



MEETING OF THE TECHNICAL ADVISORY GROUP (TAG) ON POLIO ERADICATION IN PAKISTAN

VIRTUAL, JUNE 11 & 15, 2020

GLOBAL POLIO ERADICATION INITIATIVE



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Acronyms

CBV	Community Based Vaccination
EI	Essential Immunization
EMRO	(WHO) Regional Office for the Eastern Mediterranean
EPI	Expanded Program on Immunization
GB	Gilgit-Baltistan (province)
IPV	Inactivated Polio Vaccine
KP	Khyber Pakhtunkhwa (province)
LQAS	Lot Quality Assurance Sampling
NCOC	National Command and Operations Center
NEAP	National Emergency Action Plan
NEOC	National Emergency Operations Center
NIDs	National Immunization Days
sNIDs	sub-National Immunization Days
NTF	National Task Force (for polio eradication)
OPV	Oral Polio Vaccine
bOPV	bivalent Oral Polio Vaccine
mOPV2	monovalent Oral Polio Vaccine type-2
nOPV2	novel Oral Polio Vaccine type-2
tOPV	trivalent Oral Polio Vaccine
PEI	Polio Eradication Initiative
PEOC	Provincial Emergency Operations Center
PPE	Personal Protective Equipment
PTF	Provincial Task Force (for polio eradication)
ROSA	(UNICEF) Region of South Asia
SIA	Supplementary Immunization Activity
SMT	Special Mobile Team
TAG	Technical Advisory Group (for polio eradication)
UC	Union Council
cVDPV2	circulating Vaccine-Derived Poliovirus type-2
WPV1	Wild Poliovirus type-1

Introduction

Context

Thus far in 2020, the Polio Eradication Initiative (PEI) in Pakistan finds itself in an unprecedented and challenging situation: co-circulation of both WPV1 and cVDPV2 in the context of the COVID-19 pandemic. Not only has the COVID-19 pandemic caused a pause in the implementation of much-needed SIAs, but it has further delayed the roll-out of a comprehensive transformation of the Pakistan polio program, including new strategies to overcome longstanding management and community acceptance challenges.

International and local experiences indicate that COVID-19 will continue to impact hardest on the poorest, marginalized communities, in social and economic terms as well as health. These communities are the core areas in which PEI needs to achieve breakthrough to build trust and improve SIA acceptance. There is an opportunity – now – to reframe the polio program as a key component of the broader health and economic COVID-19 response and recovery processes, merging the benefits each aims to bring to communities, and thereby facilitating the goal of complete interruption of poliovirus transmission.

Revised TAG Process

Led by a multi-agency working group within the GPEI Hub, the process of reviewing and revising the Pakistan TAG Terms of Reference (TORs) and membership was started in late 2019 and finished with TORs approved by the Regional Directors of WHO EMRO and UNICEF ROSA on 8 June 2020. The review process consulted widely and incorporated feedback from within the GPEI Hub, the GPEI Strategy Committee, the Regional Health Advisor ROSA and Polio Director EMRO. Key changes from the previous TAG TORs include:

- TAG membership (to be implemented after June 2020 meeting): increased transparency in member selection through formal call for nominations; ensuring representation of relevant areas of technical expertise; increased gender balance; time-limited tenure;
- TAG Secretariat: increased GPEI ownership in supporting preparation/facilitation/coordination of the TAG meetings by the GPEI Hub TAG Secretariat, including use of GPEI-wide resources as necessary;
- TAG Rapporteur sourced from outside the country program to ensure TAG's independent voice;
- Meeting frequency: once-yearly in-person; once-yearly virtual;
- Process of meeting preparation and format: specific questions to be submitted in advance by the program; TAG sub-committee to review evidence and develop documents to be presented to the TAG prior to meeting; meeting interaction to be more focused on technical discussion on identified questions;
- Increased formalized linkage with RI/EI through NITAG; and
- Facilitation and oversight of implementation: formalizing the role of the RD EMRO and RD ROSA in facilitation and oversight of implementation of recommendations.

In line with the revised TAG TORs, the Pakistan NEOC sought guidance from the TAG on different aspects of the program with defined questions. Working groups were formed within the TAG to address the questions and pre-TAG videoconferences were held with the country team, experts and stakeholders to further understand local context and perspectives and to dive into technical issues prior to the TAG meeting.

The virtual TAG meeting was conducted in two sessions: a full day on 11 June 2020 for country team (national and provincial) presentations and focused discussions, followed by a feedback session to the Minister of Health on 15 June 2020. The interval between the two sessions allowed for further consultations, facilitating the participatory process and inclusiveness of the TAG recommendations. For both sessions the videoconferences facilitated the participation of representatives from the national and provincial governments, NEOC and PEOCs, GPEI partners and Observers (e.g. from donor agencies, civil society organizations). The TAG Chairperson appreciated the TAG Members active participation throughout the extended period of pre-TAG and TAG meetings, particularly in light of the constraint of being spread across 13 time zones.

