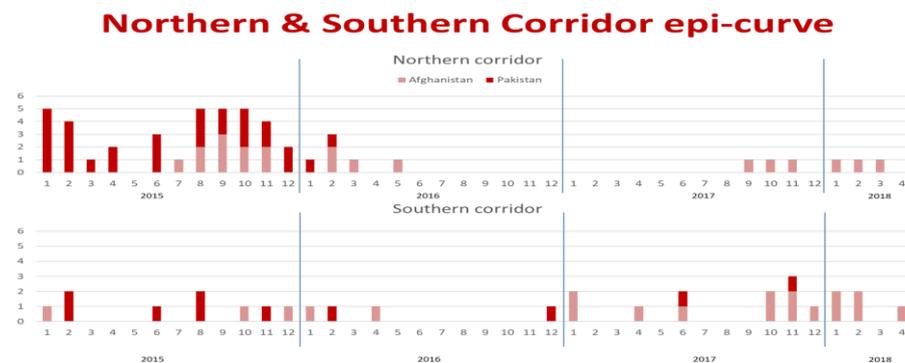


Figure 3: Epi-curve of Northern and Southern corridor, Afghanistan/Pakistan 2015-2018 (as of 31 May 2018)

Reaching children with vaccine and raising population immunity

The TAG is encouraged by the results of the sero-prevalence study conducted through health facilities in 14 provinces during 2017. More than 96% of surveyed children had immunity against poliovirus type 1 demonstrating effectiveness of immunization when children are reached consistently with vaccine.

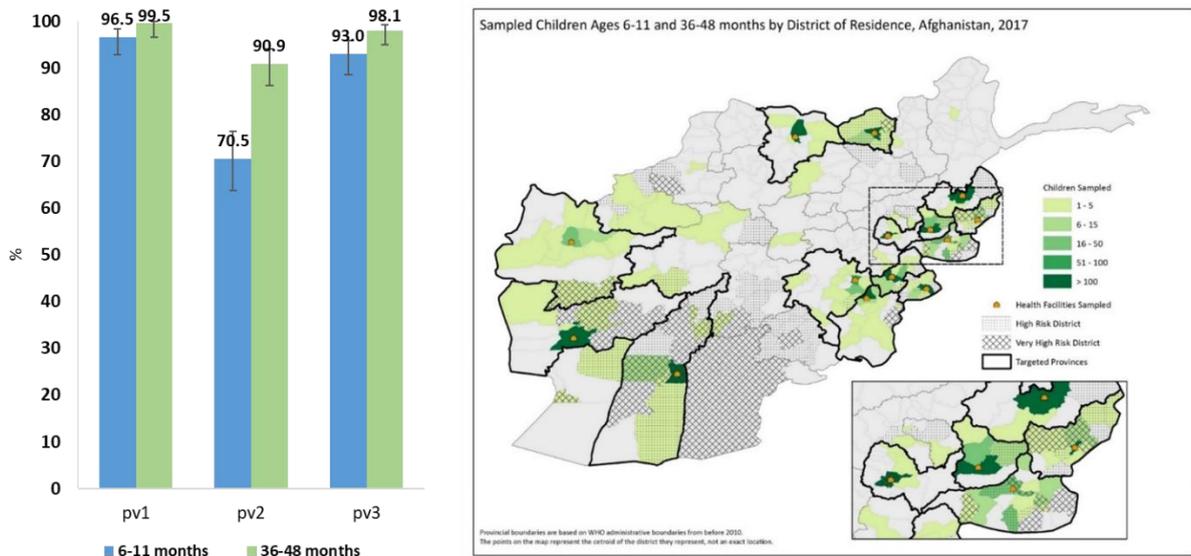


Figure 4: Results from seroprevalence survey in 14 provinces, 2017

There is also evidence of overall improved vaccination status in NPAFP cases, particularly in Helmand, Kunar and Farah provinces. However, the proportion of under immunized NPAFP cases remains relatively high in Kandahar.

In 2018, an overall reduction in missed children during polio campaigns was observed. However, the proportion of missed children has become static at the approximate level of 5% in recent rounds. Clustering and an increasing trend of refusals in and around Kandahar city, and in Bermel District of Paktika Province in Southeastern region is concerning.

