



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

VIRTUAL, FEBRUARY 8, 9 & 11, 2021

GLOBAL POLIO ERADICATION INITIATIVE



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## Acronyms

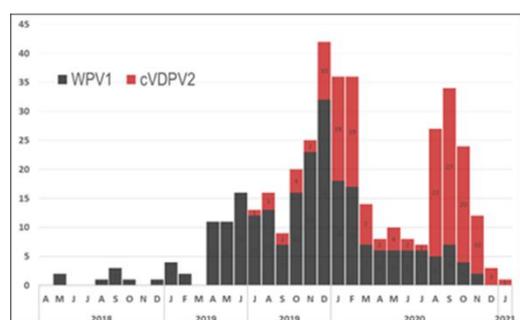
AJK	Azad Jammu and Kashmir (region)
EI	Essential Immunisation
EMRO	(WHO) Regional Office for the Eastern Mediterranean
EI	Essential Immunization
EOA	Enhanced Outreach Activities (for EI)
GB	Gilgit-Baltistan (province)
GPEI	Global Polio Eradication Initiative
HRMP	High Risk Mobile Population
IPV	Inactivated Polio Vaccine
ISD	Integrated Service Delivery
KP	Khyber Pakhtunkhwa (province)
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)
bOPV	bivalent Oral Polio Vaccine
mOPV2	monovalent Oral Polio Vaccine type-2
nOPV2	novel Oral Polio Vaccine type-2
tOPV	trivalent Oral Polio Vaccine
PCE	Priority Community Engagement
PEI	Polio Eradication Initiative
PEOCs	Provincial Emergency Operations Centers
PTF	Provincial Task Force (for polio eradication)
PSU	Polio Support Unit
ROSA	(UNICEF) Region of South Asia
SAPM	Special Assistant to the Prime Minister (on Health)
SHRUCs	Super High-Risk Union Councils
SIA	Supplementary Immunization Activity
TAG	Technical Advisory Group (for polio eradication)
cVDPV2	circulating Vaccine-Derived Poliovirus type-2
WPV1	Wild Poliovirus type-1

# Introduction

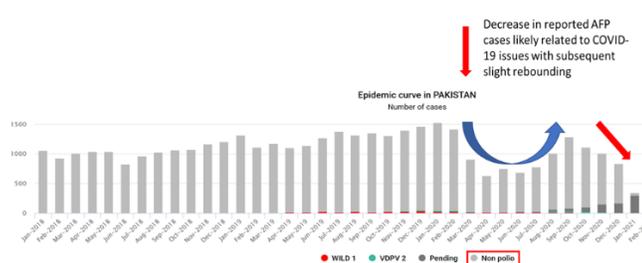
## Context

Seven months after the June 2020 Technical Advisory Group for polio eradication (TAG) meeting, the Polio Eradication Initiative (PEI) in Pakistan has successfully resumed Supplementary Immunization Activities (SIAs) despite the ongoing COVID-19 pandemic. However, the programme continues to face challenging epidemiology with the co-circulation of wild poliovirus type-1 (WPV1) and circulating vaccine-derived poliovirus type-2 (cVDPV2). The incidences of WPV1 and cVDPV2 apparently peaked in Q4 2019 and Q3 2020, respectively. Persistent viral transmission is enabled by chronic gaps and weaknesses in the basics of vaccine delivery in core reservoir areas. AFP surveillance demonstrated an ability to rebound from the additional challenges presented by the COVID-19 pandemic, but the programme entered 2021 with surveillance on a concerning downward trend of AFP case reporting. Pakistan’s National Emergency Action Plan (NEAP) for Polio Eradication 2021- June 2022 outlines strategies and activities to address SIA quality and maintain AFP surveillance at international standards and includes ambitious objectives: to stop transmission of cVDPV2 by mid-2021 and WPV1 by mid-2022. Within the NEAP are the ingredients for success – but there is a need to ensure maximum focus on those activities that ensure the highest level of basic programme quality.

WPV1 & cVDPV2, Pakistan, 2018-2021



AFP surveillance, Pakistan, 2018-2021



## TAG Meeting Overview

In advance of the TAG meeting, the NEOC submitted 8 questions to the TAG that were grouped into the following four categories:

- Vaccines & Response Options
- SIA Quality
- Vaccinating Mobile Populations
- Integrated service delivery and essential immunization (focus on SHRUCs)

As per the TAG TORs, the virtual TAG meeting was preceded by pre-TAG consultation sessions on SIA Quality, Integrated Service Delivery (ISD) and Essential Immunisation (EI), cVDPV2 transmission and response, migrant populations and Priority Community Engagement that informed the TAG recommendations. The TAG Chairperson appreciated the active participation of TAG Members throughout the extended period of pre-TAG and TAG meetings and the effective collaboration from the NEOC Team and support from the GPEI Polio Hub in Amman and GPEI colleagues.