Questions to TAG

The NEOC submitted 15 questions to the TAG in advance of the meeting as per the revised TAG TORs. These questions were grouped into the following four categories:

- *SIA resumption and SIA plan for 2nd half of 2020*
- *Program Transformation*
- *Surveillance*
- *Integrated service delivery and essential immunization*

Epidemiology and Risks

cVDPV2

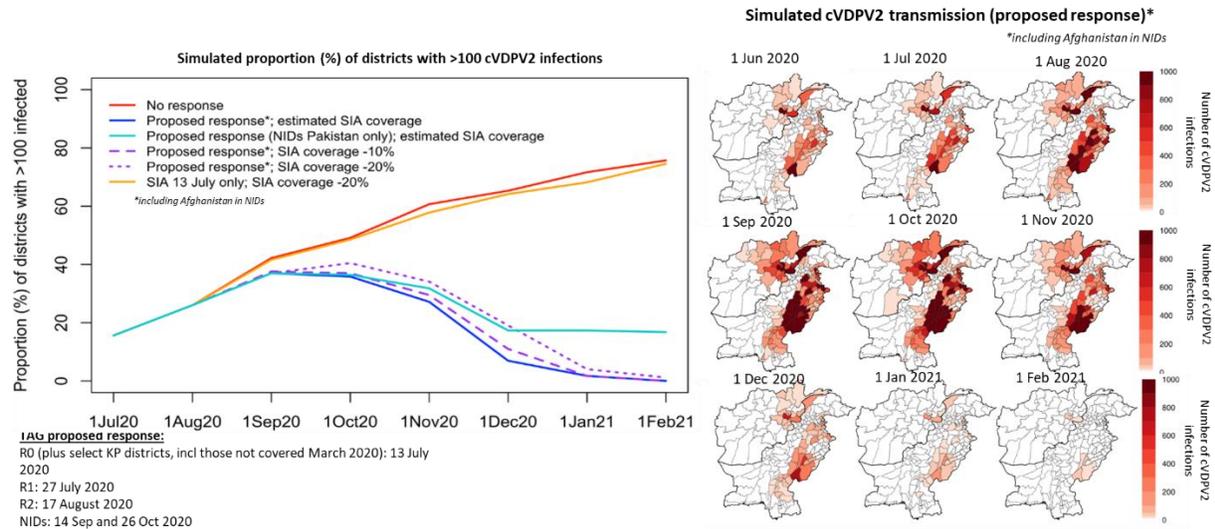
Since the August 2019 TAG, an outbreak of cVDPV2 has unfolded in Pakistan with multiple emergences seeded from as-yet unknown source(s). As of 30 June 2020, in Pakistan 72 cVDPV2 cases (22 in 2019 and 50 in 2020) and >40 ES+ samples have been reported, predominantly caused by the PAK-GB1 cVDPV2 emergence. The outbreak originated in Gilgit-Baltistan (GB), quickly spread to different parts of KP and is now present in all provinces of Pakistan and has spread across the border to the East Region of Afghanistan. Response SIAs with mOPV2 have been conducted: 2+ rounds in GB, parts of KP and 2 districts of Punjab (Sheikhupura and Gujranwala); and 1 round in south and central KP. Round 2 planned for south and central KP in March was suspended due to COVID-19. Three instances (Torghar, Rawalpindi and Nowshera districts) of breakthrough transmission have been reported to date. Given the expanding outbreak, on 11 May 2020, the mOPV2 Advisory Group approved type-2 vaccine to cover new areas in Balochistan, Sindh and Punjab (target population = 13.5 million) and an additional round in 4 districts of KP (target population = 1.4 million). These SIAs are also suspended due to COVID-19, increasing not only the risk of further spread within Pakistan, but also further expansion internationally.

cVDPV2 Modeling projections and currently approved plan

In the context of the large nationwide accumulation of populations susceptible to type-2 polio, models project a high risk for a very large nationwide outbreak (>1000 cases) if no type-2 SIAs are conducted in the remainder of 2020. The models also project that the currently approved outbreak response plan is probably not sufficient to eliminate cVDPV2 transmission at this point, whereas multiple (2-3) large-scale SIAs that start no later than end of August and continue until the end of 2020 can significantly reduce the risk of a large outbreak.

cVDPV2 Forward projections based on proposed response

Forward projections show that the implementation of the currently approved R0, R1 and R2 mOPV2 SIAs in July/August 2020 plus 2 NIDs in September/October 2020 with a type-2 containing vaccine would result in a substantial reduction in cVDPV2 transmission. They also show that declines in SIA coverage result in only modest increase in transmission compared to typical coverage (estimated based on non-polio AFP data), and that only 1 response in July 2020 at reduced coverage, results in similar extent of transmission, with a modest delay, compared to no response.