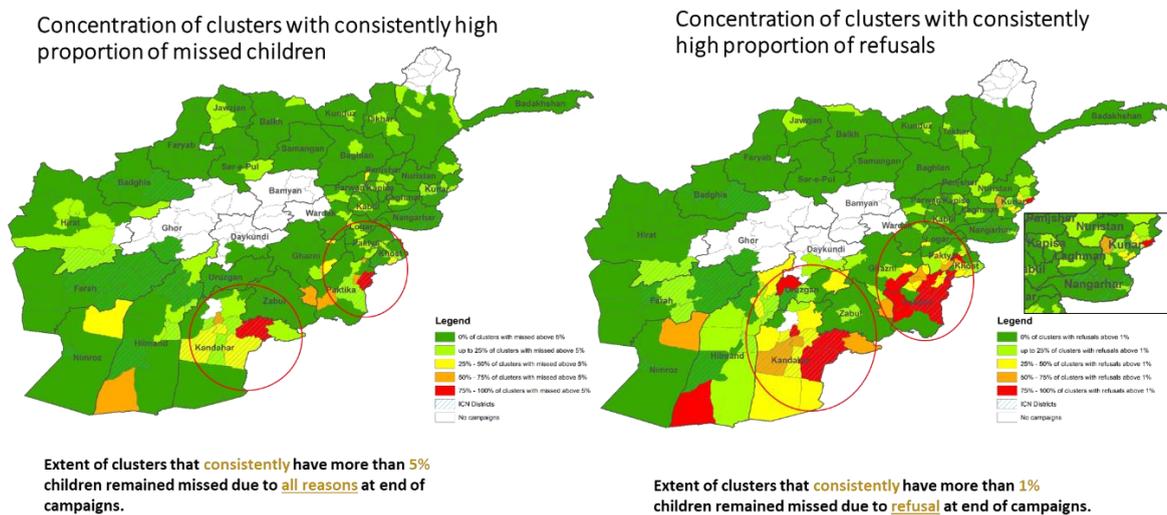


Figure 5: Districts with clustering of missed children and refusals (source: Admin data for Feb, Mar, Apr 2018)

Despite evidence of overall progress in reaching more children with immunization, 6 of the 8 polio cases in 2018 had never been reached with polio vaccine. This shows that children are still being missed due to inaccessibility, continuing challenges in programme quality in both accessible and access compromised areas, and clusters of refusals with the backdrop of low routine immunization coverage in many high-risk areas.

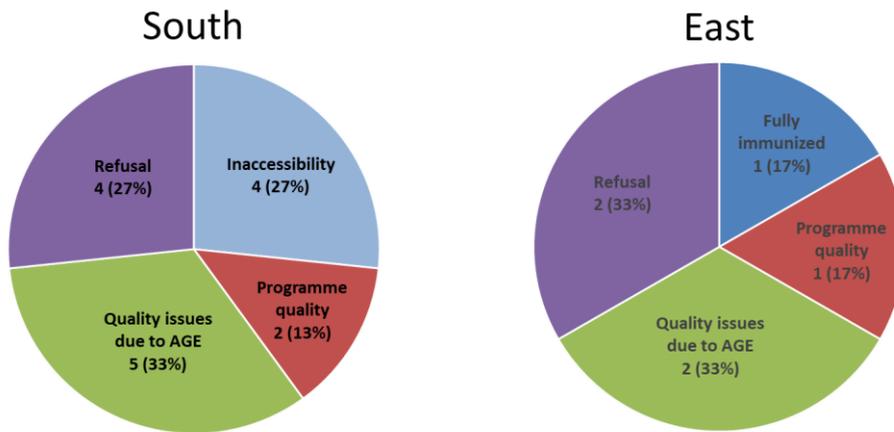


Figure 6: Results of detailed investigation of polio cases, Afghanistan 2017-2018

TAG appreciates that the National and regional teams are using campaign quality data to identify chronically missed children due to access, issues in programme quality, or refusals, and to identify chronically poor performing areas. However, it is noted that in some access challenged areas, the programme has been unable to implement some of the interventions to improve quality of campaigns, including house-based microplanning and revised tally sheets.

A large number of Permanent Transit Teams and Cross Border Teams are deployed to vaccinate children on the move. The effectiveness of these teams requires constant assessment to ensure they have maximum impact.

Implementation of HRMP strategy continues including unpacking information on guest children, identification and mapping of straddling populations at the border areas, vaccination of returnees, and special campaigns for nomadic groups.

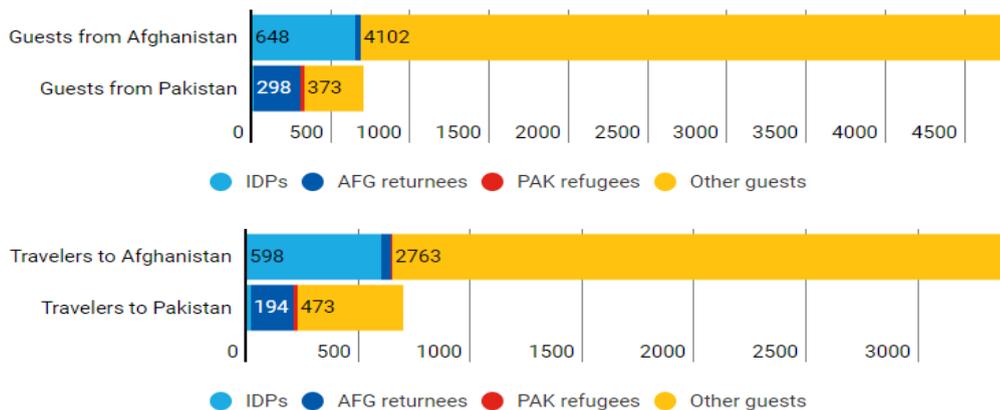


Figure 7: Results from guest children survey in Behsud and Jalalabad, Afghanistan, 2018

The country programme has an accountability framework in place and there is evidence of its use. The initiative to implement a new payment scheme for front-line workers through direct disbursement of incentives (DDM) is appreciated.