The virtual TAG meeting was conducted in three sessions: national team presentations and discussions and special topics sessions (Central Pakistan, Super High-Risk Union Councils [SHRUCs], Plan for 2021-

2022) on 8 February 2021; provincial presentations and discussions and a special session on Communication on 9 February 2021; and feedback and recommendations from the TAG on 11 February 2021. The virtual format facilitated the participation of representatives from the national and provincial governments, the National Emergency Operations Center (NEOC) and Provincial Emergency Operations Centres (PEOCs), GPEI partners, donor agencies and civil society organizations. Of note, the TAG meeting was opened and closed by the Special Assistant to the Prime Minister on National Health Services, Regulations and Coordination, and the closing session was attended by the Regional Directors of WHO and UNICEF, Ministers of Health from Punjab and Khyber Pakhtunkhwa and Secretaries Health of Balochistan, Khyber Pakhtunkhwa, Punjab and Sindh, EPI Directors Azad Jammu and Kashmir, and Gilgit-Baltistan, and the Focal Point Islamabad Polio Control Room.

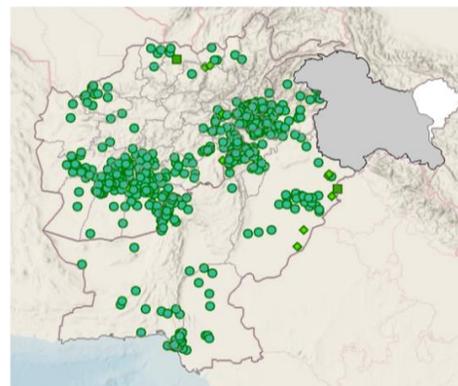
<h2 style="margin: 0;">Strategic Programme objectives until mid 2021</h2>	<p><b>Overarching Goal: Reduce the number of children not immunized during SIAs</b></p> <ol style="list-style-type: none"> <li><b>1. Completion of Transformation in the Tier 1 districts reflected by:</b> <ul style="list-style-type: none"> <li>○ 100% local female FLWs and Supervisors matched for language and tribe, and fully accepted by communities they serve</li> <li>○ 100% high quality, independently validated microplans developed with community inputs</li> </ul> </li> <li><b>2. Strong implementation of Priority Community Engagement strategy – including Integrated Services Delivery – in SHRUCs, Lahore and Southern KP reflected by:</b> <ul style="list-style-type: none"> <li>○ Key Pashtun influencers identified with alliances built with District and UC managers</li> <li>○ ISD/EI in SHRUCs: 80% reduction in OPV zero-dose children; 50% increase in OPV birth dose coverage; well-planned health camps implemented</li> </ul> </li> <li><b>3. Fully engaged Federal and Provincial leadership driving and supporting implementation reflected by:</b> <ul style="list-style-type: none"> <li>○ National EOC leadership fully staffed; Federal and Provincial Ministers and Chief Secretaries jointly assessing and addressing programme gaps and challenges on an ongoing basis</li> </ul> </li> </ol>
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## Epidemiology and Risks

### cVDPV2

Since the June 2020 TAG, Pakistan experienced a “second wave” of the cVDPV2 outbreak – peaking in September 2020 – as the virus spread throughout Sindh and Balochistan provinces. As of 10 February 2021, 159 cVDPV2 cases (22 in 2019, 135 in 2020, and 2 in 2021) have been reported from Pakistan, predominantly caused by the PAK-GB1 cVDPV2 emergence, although transnational transmission was also detected in 2020, which included two major Afghanistan emergence groups (AFG-NGR-1 and AFG-HLD-1). In addition, spillover to neighboring countries has been confirmed in Iran and Tajikistan – both events caused by PAK-GB-1.