Risk of explosive cVDPV2 outbreak is very high if no type-2 vaccination is conducted

WPV1

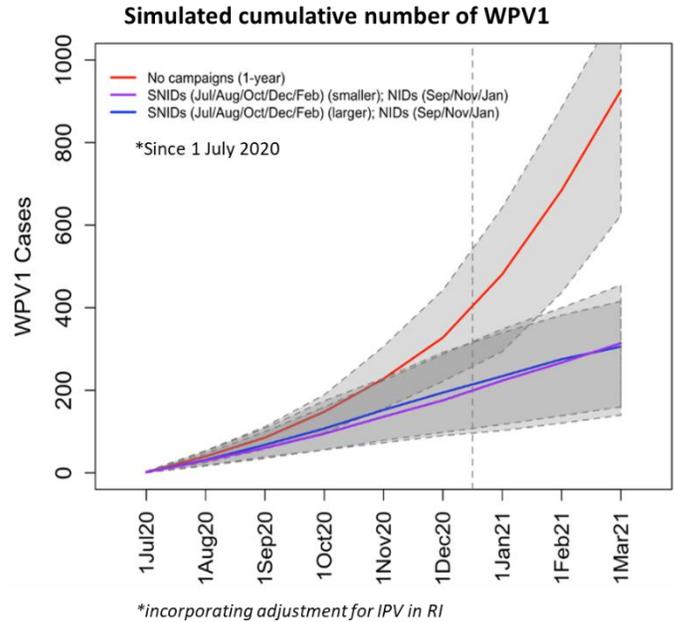
The dramatic increase in WPV1 cases and positive environmental samples in 2019 has continued in 2020. Although the epidemic peak may have occurred in December 2019, widespread WPV1 transmission is ongoing with detection across the country, with multiple areas of uninterrupted transmission (particularly, Karachi and Quetta Block), expansion to previously polio-free areas of Sindh and Punjab, and with South KP becoming a new WPV1 reservoir due to the uninterrupted outbreak.

WPV1 Modeling projections

Models project the accumulation of a large number of WPV1 cases (>500) by end 2020 if no type-1 SIAs are conducted in the remainder of 2020, whereas mitigation (limited increases in cases and geographic spread) through end-2020 is possible with multiple type-1 SIAs.

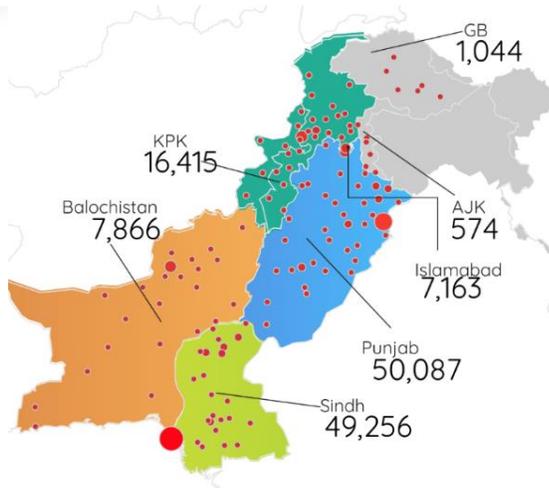
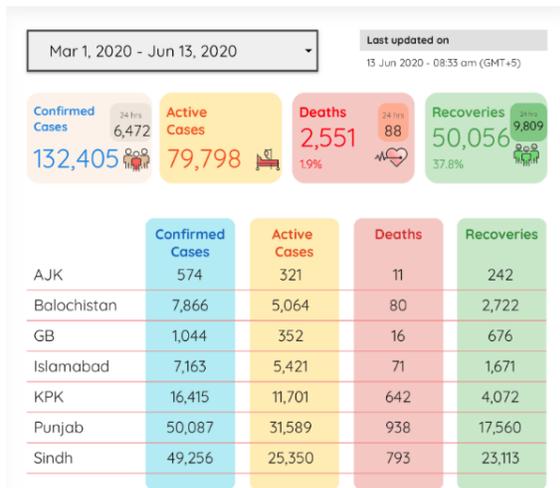
Forward simulation considering SNIDs and NIDs

Forward simulation shows that without any vaccination, WPV1 transmission begins to spread geographically from September 2020 with most transmission focused in Northern, Central and Southern Corridors and Karachi, whereas, alternating SNIDs and NIDs between July 2020 to February 2021 would have a substantial impact on WPV1 transmission and case burden. Given that most WPV1 transmission occurs in highest risk areas (i.e. Tiers 1-2), smaller scope SNIDs, when combined with NIDs, provides an optimal approach.



Focus on Khyber and Peshawar

The WPV1 epidemiology strongly suggests progress has been made in these two districts – the most recent WPV1 cases reported from Khyber and Peshawar were in February 2019 and February 2016, respectively. In 2020, there has been only one WPV1 isolated (in March) from ES in Peshawar – the previous isolation was in November 2019 (there is no ES site in Khyber). Meanwhile, the ongoing detection of cVDPV2 cases in Khyber and Peshawar and the detection of cVDPV2 in the environment in Peshawar demonstrate that AFP surveillance and ES are functioning.