Immunization Strategies to improve impact on mucosal immunity

The TAG briefly reviewed analyses prepared by the Pakistan program, by the Institute of Disease Modeling (IDM) and Imperial College on possible impacts on mucosal immunity of different immunization approaches. The TAG considered that some of the reviewed immunization options i.e. use of mOPV1, IPV, expansion of target age group, may have impact on immunity. However, the TAG noted that there is evidence of continuous operational gaps in certain areas and that focus must remain on addressing operational gaps, improving basic programme quality and reaching persistently missed children. Recommendations on immunization strategies to improve impact on mucosal immunity should not be considered as a substitute to high-coverage and high-performance regardless of vaccine used or target age-group.

Communication

A range of activities are being undertaken to enhance vaccine acceptance and the social data that the programme is collecting show that communications and social mobilisation activities are having a positive impact in many areas. However more needs to be done to track impact of interventions on campaign quality, attitudes at household and community level, and rates of missed children and refusals.

Routine Immunization

TAG appreciates the presentation given by EPI showing the challenges faced in improving routine immunization coverage, and notes the plans to intensify RI services in the selected 29 very high-risk districts in Eastern and Southern regions. However, the continuing high proportion of children with zero routine OPV doses in the highest risk areas is a serious concern. The quality of data available to the EPI programme appears to be sub-optimal and can engender a false sense of security.

Coordination between EPI and PEI has improved; an NGO coordinator has been appointed within the national EOC, helping in systematic engagement of NGOs on PEI-EPI support. However, an accountability framework with indicators for monitoring progress in EPI has not yet been implemented.

Surveillance

Afghanistan continues to have a sensitive surveillance system including in areas affected by conflict or inaccessible for SIAs, and the reporting network continues to expand.

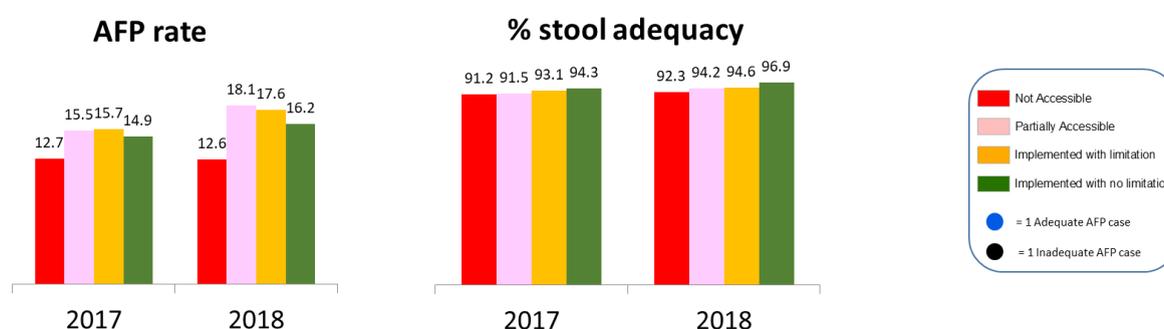


Figure 8: Surveillance indicators across access categories, Afghanistan, 2017-2018 (data as of 31 May 2018)

TAG appreciates that as a mechanism for identifying and addressing any potential issues with surveillance quality, internal surveillance reviews were conducted by the programme for districts not reporting AFP cases in 2017 and for access challenged areas.

The TAG concludes

- ***Transmission of wild poliovirus in the Northern and Southern transmission corridors has not been interrupted***
 - ***Transmission in Kandahar Province has re-established. The key reasons are access challenges in Shahwalikot and surrounding districts, clusters of refusals and missed children in Kandahar City and surrounding districts, and intense population movements.***
 - ***Transmission is also currently occurring in Nangarhar and Kunar. Genetic sequencing data strongly suggest that both Afghanistan and Pakistan programs have not yet been able to identify and reach all population groups harboring transmission in the Northern Corridor.***
- ***The TAG appreciates the progress made by the program in Afghanistan despite all the challenges, particularly in improving the quality of campaigns in key areas.***
- ***The TAG is very seriously concerned over recent bans by local authorities on house to house vaccination activities in large parts of Southern Region and possibility of it expanding further.***
- ***If accessibility improves and can be sustained, the program is on track to achieve the goal of stopping transmission in Afghanistan. The reasons for continuing transmission are understood by the program and clear plans are in place to address gaps.***

2. Recommendations

Oversight, management and coordination

1. The new forums for coordination between the Government and partners at national level, the Polio Executive Committee (monthly) and the Polio Policy Dialogue (quarterly), are extremely important in ensuring smooth coordination between the Government and implementing partners, and between them and the broader donor and partner community; these forums should meet at the designated frequency.
2. Program should pre-empt and manage potential risks related to parliamentary election in Q4.

NEAP

3. Conduct a mid-term review of progress in implementing the 2018 NEAP, and take corrective actions to address any identified gaps.
4. The Northern and Southern Corridor action plans must be fully implemented, and status jointly tracked by the AFG and PAK NEOCs through monthly video-conference. A further face-to-face meeting on the common reservoirs should take place in the third quarter of 2018.