**cVDPV2 cases 2020-2021**

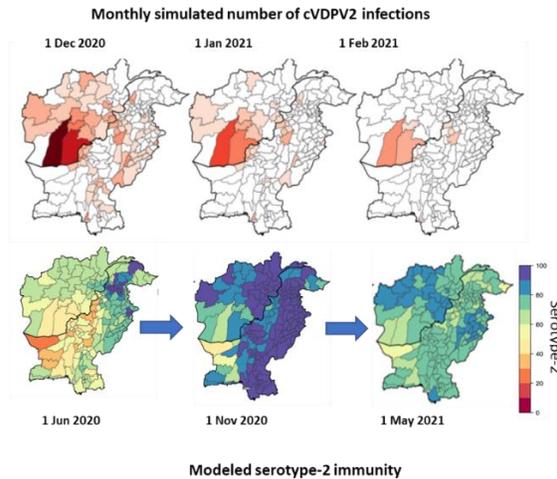
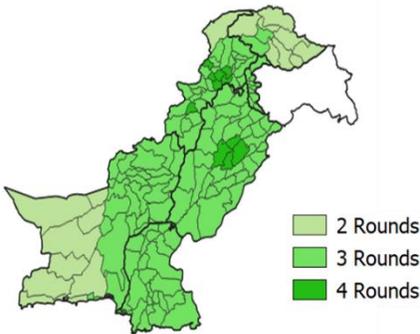


At least two rounds of type-2 response SIAs have been conducted throughout Pakistan, and three rounds in much of the country. The large-scale monovalent oral polio vaccine type-2 (mOPV2) and trivalent oral polio vaccine (tOPV) SIAs increased type-2 population immunity, reducing transmission and likely preventing hundreds of paralysis cases. However, as some reported cVDPV2 cases in November and December indicate that some areas of transmission have been covered by only one tOPV SIA since the case onset dates and due to gaps in SIA quality, there remain areas at high risk for breakthrough transmission (e.g., Karachi, Quetta Block).

**Question for TAG:** Pertaining to the mOPV2/tOPV use, how many cVDPV2 cases/detections should the program expect in 2021, and when?

Modeling of type-2 immunity and cVDPV2 transmission projects that infections will persist into the first half of 2021, but with significantly fewer cases expected, and that additional **high-quality** type-2 SIAs will interrupt transmission. Increasing coverage with inactivated polio vaccine (IPV) through Essential Immunization can interrupt transmission will prevent paralytic polio.

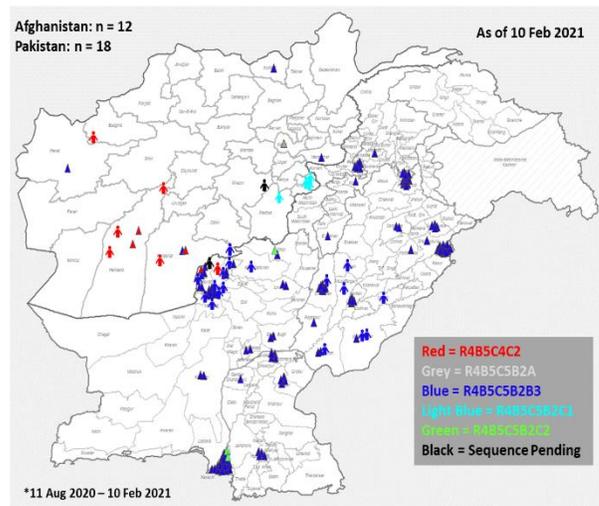
**Response to cVDPV2 outbreak 2020-2021**



WPV1

The dramatic increase in WPV1 cases and positive environmental samples that started in the second half of 2018 peaked in December 2019. WPV1 transmission has continued into 2021. While WPV1 cases declined in the second half of 2020, widespread transmission continued to be reported in the 6 months prior to the TAG meeting, with all polio reservoirs having ES samples consistently positive. WPV1 has re-infected Central Pakistan districts across three provinces, while Quetta Block remains concerning with incessant virus detection and cases of paralytic polio in Quetta and Killa Abdullah districts. The recent overall decline in WPV1 cases and environment surveillance positive samples may be due to naturally induced immunity and only partially attributable to SIAs (considering the long pause and long intervals between bivalent oral polio vaccine (bOPV) rounds and **gaps in SIA quality**).

WPV1 CASES & ES+, BY CLUSTER, PAST 6 MONTHS\*



## Findings and Recommendations

### National Leadership

The paradox of disease eradication is that in the last mile, when most focus is needed, targeted disease initiatives may seem the least of the country's concerns, with competing health priorities like the ongoing COVID-19 pandemic. However, continued failure to root out polio from its last hideout on earth risks undermining public trust and programme credibility, donor commitment and international support.

Pakistan must capitalize on its current leadership opportunities of having a dynamic Special Assistant to the Prime Minister (SAPM) on Health, who is a renowned infectious disease expert with direct access to the Prime Minister; and a new Director General (DG) Health, who is a highly experienced public health expert and polio eradication leader. In addition, Pakistan demonstrated unprecedented levels of political commitment and capacity in response to the COVID-19 national crisis that it needs to bring to its efforts to interrupt poliovirus transmission within its borders.