COVID-19

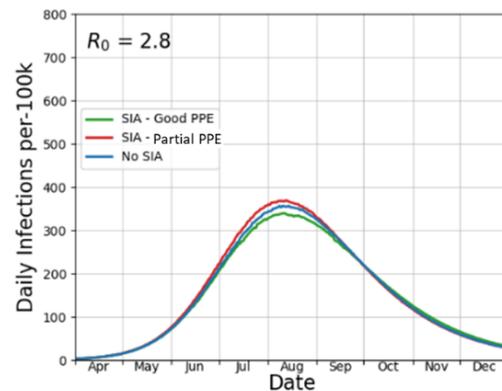
As of 13 June 2020, Pakistan has reported 132,405 COVID-19 cases across the country, and models have shown that COVID-19 is projected to rapidly expand through at least July-August 2020. It is difficult to predict the timing of the peak as it varies with the different models. There are significant impacts on the entire country and across every sector of society – national economy, household income, livelihoods, food security, education, and health. Essential health services (provision and uptake) have dramatically declined – including immunization. Polio eradication activities have also been affected, including the cancellation of SIAs and a reduction in AFP case detection.

Potential impact of SIAs on COVID-19 transmission

Modeling by the Institute for Disease Modeling (IDM) shows that SIAs are likely to result in only temporary, small (<2%) increases in COVID-19, assuming risk mitigation measures are implemented:

- Avoiding SIA modalities that may introduce COVID-19 to communities not previously infected
- Deploying polio workers from the same communities
- Screening polio workers for symptoms to reduce risk to households
- Reducing risk to households: polio workers should use a face mask (of a standard meeting current WHO guidance) and hand sanitizer and limit physical contact as much as possible, particularly with adults (children are lower risk for COVID-19 infection, disease)
- Reducing risk to polio workers:
 - Avoid contact with symptomatic individuals (esp. adults)
 - Reduce unnecessary contacts
 - Reduce risk of infection (face mask and hand sanitizer, physical distancing)

Impact of a door-to-door urban campaign*



Assumptions: 80% of a HCW's contacts are with children <5yrs during SIA periods. Good PPE = 95% reduction in infectivity rates. Partial PPE = 50% reduction in infectivity rates.

Strategic Program Objectives until end-2020

1. Eliminate cVDPV2 in 2020 through multiple large-scale campaigns without exacerbating COVID-19.
2. Address the surge and geographic expansion of WPV1 through targeted campaigns and outbreak response.
3. Complete the transformation of polio eradication program to make it "fit for purpose" to successfully eliminate WPV1.

Findings and Recommendations

National Commitment

Pakistan has demonstrated unprecedented levels of political commitment and capacity in response to the COVID-19 national crisis. The devastating impact of the pandemic is unfolding – successful resumption of polio vaccination activities at this time and ultimately achieving polio eradication will also require unprecedented levels of national resolve, commitment and effort. The high-level political leadership and commitment characterizing Pakistan's response to COVID-19 is the most effective and practical way to achieve PEI's core objectives.

TAG Recommendations on National Commitment and Support

- TAG recommends that the highly effective support and coordination mechanisms put in place for the COVID-19 pandemic response, at all levels and across sectors, and the important lessons learned, should be fully utilized and sustained to finally eradicate polio from Pakistan.
- In line with the transformation of the polio program, specific attention should be paid to ensuring the engagement and management capacity at all levels of government – from national down to UC.
- Resumption of SIAs must have the highest level of political commitment and support. The NCOC, NTF and PTFs should review the available evidence for polio outbreaks, incremental risks for conducting SIAs, the TAG recommendations to proceed with SIAs, and detailed program SIA plan to ensure:
 - Full support of national and provincial Government leaders;
 - The plan is contextualized within the broader national context;
 - The plan for communicating the SIA rationale and safety to the public is robust; and
 - Full resources of Government are deployed to communicate and support implementation of SIAs.

PRINCIPLES Guiding the SIA strategy for remainder of 2020

- *Prioritize cVDPV2 elimination, while paying specific attention to continuous WPV1 transmission areas – particularly South KP and Central Pakistan – and WPV1 outbreaks in new areas.*
- *Use type-2 vaccines early and at large scale.*
- *Ensure that for any polio type-2 vaccine strong training and logistic components are developed to ensure retrieval of all vials and destruction of all used vials.*
- *tOPV is a critical tool Pakistan needs - make all efforts to use it in 2020 to help avoid an SIA schedule that results in repeated visits to households every few weeks.*
- *Be flexible to respond to the evolving global vaccine supply and cVDPV2 epidemiology.*

SIA resumption and SIA plan for 2nd half of 2020

Questions to TAG: What conditions need to be met to restart polio campaigns in the midst of the COVID-19 outbreak in Pakistan? What operational and planning adjustments are needed so that local transmission of COVID-19 is not amplified, health workers and communities are protected, and everyone feels safe?