Access

5. The TAG urges the country program and all stakeholders to intensify advocacy to gain quality access in Khakrez and Shahwalikot.
6. Urgent advocacy is needed to gain house-to-house access in areas where restrictions on immunization activity are being imposed. The TAG re-iterates that house to house immunization is an essential eradication strategy, and urges all stakeholders at global and country level to explore all options for facilitating house to house access.
7. For areas with continued chronic inaccessibility, particularly in Eastern region, review and strengthen the PTT strategy, health camps, and other interventions aimed at providing opportunities for immunization, and continue dialogue with key authorities for gaining access.

High risk mobile populations

8. The biggest flow of population is along the northern and southern corridors. Special focus should be put on regular assessment of planning and functioning of PTTs and CBTs to ensure that no opportunity is missed for vaccinating children on the move. This should include assessment of how these teams are monitored and supervised.
9. The interventions being carried out under the 2018 NEAP and the Corridor action plans to identify and reach HRMP, should be well documented and evaluated prior to the development of the 2019 NEAP.

SIAs

10. Supplementary immunization activities have been very effectively synchronized by Afghanistan and Pakistan up to August 2018. The TAG recommends that the two countries synchronize their remaining SIAs in 2018.
11. Subnational campaigns (SNIDs) in the second half of 2018 should focus on Eastern, Southeastern, and Southern Regions, with the inclusion of Farah Province of Western Region.
12. An additional small scale SIA should be conducted at a programmatically appropriate time, specifically for the 15 focus districts of Southern Region and 14 VHRDs of Eastern Region.

Reaching and immunizing all children

13. TAG encourages the national programme to assess the impact of initiatives under the 2018 NEAP and corridor action plans aimed at ensuring that all children are consistently reached with vaccine, and urges the country program to document and share the results of this assessment with TAG members by August 2018.
14. The focused and cluster specific approach for addressing missed children, informed by data being collected including ICN data, is essential. The trends and reasons for children being missed, along with the methodology and impact of interventions to reduce missed children, should be tracked over time in both fully accessible and access compromised areas. The TAG urges the program to use this approach to address all reasons for children being missed, whether through issues of access, campaign quality, absence, or refusal.
15. The detailed investigation of polio cases, positive environmental samples, and zero dose and under immunized AFP cases should be systematically documented and analysed by the national EOC to identify key gaps in the program and to use this information for corrective action.
16. The TAG encourages the program to continue making efforts to implement NEAP interventions to improve quality of campaigns, including house based microplanning and revised tally sheets, in all high risk areas including those with access challenges.
17. The new DDM mechanism for payment to front line workers should be rolled out rapidly, with appropriate attention to ensuring full accountability.

Immunization Strategies to improve impact on mucosal immunity

18. Monovalent OPV type 1 (mOPV1):
 - a. should be used in SNIDs in priority areas of Pakistan and Afghanistan at least three times between September 2018 and June 2019.
 - b. should also be used in response to any case of WPV1 and should be considered in any response to environmental isolation of WPV1 as indicated by the national polio response protocol.

- c. Given the lead time needed to produce the vaccine, the two country programmes should estimate mOPV1 requirements for SNIDs and outbreak response as soon as possible to enable the global programme to ensure supply.
19. In light of the global IPV supply constraint, the national programme should also explore the most efficient/impactful use of its IPV supply, including the use of fractional doses in appropriate settings.
20. On a case-by-case basis the national programme should consider the following strategies in outbreak/event catchment areas:
 - a. an expanded target age group regardless of using mOPV1 or bOPV
 - b. the use of IPV in the target age group up to 5 years if IPV has not been used in these populations in the previous year.

Routine immunization

21. Plans to intensify routine immunization in the 29 focus districts need to be implemented as quickly as possible. The joint PEI-EPI accountability framework with indicators to monitor progress on improvement of EPI coverage in these areas should be finalized and implemented.
22. The planning and implementation of measles campaigns should be very closely coordinated with PEI at all levels – focusing on scheduling, microplanning, monitoring, communications, etc. Given the past experience with AEFIs, a crisis communication plan should be in place to ensure that any possible events do not compromise other immunization efforts within the country.

Annex I

Afghanistan SIA schedule for OPV (2018)