#### **TAG Recommendations on Programme Leadership**

- Appoint two experienced and respected government officials to fill the position of NEOC Coordinator and Deputy under direct guidance and support of the DG Health.
- Ensure close alignment between the work of the newly established Polio Support Unit (PSU) and the national and provincial EOCs. The TAG is available to debrief with the PSU, if requested.
- SAPM on Health and Provincial Health Ministers should jointly monitor, for each SIA, the number of missed children and address gaps in implementation in close partnership with provincial Chief Secretaries.
- The rhythm of the National Task Force (NTF) and Provincial Task Force (PTF) meetings should be established with rigor and participation of the leadership from the Pakistan Army and law enforcement agencies. Minutes of all meetings, including decisions and follow-up actions taken from previous meetings, should be readily available to stakeholders.

### NEAP 2021 – June 2022

Prior to the TAG meeting, the TAG reviewed the NEAP and provided the NEOC with a one-page summary of recommendations for improving the NEAP (included in the Annex). Overall, the TAG observes that the NEAP 2021-22 incorporates a very large number of strategies and activities, but often without evidence of impact/value. This list could be refined to prioritise strategies/activities based on their evidenced potential to contribute to the programme's core goals in critical areas: Transformation, Prioritisation, SIA Quality, Community Engagement and SHRUCs. What is critical is how the NEAP will maximise quality in these functions and identify specific milestones for ***what the programme expects to achieve in the next 6 months*** and 12 months for those key priority functions.

### Transformation

The Transformation agenda was initiated in 2019, but unfortunately completion has been delayed and further delay risks a severely compromised programme. There are clearly gaps in understanding of the

Transformation objectives, changes, and expected outcomes, particularly among government leaders in Tier 1 districts. While Transformation may have made some progress, it is not clear if the PEOCs have fully embraced and set up strong teams to implement the transformation agenda. The EOCs themselves have not yet completed transformation of their own management and operational processes and One Team function and any progress made at higher levels has not yet translated into real transformation and improvement in programme leadership, management and delivery at UC level on the polio eradication frontline.

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***The programme must have empowered district and UC officials and managers of partner agencies who ensure transparency and surface issues, and who empower and support frontline teams***

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***Transformation: Cross-cutting programme requirement to Fix the Basics***

During the course of discussions, it was clear to the TAG that programme success is still being held back by sub-optimal programme delivery, i.e., basic programme operations related to frontline staff, microplanning and intra-campaign problem solving. These issues were common across programme work areas, ***but particularly negatively affect SIA Quality and priority community engagement.***

***TAG Recommendations on Transformation: Fixing the Basics***

- By June 2021, demonstrate improvement in SIA delivery through clear indicators, specifically:
  - 100% local female Vaccinators and Supervisors matched for language and tribe, fully accepted by community.
  - 100% high quality independently validated microplans developed with evidence of community inputs.
  - Efficient problem identification and solution at UC and District Management levels, with evidence of intra-campaign problem identification and resolution.

***TAG Recommendations on Transformation***

- Transformation must be completed by end-March in Tier 1 districts.
- Improved quality of evening meetings to solve problems based on reliable data, with evidence of intra-campaign problem identification and resolution.
- Ensure operational and communication functions remain fully integrated and coordinated throughout the programme and assess SIA quality (e.g., number of children unimmunized after SIA) through joint analysis of operational and communication functions.
- Clearly demonstrate impact on reduction in number of children not immunized during SIAs through defined and measurable changes in programme performance.

## Transformation: Gender and the Programme

### **TAG Recommendations on Transformation: Gender and the Programme**

GPEI is committed to mainstreaming gender as part of its programming. Hence, TAG benefited from the support of an expert to bring a gender lens to Pakistan’s polio programme, and recommends the following:

- Prioritize the integration of women into all levels of the PEI programme, ensuring a safe environment – starting with frontline teams and working towards senior female roles.
- Actively ensure male and female participation in community engagement processes (jirgas, etc.), including ‘spaces’ for dialogue in household visits for women when not possible at community level.
- Focus on bottom-up community engagement with men and women for planning and assessing SIA delivery, EI/ISD (not just ‘leaders/influencers’)
- Build alliances with Women’s Organisations and community-based organisations at local level.
- Introduce gender awareness and training for programme staff at all levels (men and women)
- Integrate gender sensitivity into communication strategies and materials.