The scale of changes to restart SIAs requires additional planning time for: understanding community perceptions, supply of face masks and hand sanitizer, micro-plan adjustments, training, and developing a mass media campaign to communicate the purpose and safety of SIAs. In addition, the program should proceed in a way that allows for adaptive learning through the implementation in the initial resumption phase of small-scale ‘pilot’ campaigns.

As there are significant risks of a negative reaction among communities to a “polio-only SIA” approach given COVID-19 disruptions and community needs, before mass scale SIAs restart, it is imperative that the polio program and NCOC carefully consider the SIA design, informed by data on perception from communities and health workers.

The polio program has proposed operational adjustments to protect the community, households and polio workers, including:

- Strictly deploy only local vaccinators
- Minimize other staff from outside (monitors, etc.), all with face masks and hand sanitizer and physical distance from everyone – vaccinators and community
- Modify ‘external’ monitoring – seek alternative methods but ensure transparency and robustness
- Screening vaccinators – no COVID-19 symptoms
- Selective physical distancing, particularly with adults
- Masks and hand sanitizer
- Low-contact vaccine administration
- Robust training
- Revised microplanning for higher workload

TAG Recommendations on conditions for SIA resumption and adapting SIA operations

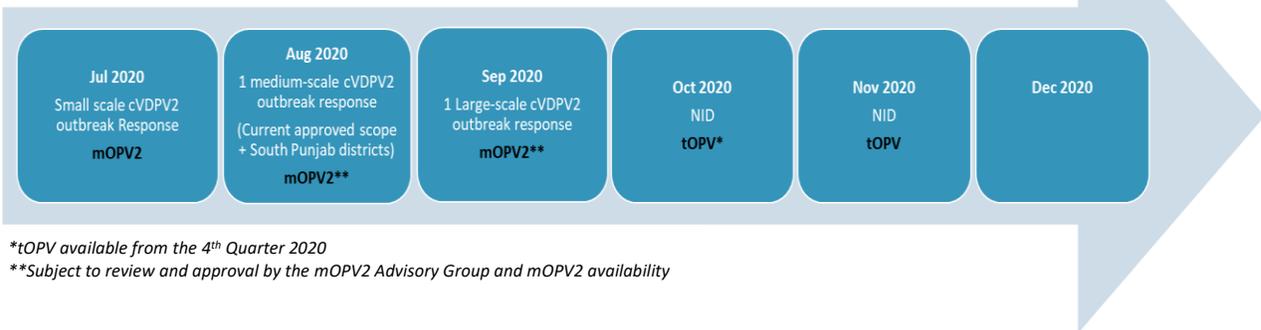
- TAG recommends that the program enable resumption of SIAs through rapid development and use of:
 - A methodology for monitoring COVID-19 impact on household and community attitudes, using robust independent quantitative analysis as well as qualitative insights
 - A mass media narrative and communications plan that explains the rationale for SIA resumption in context of COVID-19 and embeds PEI in the broader national public health and COVID-19 recovery response.
- TAG recommends that SIAs are designed within the broader context of COVID-19. Options to consider include SIAs supporting:
 - COVID-19 public health response (e.g. soap, mask, COVID-19 information distribution)
 - Promotion of COVID-19 ‘recovery’ initiatives (e.g. Ehsaas monitoring)
 - Reinforcement of other essential health needs (e.g. nutrition)
 - Concentration of interventions in hardest-to-access Pashtun communities
 - Structured monitoring and evaluation of SIA supportive interventions
 - Referral / linking to essential immunization catch up

➤ **Caution:** *Don’t make promises that cannot be fulfilled – promise less, deliver more*
- The TAG endorses the operational adjustments proposed by the program to reduce COVID-19 risk.

Questions for TAG: What comments does the TAG have on the proposed plan to resume SIAs and the SIA calendar for 2nd half 2020? Does the TAG agree to the country plan to respond to cVDPV2? Any modifications needed?

In line with the need to start small and learn lessons and to be consistent with the stated principles to prioritize stopping cVDPV2 transmission and use tOPV to combat both cVDPV2 and WPV1, the TAG proposes the following modified SIA schedule. As with mOPV2, the use of tOPV must include proper vaccine management to ensure that every vial is tracked and retrieved to avoid unintended use of these vaccines.

Example SIA schedule consistent with the principles



Focus on Khyber and Peshawar and South KP

Question to TAG: What lessons should be drawn from the apparent lack of WPV in Khyber and Peshawar over 12+ months?

TAG Recommendations on Khyber/Peshawar and South KP

- The TAG recommends that the program analyse in depth the program and community/context factors that may be associated with the very low-level/absence of WPV1 transmission in Khyber/Peshawar to present back to TAG by August 2020.
- The program should undertake thorough operational, social, political and epidemiological analyses to clearly identify factors hindering control of the outbreak in South KP.
- The NEOC and KP EOC should organize a multidisciplinary team of experts from international, national, provincial and district levels dedicated to stopping the outbreak in South KP.