29 Jan-2 February SNID



12-16 February SNID



12-16 March NID



9-13 April SNID



7-11 May NID



2-6 July SNID



6-10 Aug NID



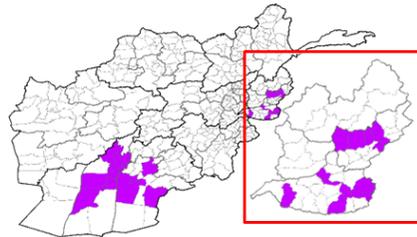
24-28 Sep SNID



5-9 Nov SNID

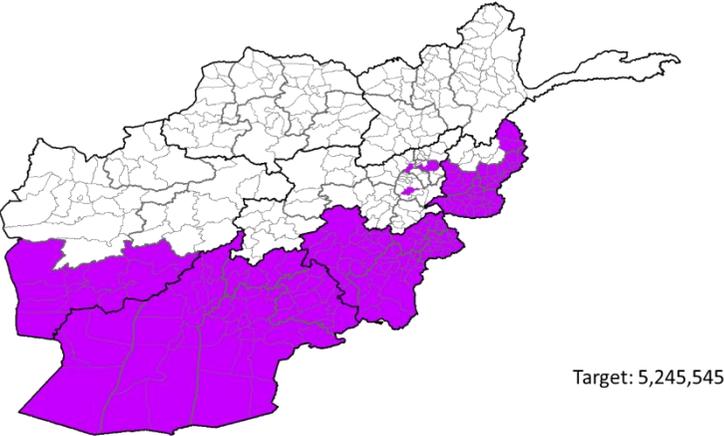


10-14 Dec SNID

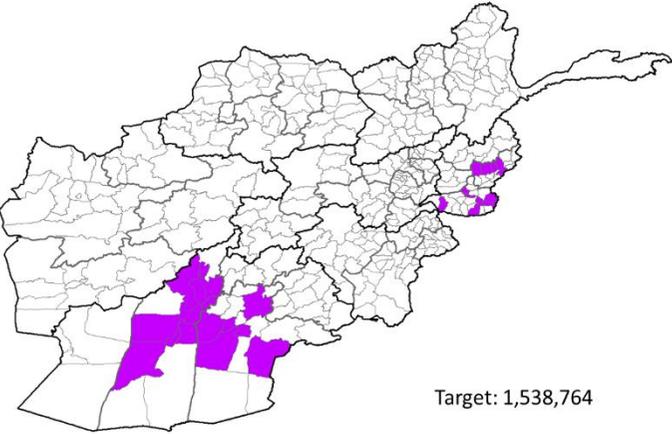


Annex II

Scope of SNID (Sep 2018 onwards)