### SIA plan for remainder of 2021

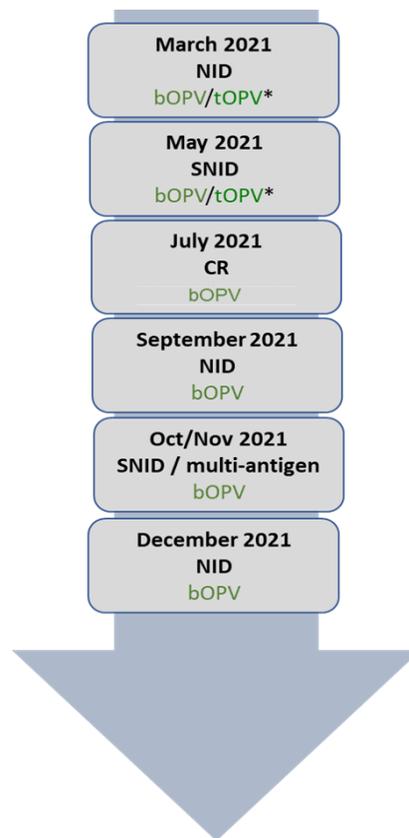
- **The SIA calendar proposed in the National Emergency Action Plan 2020-June 2021 was endorsed by TAG, with following recommendations:**

#### **January – June 2021:**

- Interrupt cVDPV2 transmission by end-June 2021 through:
  - Targeted tOPV in March and May SIAs
  - Increase delivery of IPV through EI + continued enhanced outreach activities (EOA)
- Maintain WPV1 control while focusing on building program quality for a push to interrupt WPV1 starting in July 2021 with:
  - 2 NIDs + 1 SNID at least 8 weeks apart
  - Increase delivery of bOPV/IPV through EI + continued enhanced outreach activities (EOA)

#### **July – Dec 2021:**

- Rapidly detect and respond to cVDPV2 importations / detections consistent with breakthrough transmission.
- Continue preparedness and readiness to use nOPV2 as necessary based on evolving epidemiology of cVDPV2.
- Conduct multiple, large-scale bOPV SIAs of increasing high quality.
- Increase delivery of bOPV/IPV through EI.



*\*Subject to review/approval by the Advisory Group (mOPV2/tOPV) or OPRTT (nOPV2)*

**Question for TAG:** Does the TAG see potential benefit of large-scale fIPV/IPV campaigns in core reservoirs and other priority areas?

➤ **TAG response:** No. The programme should focus on improving delivery of IPV through EI and EOA.

### Stopping cVDPV2 transmission by June 2021 – cVDPV2 response strategy

**Question for TAG:** What should be the country's response strategy to cVDPV2 cases/detections when these occur?

With evidence of breakthrough\*\* transmission, the programme will need to conduct a risk assessment to determine the scope of the response. As per the SIA plan outlined above, in Q1 and Q2 2021, the programme should utilize the March NID and May SNID to deliver additional doses of tOPV to areas based upon the risk assessment, as follows:

- **March 2021 tOPV scope:** the programme should conduct a risk assessment in and around areas that have conducted only one type-2 SIA response since last detection of cVDPV2, and then use tOPV in appropriately targeted areas during the March 2021 NID (subject to review and approval of the mOPV2/tOPV Advisory Group).
- **May 2021 tOPV scope:** the programme should conduct a risk assessment in and around areas with breakthrough transmission with case onset 14 days after the January tOPV NID, and then use tOPV in appropriately targeted areas during the May 2021 SNID (subject to review and approval of the mOPV2/tOPV Advisory Group).

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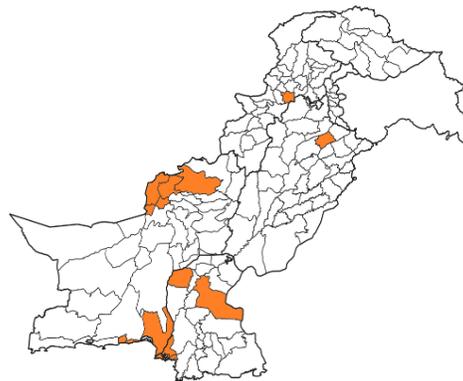
#### **\*\*Operational Breakthrough Definition**

*Detection of a case more than 14 days after the end of an SIA round, with zero or one SIAs after the case.*

*Detection of positive environmental sample more than 30 days following an SIA round with evidence of local transmission.*

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cVDPV2 cases covered by only 1 type-2 OPV SIA after 26 October 2020\*\*



\*\*Illustrative of tOPV scope for March NID – to be finalized by risk assessment