Proposed nOPV2 studies in Pakistan

Question to TAG: What does the TAG think about proposed nOPV2 studies in Pakistan?

The proposed nOPV2 study is to address operational issues related to use of nOPV2. Initial use of nOPV2 is expected in late Q3 or Q4 of 2020, and Pakistan is one of 9 countries selected for possible initial use of nOPV2. If nOPV2 performs as expected, it may be the only OPV2 available in 2021. Planned use of mOPV2 will preclude the conduct of the nOPV2 study in the immediate future. There is no clarity on direct benefit to the country program from this study. The use of nOPV2 potentially has significant acceptance issues in Pakistan, which must be addressed prior to any nOPV2 use for a study or for type-2 outbreak response SIAs in the future.

TAG Recommendations on nOPV2

- The TAG does not support the conduct of the nOPV2 operational trial in Pakistan because of ongoing widespread cVDPV2 outbreak and urgency to respond with available vaccine, and significant concerns about impact on vaccine acceptance in the target population.
- Pakistan should continue to engage with the Implementation Readiness subgroup of the GPEI nOPV2 Working Group to meet the readiness criteria for nOPV2 use.

Program Transformation

Question to TAG: What does the TAG think about the components of the transformation agenda? What's working and not?

Complete transformation of the Pakistan polio program, **particularly at district and UC levels**, is essential to make it “fit for purpose” to successfully eliminate WPV1. TAG welcomes the holistic overview of transformation which incorporated strategic changes to multiple areas of the program, including communication, the CBV program, and the management reforms. It is critical that this integrated perspective is maintained and reinforced at each level from the national level down to the UC. In particular, it will be important to reinforce the required change in mindset, not just in how the program designs new approaches (e.g. transition to SMT in certain areas), but how changes are implemented, and how the program monitors and adapts as needed.

This mindset of transformation is an ongoing process of constant review and adaptation – with a relentless focus on achieving and maintaining the highest quality in all operational aspects – that will be required until eradication is achieved, avoiding complacency about having “finished” transformation. With that said, while the TAG recognizes that there has been a boost in the transformation process since January 2020 despite disruptions caused by COVID-19, it is important to ensure that the pace of implementing specific milestones is maintained and even increased as the program emerges from the COVID-19 disruptions, as progress is behind the expected timelines. This includes significant changes in how the program approaches communication, data, and campaigns, as well as management structures and processes at each level. Importantly, this needs to cover not only the tier 1 districts where the management transformation is currently underway, but also relevant changes adapted to the needs of districts currently classified as Tier 2 and 3, particularly given the pattern of cases and environmental surveillance in 2019.

Achieving this transformation will require the right support, including the right people to drive this especially at a provincial, district and UC level. It will also require sustained commitment, from the national and provincial EOCs, the broader GPEI, and the government, from the highest level down to DCs in the districts. The extensive engagement of government leadership at each level in the COVID-19 response provides a model for this, but this should be built on and maintained as the polio program returns to normal activity.

A clear tracking mechanism – allowing for continuous assessment of both process and outcome measures - can help support this increase in ownership and accountability, building on the milestones that have been defined for each area of the transformation. Regular reporting of progress should be

based on a single integrated dashboard shared both within the program, to Government leadership, and externally to GPEI partnership (including to TAG members). In particular, this dashboard should highlight the progress and impact of transformation at each level, especially in high priority Districts and UCs, and be regularly reviewed by the Minister of Health and in Provincial Task Force meetings.

Overall TAG Recommendations on Transformation

- TAG recommends that program transformation should be accelerated with completion of specific milestones by end-2020, as per plan.
- Driven from the highest level, Government and partners at all levels should embrace and implement the changes, and TAG recommends that the Federal Minister and PTFs use the transformation dashboard to monitor transformation implementation and achievement of transformation milestones **with special attention to the district and UC levels.**

Community Based Vaccination (CBV)

Questions to TAG: Does the TAG agree with the recommendations of the CBV review? Does the TAG agree with proposed changes in scope? Any other comments from TAG on CBV?

At the 29-30 August 2019 meeting, the TAG noted that “The management and communication reviews report that CBVs now tend to operate primarily as vaccinators, with limited or no activity between campaigns, limited or no tasking related to longer-term community engagement interventions, and limited formal performance management or accountability, acutely at UC and sub-UC levels.” Since that meeting, the program developed a CBV reduction plan in the 2020 NEAP and the GPEI Hub conducted a CBV Review at the request of the NEOC.

After discussion with the NEOC team and the GPEI Hub CBV Review Team, the TAG found that: poorly managed CBV does not show superiority in campaign quality compared to less costly approaches such as SMT, e.g. CBV failed to meet the NEAP benchmark for 90% passing LQAS (especially Karachi); CBV grew beyond the original purpose resulting in weakened management; and whilst CBV has advanced female recruitment in some areas, it has been considerably less successful in advancing female participation in others.