Scope of additional campaign in Dec 2018



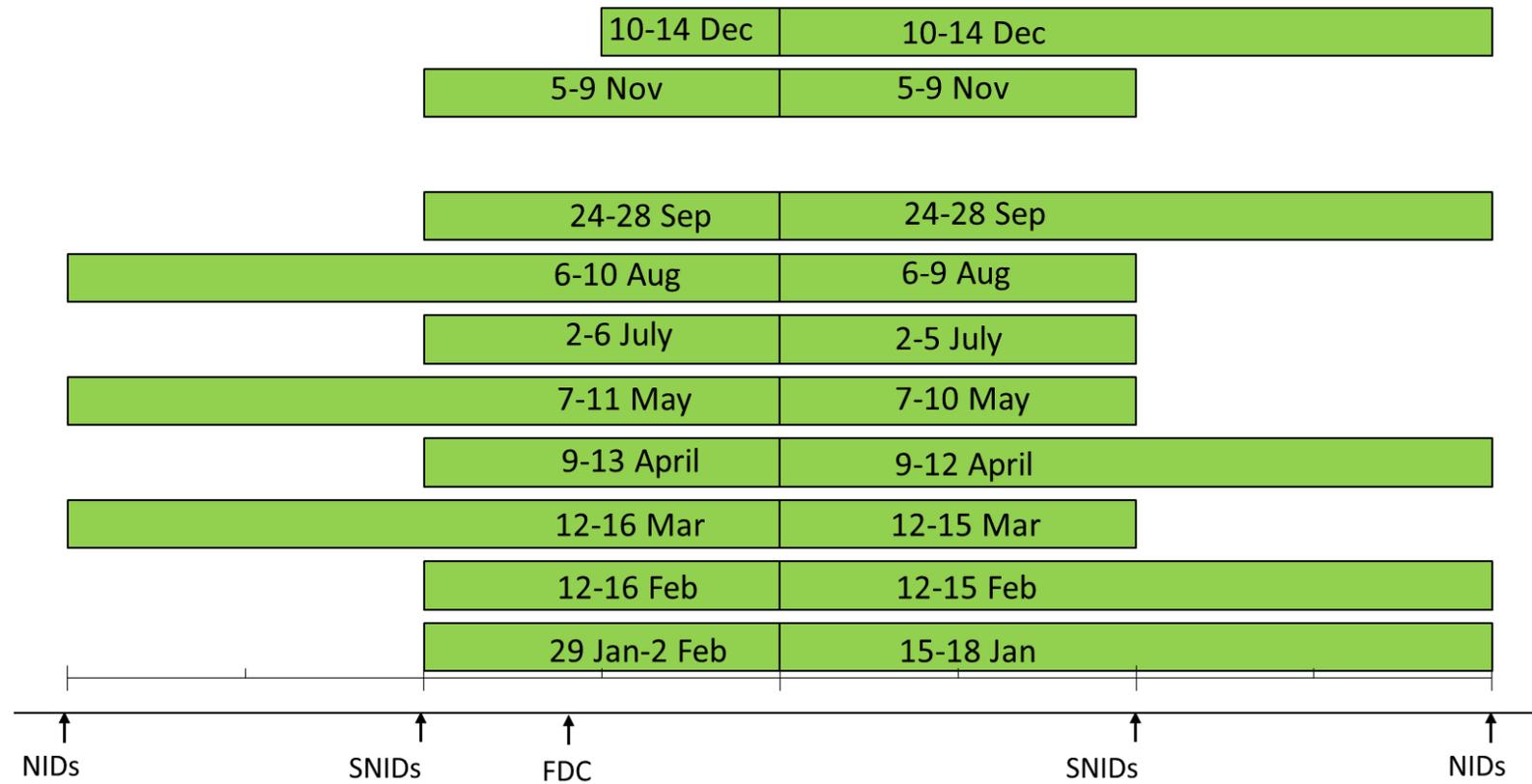
Annex III

SIA schedule AFG & PAK, 2018



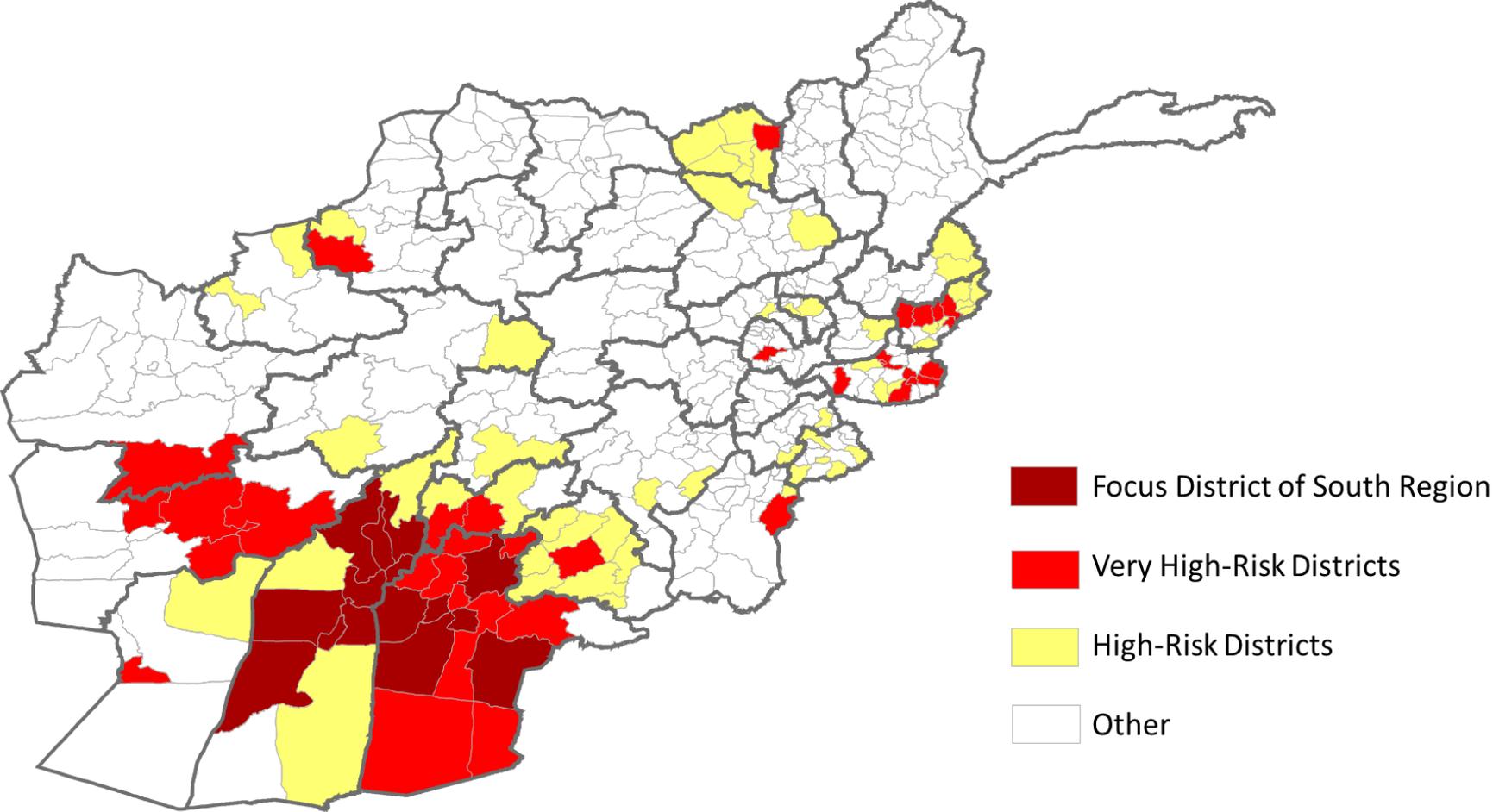
AFGHANISTAN

PAKISTAN



Annex IV

Map of focus districts, very high-risk districts and high-risk districts, May 2018



Annex V

List of focus, very high-risk and high-risk districts, May, 2018

Focus Districts of South Region (15)

Province	District
Kandahar	Kandahar
Kandahar	Maywand
Kandahar	Zheray
Kandahar	Shahwalikot
Kandahar	Spinboldak
Kandahar	Panjwayi
Hilmand	Nad-e-Ali
Hilmand	Nahr-e-Saraj
Hilmand	Musaqalah
Hilmand	Lashkargah
Hilmand	Sangin
Hilmand	Kajaki
Hilmand	Nawzad
Hilmand	Nawa-e-Barakzaiy
Hilmand	Reg