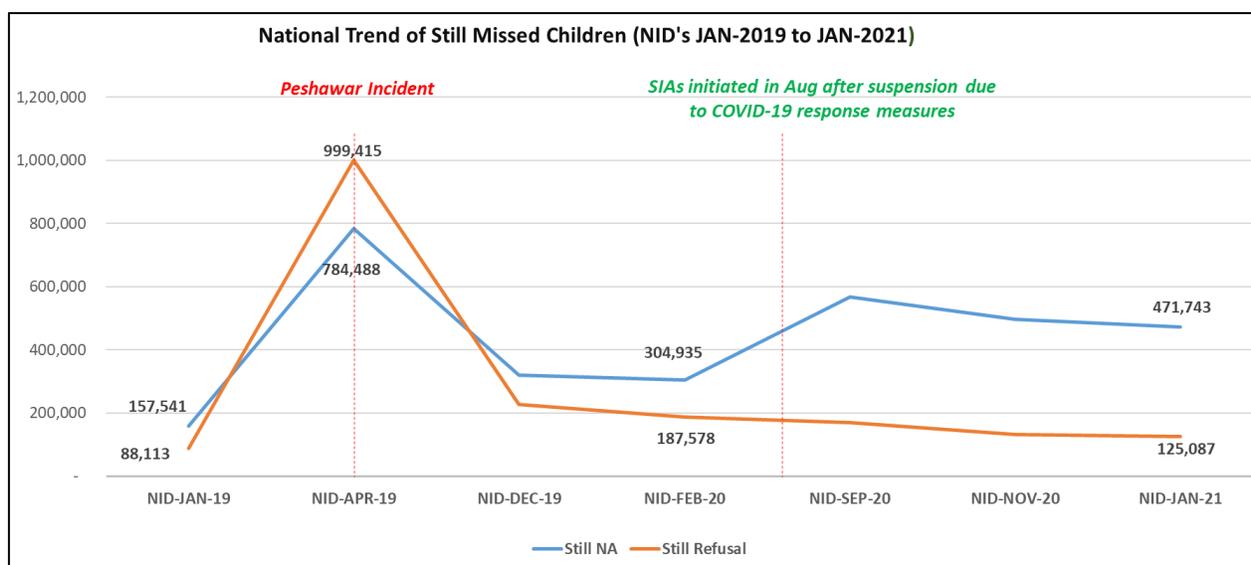
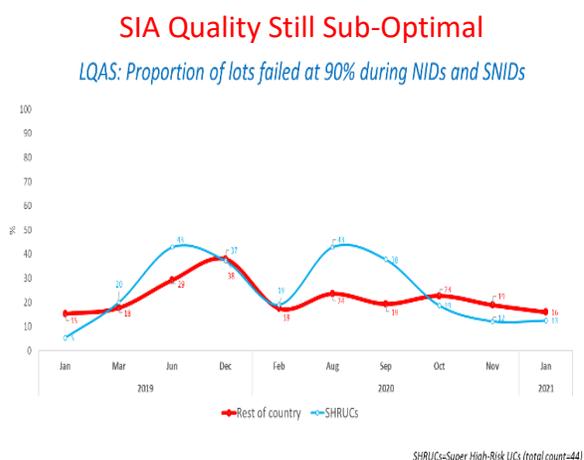
**Question for TAG:** If there is concurrent transmission of cVDPV2 and WPV1 in any priority zone, would TAG recommend using tOPV instead of nOPV2?

➤ **TAG response:**

- January – June 2021: Yes, the TAG recommends using tOPV.
- July 2021 and beyond: nOPV2 can be planned as needed for case response **provided the country meets all EUL requirements.**

## SIA Quality

The TAG acknowledged that the Pakistan programme has faced significant challenges in the past 18 months (Peshawar incident, management disruption, COVID-19). While there is some recent evidence of improvement in SIA quality, recovery is not yet at the level seen before the Peshawar incident of April 2019. Data also show inconsistent progress in SIA quality improvement, with some significant achievements but with evidence of short-run cycles of improvement and deterioration at UC and sub-UC levels. The programme must recognize that even the best SIA quality achieved in the past did not reach the goal of stopping poliovirus transmission throughout the country. The future programme needs to be **better than ever**.



There are **still too many children not being vaccinated during campaigns, especially in the SHRUCs**. The main challenge to the programme is to maximise quality of basic SIA delivery: integrating effective planning and vaccine delivery with stronger community engagement/communication and integrated service delivery – focused on SHRUCs and other high priority areas (Lahore, Southern KP). WPV1 resurgence indicates underlying weaknesses in SIA quality:

- Deployment of FLWs, including supervisors, not aligned with the cultural, linguistic, tribal, etc., characteristics of the communities they serve.
- Villages, hamlets, settlements, households not included in microplans.
- Use of registers during SIAs across Tier 1/SHRUCs does not appear to improve and may in fact undermine FLW efficacy.