TAG concurred with the CBV Review findings regarding CBV impact, and recommendations to downsize CBV in Karachi and Killa Abdullah and the tier 2 UCs of KP and focus it on vaccination activities in selected high-risk UCs of tier 1 districts. The TAG differed from the CBV Review’s recommendation to reduce CBV in Khyber District (see below), where CBV may have contributed to the apparent absence of WPV1. In terms of risks associated with reducing the CBV footprint, the TAG noted that there may be a significant risk of dissatisfaction among retrenched CBVs that may result in opposition or negative attitudes to PEI; there is a lack of compelling evidence that the proposed SMT model will delivery higher quality campaigns; and there is a risk of reverting to a previous suboptimal SMT approach.

TAG Recommendations on Community Based Vaccination (CBV)

- TAG endorses the ongoing CBV transition as detailed in the 2020 NEAP, i.e. in 89 UCs in Karachi, 5 UCs in Peshawar and all tier 2 UCs in KP.
- TAG endorses further CBV transition, as recommended by CBV review, in 65 UCs of Karachi (bringing CBV scope to 34 UCs) and 3 tehsils (Killa Abdullah, Gulistan and Deobandi) of Killa Abdullah District, and urges completion by October 2020.
- TAG recommends continuation of CBV in Khyber District, along with analysis of operational and contextual factors in Khyber and Peshawar districts resulting in apparent WPV1 suppression. The analysis should include identifying potential positive effect of CBV.
- TAG urges the program to maximise SMT impact by ensuring key performance factors including:
 - Continuing pressure on recruitment of local, female vaccinators and supervisors;
 - Strengthening SMT line management, monitoring and supervision, scrutinising SMT performance at UC and sub-UC level; and
 - Ensuring continuous communication and community engagement activities, between and during 10-day campaign cycles, creating an enabling environment for vaccination delivery and acceptance.
- Review and report on SMT performance factors in Tier 1 UCs in post-CBV transition SIAs by next TAG.

Communication Strategy

Question to TAG: What feedback does the TAG have on the communications strategy?

The TAG recognizes that Pakistan’s communication strategy has been strengthened through internal processes and openness to external review. However, the strategy requires new approaches, broader ownership, and wider participation in the program from local and other international organizations with the required skillsets. As an immediate priority, the Communication Strategic Framework needs to be adjusted to support SIA resumption, since it was developed before the COVID-19 pandemic.

There is also an urgent need for the program to radically reorient its model of community engagement, as there has been an overemphasis on projection of polio messages, working through paid intermediaries, rather than listening and responding to communities. As such, the program has not achieved a ‘breakthrough’ in community engagement and trust, especially within Pashtun communities. Pashtun communities and the most affected sub-tribes should be at heart of efforts to improve community engagement, trust, and SIA access and quality – the design and delivery of community engagement and dialogue processes with specific sub-tribes should be led by relevant Pashtun individuals and organisations.

TAG Recommendations on the Communications Strategy

- Urgently operationalize a community engagement strategy prioritizing Pashtun population areas through:
 - Identification of relevant Pashtun actors with proven track record in community engagement and with linkages with groups in the highest risk areas;
 - Developing a ‘short-list’ of community engagement interventions informed by evidence-based review of community engagement methodologies (e.g. participatory action research, participatory development design, community-led monitoring and evaluation, human centred development); and
 - Designing and testing pilot interventions with these partners to test effectiveness, including against rates of SIA coverage and missed children – starting with the most affected Pashtun groups and sub-tribes.
- Revise approach to communications measurement:
- Develop methodology to measure “community trust” and embed it as a core indicator of PEI progress reportable at the most senior levels of the national program and reports to TAG along with proportion of missed children; and
- De-emphasize ‘refusal’ and processes (like meetings held) as communication measures.

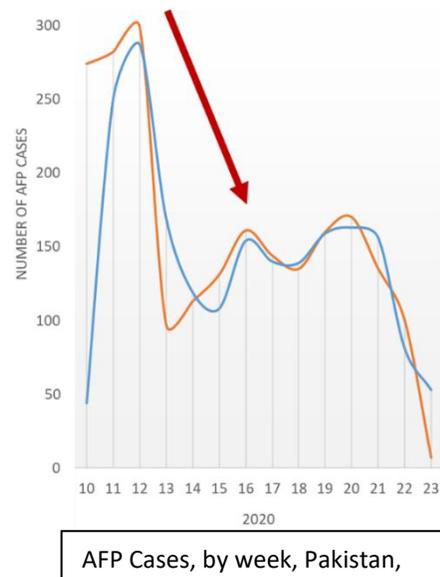
Question to TAG: What opportunities exist for leveraging the COVID-19 situation and need for vaccine to advance vaccine acceptance and increase demand?

The program should not assume COVID-19 will generate a more positive environment for vaccination. However, the program can benefit from aligning itself with COVID-19 recovery initiatives and take advantage of the opportunity to use the polio program’s widespread presence to be seen as advocates for communities by monitoring the reach and efficacy of national initiatives and referring households to wider public health opportunities (e.g. ANC, EI, nutrition).