Very High-Risk Districts (35)

Province	District
Farah	Bakwa
Farah	Balabuluk
Farah	Gulestan
Farah	Khak-e-Safed
Faryab	Qaysar
Hirat	Shindand
Kabul	Kabul
Kandahar	Arghandab
Kandahar	Arghistan
Kandahar	Daman
Kandahar	Ghorak
Kandahar	Khakrez
Kandahar	Miyanshin
Kandahar	Nesh
Kandahar	Reg
Kandahar	Shorabak
Kunar	Chapadara
Kunar	Dara-e-Pech
Kunar	Marawara
Kunar	Watapur
Kunar	Sheegal
Kunduz	Dast-e-Archi
Nangarhar	Achin
Nangarhar	Batikot
Nangarhar	Behsud
Nangarhar	Jalalabad
Nangarhar	Lalpur
Nangarhar	Muhmand Dara
Nangarhar	Sherzad
Nangarhar	Shinwar
Nimroz	Zaranj
Paktika	Bermel
Uruzgan	Dehrawud
Uruzgan	Tirinkot
Zabul	Qalat

High-Risk Districts (53)

Province	District
Badghis	Ghormach
Badghis	Muqur
Baghlan	Baghlan-e-Jadid
Baghlan	Khost Wa Fereng
Daykundi	Gizab
Faryab	Almar
Ghazni	Giro
Ghor	Lal Wa Sarjanganal
Ghor	Taywarah
Hilmand	Baghran
Hilmand	Garmser
Hilmand	Washer
Kapisa	Mahmud-e- Raqi
Kapisa	Nejrab
Khost	Gurbuz
Khost	Mandozayi
Khost	Musakhel
Khost	Spera
Khost	Terezayi
Kunar	Asadabad
Kunar	Barkunar
Kunar	Dangam
Kunar	Ghaziabad
Kunar	Khaskunar
Kunar	Narang
Kunar	Nari
Kunduz	Aliabad
Kunduz	Chardarah
Kunduz	Emamsaheb
Kunduz	Kunduz
Kunduz	Khanabad
Kunduz	Qala-e-Zal
Laghman	Alingar
Nangarhar	Dehbala
Nangarhar	Kot
Nangarhar	Surkhrod
Nimroz	Khashrod
Nuristan	Barg-e- Matal
Nuristan	Kamdesh
Paktya	Chamkani
Paktya	Zadran
Paktika	Gyan
Parwan	Charikar
Uruzgan	Chora
Uruzgan	Shahid-e-Hassas
Zabul	Arghandab
Zabul	Atghar
Zabul	Daychopan
Zabul	Mizan
Zabul	Nawbahar
Zabul	Shahjoy
Zabul	Shinkay
Zabul	Tarnak Wa Jaldak

Annex VI

List of participants

Technical Advisory Group Members

- 1 Jean Marc Olivé TAG Chairman
- 2 Chris Morry, TAG Member
- 3 Nasr El Sayed, TAG Member
- 4 Sebastian Taylor, TAG Member

Independent Monitoring Board

- 5 Peter Crowley, IMB

Technical Advisors

- 6 Jean Cough, Regional Director, UNICEF/ROSA
- 7 Paul Ruter, Regional Advisor, UNICEF/ROSA
- 8 Akhyl Iyer, UNICEF/HQ
- 9 Michel Zaffran, WHO/HQ
- 10 Christopher Maher, WHO/EMRO
- 11 Arshad Quddus, WHO/HQ
- 12 Joanna Nikulin, WHO/EMRO
- 13 Jalaa' Abdul Wahab, Deputy Team Leader, Polio UNICEF/HQ
- 14 Rustam Haydarov, UNICEF/HQ
- 15 Sara Al-Naqshabandi, Assistant to Manager, WHO/EMRO

Government of Islamic Republic of Afghanistan

- 16 H. E. Dr Ferozuddin Feroz, Minister of Public Health
- 17 H. E. Dr Najibullah Mojaddidi, President's Focal Point for polio eradication
- 18 Hedayatullah Stanikzai, Senior Advisor to Minister
- 19 Maiwand Ahmadzai, Director, Emergency Operation Center
- 20 Mir Sayed Islam, Head GCMU
- 21 Bashir Ahmad Hamid, DGPM
- 22 Ghulam Dastagir Nazary, National EPI Manager
- 23 Aqa Gul Dost, EPI Advisor
- 24 Gulakhan Ayoub, National EPI Communication Officer
- 25 Mirwais Bakhshi, National EOC Member
- 26 Sadiq Musadiq, Data Manager, National EOC
- 27 Mohammad Hanif Niazi, Surveillance Officer, National EPI
- 28 Wasiullah Yusofzai, Senior SIAs Officer, National EOC
- 29 Abdul Malik Mehraban, National SIAs Coordinator, National EOC
- 30 Muqadissa Miraj, Senior Training Officer, National EOC
- 31 Ahmad Gul Iqbal, Senior Training Officer, National EOC
- 32 Taleb Noori, Senior Monitoring & Evaluation Officer, National EOC
- 33 Abdul Wali Ghayor, NGOs Coordinator, National EOC
- 34 Mohammad Noor, National Emergency Operation Center Member
- 35 Asadullah Taqdeer, Program Coordinator Office of President's Focal Point for polio
- 36 Wrishmeen Sabawoon, Epidemiologist, Office of President's Focal Point for Polio,
- 37 Sayed Ali Shah Alawi, Chairman, National Certification Committee