### **TAG Recommendations on SIA Quality**

- Focus on improving quality of basic SIA delivery (see *Fixing the Basics* recommendations).
- National guidelines for SIA target setting are not the problem. They should be fully adhered to at all levels (national/provincial/district/UC) within the programme.
- Discontinue use of registers during SIAs; FLWs and supervisors should search for and vaccinate all children rigorously – in households, streets, schools or elsewhere within their assigned area.
- Deploy and assess the value of geolocation technology, particularly in areas where villages and hamlets are being missed, and carefully assess the utility of the technology in SHRUCs.

### **High Risk Mobile Population (HRMP)**

Mobile populations remain a significant contributor to viral transmission across the epidemiological bloc and within Pakistan. The HRMP strategy requires vaccinating all eligible children at all possible opportunities, including in departing communities, in transit, and in communities where they settle. The programme has developed impressive strength for vaccinating HRMP on the move, but the process has become 'routine' and has not maximised identification and vaccination of HRMP and guests in community settlements. The TAG noted that the recent rationalisation of PTPs is commendable.

### **TAG Recommendations on HRMP**

- Improve SIA coverage of HRMP children in settlements, including guest children through:
  - Improving understanding of HRMP immunisation status, PEI awareness and attitude
  - Ensuring thorough enumeration and mapping of HRMP are used to improve inclusion of HRMP children/families in microplans to maximise SIA coverage.
  - Ensuring language-appropriate teams in settlements of HRMP

*Questions to TAG: Given the inaccessibility of Afghanistan programme to the populations living in areas bordering Pakistan, to what extent should the vaccination of travelling populations at border crossing points be expected to plug the immunity gap in those areas (to consistently reach children living in areas bordering Pakistan)?*

- Maximise quality of engagement and vaccination at cross-border PTPs:
  - Review and agree vaccination protocol (age range, vaccine type)
  - Ensure programme is maximising opportunities to communicate with cross-border mobile communities.
  - Ensure ongoing assessment of proportion of children missed by border vaccination teams, evaluate reasons and take corrective measures.

*Questions to TAG: Keeping in view the current intensity of poliovirus transmission, does the TAG see a role for wide-spread permanent transit points (PTPs) vaccination in 2021?*

- Evidence does not support more extensive use of generic PTPs within Pakistan:
  - Ensure that the recent PTP rationalization focuses on major seasonal transit routes.
  - Monitor and support the work of PTPs during campaigns.

## Priority Community Engagement (PCE)

TAG recommendations in 2020 and NEAP 2021 – June 2022 recognised the urgent need to improve engagement with polio-affected underserved communities based on participatory research, community-driven problem-solving, and alliance-building. The PCE strategy will only work if it is based on authentic understanding of, and response to, target community interests and needs and should **not** focus primarily on 'refusal conversion.' Good progress has been made in developing region-specific PCE analysis, but it is not clear that PCE work is fully integrated with operations and communications. Effective PCE with genuinely locally representative organisations and groups will require modes of working that differ from conventional civil society/NGO sub-contracting. Further efforts and evidence are needed to demonstrate that the PCE strategy is able to identify and engage effectively with such local organisations and groups.

### **TAG Recommendations on Priority Community Engagement**

- PCE strategy should be led by local PEI programme managers and teams, integrated as core PEI operational and communication strategies in line with Transformation (avoid creating parallel structures)
- Start small, focused and realistic, and measure impact. In SHRUCs, programme should demonstrate PCE impact by:
  - Ensuring quality programme operations (see *Fixing the Basics* recommendations)
  - Establishing and maintaining key alliances and ensuring local programme supervisors and managers are empowered to support and protect PCE activities.
- Adopt a longer-term approach to building and maintaining local alliances for sustainable engagement in PEI, EI and ISD, and avoid over-promising. Trust is hard to win and easy to lose.

### *Integrated Service Delivery (ISD)/Essential Immunization (EI) with focus on SHRUCs*

The polio programme has for long demonstrated that chronic gaps in basic health services are associated with areas and communities with persistent poliovirus transmission. While ISD is widely accepted as a strategy to potentially improve community engagement and vaccine acceptance – especially in priority communities as captured in the NEAP as a component under PCE – ISD is inconsistently defined and unsystematically implemented resulting in limited or weak evidence of positive impact. The ISD strategy is also poorly understood/adopted/owned by provincial governments and seen as another independent and vertical programme.