Surveillance

Question for TAG: Is the COVID-19 outbreak impacting polio surveillance in a programmatically significant way?

As a testament to the strength of the infrastructure established for polio, the polio/AFP surveillance team has been invaluable in the training and surveillance for COVID-19, especially in contact tracing. The unfortunate impact of the pandemic on surveillance has been a decline in AFP case reporting since March 2020 in all provinces, and a decline in the AFP surveillance index in South KP and Quetta. However, other surveillance processes continue to be well-managed, e.g. there has been no notable negative impact on case investigation, stool shipment and testing. There also hasn’t been a negative impact on ES.



Questions for TAG: What guidance does the TAG have for the program about establishing integrated surveillance, particularly in light of role that AFP surveillance has had in COVID-19?

COVID-19 surveillance has highlighted that surveillance integration is a **win-win** for polio and other communicable disease / vaccine preventable disease surveillance. The program needs to make strategic decisions to take advantage of the observed coordination and integration. Given the current challenges of ongoing intense poliovirus transmission, the workload related to transformation, and the need to demonstrate the use of measles/NNT surveillance data currently collected, the program may consider starting the surveillance integration process by 2021 to be ready for implementation by 2022.

TAG Recommendations on Surveillance

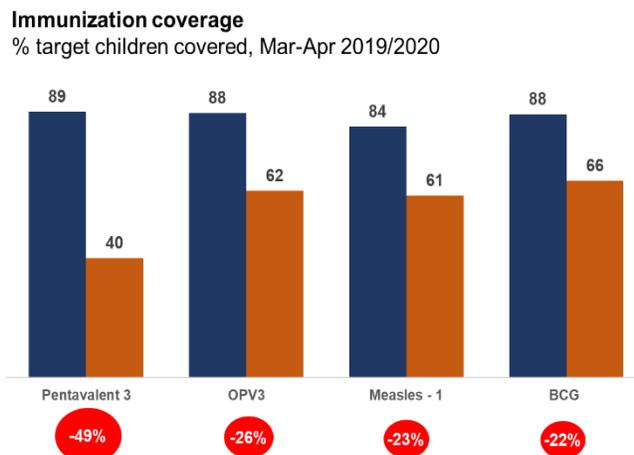
- TAG recommends that the program identify approaches to facilitate resumption of AFP case identification in light of COVID-19 (e.g. digital reporting, community approach, case detection during SIAs, etc.).
- TAG recommends that the program adjust program plans recognizing possible reduced ability to detect new outbreaks (e.g. plan wider-scale SIAs).
- Short-term for integrated surveillance: the program should identify specific functions within COVID-19 surveillance that can be supported without compromising AFP surveillance. For example, it may be easier to integrate COVID-19, SARI, ILI and EWARs in one surveillance system.
- Medium-term for integrated surveillance: together with other departments, the program should outline a clear road map that will result in the development of a strategic framework for full surveillance integration starting 2022.

Essential Immunization & Integration

Questions for TAG: What does the TAG recommend to address the COVID-19 impact on essential immunization? What progress has the program made on integrative service delivery and what does the TAG advise for the remainder of 2020?

TAG congratulates Pakistan on shifting the national immunization budget from “project” to “recurrent”. TAG also commends the efforts to resume EI, including enhanced outreach services, and is encouraged by the SHRUCs plan, while noting that the needs extend beyond the 40 SHRUCs.

However, TAG is alarmed by negative impact of COVID-19 on EI performance, which ranges from a 10-percentage point drop in Punjab to a 42-percentage point drop in Balochistan. Between March-April 2020, it is estimated that there were ~200,000 additional children not vaccinated with bOPV (0,1,2,3) and IPV – all other EI vaccine are affected, particularly Measles.



TAG Recommendations on Essential Immunization and Integrated Services

- TAG recommends that the program identify operational approaches to link resumption of SIAs to multi-antigen catch-up vaccination activities, further leveraging H2H operations to accelerate catch-up on essential immunizations disrupted by COVID-19.
- TAG recommends that the program accelerate SHRUCs plan to refurbish EPI centres and deliver integrated services – EI, WaSH, nutrition and MCH.
- Under the leadership of the NEOC, the program should evaluate the impact of integrated services on polio and EPI coverage rates as well as community confidence, trust and demand for immunization services, and incorporate lessons from SHRUCs work to expand successful elements to other poor-performing UCs as soon as possible.

Getting to Success – the Pandemic may also be an Opportunity

The TAG encourages the program to set the vision for a path to success that is both possible and feasible. The pandemic crisis also brings an opportunity to recast and reinvent the program to overcome chronic obstacles. The highly effective support and coordination mechanisms put in place for the COVID-19 pandemic response, at all levels and across sectors, and the important lessons learned, should be fully utilized and sustained to finally eradicate polio from Pakistan.

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