Office of UN Special Representative

- 38 Toby Lanzer, Assistant Secretary-General, Deputy Special Representative & Resident coordinator United Nations in Afghanistan

UNICEF and WHO Afghanistan Representatives

- 39 Adele Khudr, UNICEF
- 40 Richard Peepkorn, WHO

Partner Representatives

- 41 Asmatullah Arab, Polio Consultant Bill & Melinda Gates Foundation

- 42 Ajmal Pardis, PEI/EPI National Consultant AVRAM/CDC
- 43 Abdul Qahar Momand. PEI/EPI consultant/Project Manager CDC
- 44 Humayoun Alami, Project Coordinator (Health & Economic Infrastructure), KfW
- 45 Mohammad Ishaq, POLIO Plus Committee Rotary International
- 46 Abdul Nasir Ikram, Project Management Specialist USAID
- 47 Ahmad Parwiz Habibzai, Senior Medical Advisor ICRC
- 48 Page Kerry, Health Delegate, ICRC
- 49 Ikramullha Qani, Medical Field Officer, ICRC
- 50 Mudasir Rasooli, Program Officer Health, JICA
- 51 Atiqullah Akbary, Polio Project Manager, ARCS
- 52 Ghulam Sarwar Haidary, Polio Project Manager, ARCS
- 53 Arvind Bhardwaj, Health Program Manager, IFRC
- 54 Sayed Amin, Program Manager Polio, IFRC
- 55 Galal Ali, Head of Cooperation, Canadian Embassy
- 56 Wassala Nimaga, Senior Development Officer – Health, Canadian Embassy
- 57 Nasir Ebrahimkhail, Senior Development Officer, Canadian Embassy
- 58 Elio Giombini, Public Health Technical Advisor, Italian Agency for Development Cooperation,
- 59 Dr Abdul Ahad Assir, Migration Health Physician, IOM

Regional PEI Teams (MoPH, UNICEF and WHO)

Eastern Region

- 60 Aziz-ur-Rahman Safi, PHD Kunar
- 61 Mohammad Ishaq, Provincial EPI Manager, Kunar
- 62 Najibullah Kamawal Provincial Health Director and Emergency Operation Center Manager Eastern Region
- 63 Jan Mohammad Sahibzada, Provincial EPI Manager, Nangarhar
- 64 Panchanan Achari, Polio Specialist, UNICEF
- 65 Mohammad Akram Hussain, Medical Officer, WHO

Southern Region

- 66 Abdul Qayum Pukhla, PHD Kandahar
- 67 Abdul Shakoore Nasrat, EOC Manager Southern Region
- 68 Aminullah Abid, PHD Helmand
- 69 Esmatullah Hemat, Provincial EPI Manager, Helmand
- 70 Noah Matauruse, Polio Specialist, UNICEF
- 71 Habibullah Ismat, Immunization Specialist UNICEF
- 72 Agha Wali Barakzai UNICEF Extender, Helmand
- 73 Mohammad Awad Omar, Medical Officer, WHO
- 74 Mehruzul Islam Kaiser, Medical Officer, WHO
- 75 Irfan Akbar Elahi, Medical Officer, WHO

South-Eastern Region

- 76 Abdul Hakim, Manager, Provincial EPI Management Team Paktika
- 77 Walayat Khan, PHD Paktia
- 78 Habib Mohammad, Manager, Regional EPI Management Team Manager, Paktia
- 79 Abdul Karim, Manager, Provincial EPI Management Team, Khost
- 80 Paima Mohammad Khairkhwah, Polio Officer, UNICEF
- 81 Nabil Abbas, Medical Officer, WHO

UNICEF and WHO Secretariat

- 82 Melissa Corkum Team Lead Polio, UNICEF
- 83 Hemant Shuklah, Team Lead Polio, WHO
- 84 Laurence Chabirand, Deputy Team Lead, UNICEF
- 85 Mandeep Rathee, Deputy Team Lead, WHO
- 86 Usman Shehu Umar, Immunization Specialist, UNICEF
- 87 Mr Dennis Chimanya Social Mobilization Specialist UNICEF
- 88 Ms Celeste Hibbert, Communication Officer, UNICEF
- 89 Amy Callis Communication Specialist, UNICEF

- 90 Thuy Ha Bui, Monitoring & Evaluation Specialist, UNICEF
- 91 Sanjay Bhardwaj Immunization Specialist, UNICEF
- 92 Abdul Khalil Noorzad Immunization Officer, UNICEF
- 93 Samuel Hoare, Consultant, WHO
- 94 Tuuli Hongisto, Communication Officer, WHO
- 95 Chinara Aidyalieva, Medical Officer, WHO
- 96 Sumangala Chaudhry, Medical Officer, WHO
- 97 Samiullah Miraj, National Professional Officer, WHO