***Question to TAG:** Given the limited resources for ISD vis-à-vis requirement of 40 SHRUCs action plan, what does the TAG advice/recommend the country program to roll out ISD in SHRUCs and beyond?*

**TAG response:** ISD, which should focus in SHRUCs, is a key strategy and its key elements noted below need to be fully operationalized by March 2021, with evidence of impact to support the investment value. SIA operational improvements need to be augmented by EI and enabled by communities that see the chronic gaps in broader health and other services being addressed. These gaps exist in other communities – success in providing these services in the SHRUCs should be used to inform broader roll out beyond the SHRUCs.

## **TAG Recommendations on ISD and EI**

### **ISD**

- Advocate with provincial governments to target health investments in SHRUCS – NHSP offers an immediate substantial opportunity to select Tier 1 polio districts.
- Establish tangible commitments to ISD strategy and partnership of the polio programme with broader health and development initiatives (NHSP and others such as Ehsaas)
- In the short term, programme should focus on supporting core ISD health/ immunisation components:
  - Strengthening EI provision and uptake in SHRUCs
  - Delivering high-quality, well-designed, well-managed health camps
- Utilise existing data and opportunities to evaluate impact of ISD on community attitudes to PEI and improved SIA outcomes (e.g., Gadap, Gujro, SMT)
- Monitor impact of improved EI and health camps on community acceptance and outcomes of SIAs, particularly missed children.

### **EI**

- Achieve 80% IPV coverage through EI / EOAs in all SHRUCs by end June 2021.
- Fully operationalize SHRUC action plan on EI elements:
  - Integrated microplanning process with updated maps across polio, EPI, community engagement, and LHW programs
  - Post vaccinators at all existing public and private health facilities that perform deliveries including evenings shifts.
  - Train CMWs/LHWs/TBAs/CBVs on how to give messages on the importance of OPV0 dose within 72 hours of birth.
  - Establish referral mechanism between vaccinators and formal and informal networks CMWs/LHWs/TBAs/CBVs/private sector clinics.
  - Ensure Provincial app-based vaccination tracking systems incorporate child registry and can track antigen-specific data (ZM, eVaccs, CERV)
- In all SHRUCs complete facility expansion / refurbishment and additional vaccinators by March 2021

## ***Communication***

Eradication success depends on quality operations and effective communication and engagement of priority groups in a sustained and **fully integrated approach**. The TAG commends the strategy and innovation of multiple traditional and new communication approaches but cautions the programme to avoid duplication or silos. Ensure full coordination of communication and PCE engagement activities. Communication interventions should focus on and be evaluated vis-à-vis their contribution to core eradication objectives (e.g. maximised SIA coverage/reduced missed children) across the defined four pillars: 1) Mass/social media and formal partnerships to create an enabling environment for vaccination; 2) ISD to improve community conditions, reducing opposition to PEI, through strengthened basic

services; 3) PCE to build community participation to support SIA quality and long-term local alliances; and 4) UC management teams to engage local influencers and households to support frontline teams and OPV acceptance.

### **TAG Recommendations on Communication**

- Ensure coordination of current communication and ISD/PCE and avoid proliferation of new processes.
- Focus on core PEI objectives: Improving OPV acceptance in all communities and reducing all forms of missed children – **not just 'refusals'**.
- Measure impact of all activities on SIA coverage and rates of missed children, at local/community level, continuously over multiple rounds to assess credible trend.
- Implement advocacy strategy to support ISD ownership and commitment with emphasis on province level.
- Ensure media platforms are ready to support targeted information campaigns on COVID-19 vaccination, cVDPV2, nOPV2 as required.

## AGENDA

### Meeting of the Technical Advisory Group (TAG) on Poliomyelitis Eradication in Pakistan 8<sup>th</sup>, 9<sup>th</sup> and 11<sup>th</sup> February

#### Day-I

8 <sup>th</sup> February		
Time	Item	Facilitator
5:45 – 6:00	Participants join virtual meeting	
6:00 – 6:05	Welcome Remarks	TAG Chair
6:05 – 6:15	Statement by Minister	SAPM on Health
Session 1: Country team presentations		
6:15 – 7:05	Pakistan PEI – Country overview on epidemiology of cVDPV2 and WPV1, implementation status of TAG recommendations, SIA resumption and other key activity areas +EI  Presentation 20 mins; discussion 30 mins	NEOC Coordinator
7:05 – 7:45	Update on cVDPV2 since resumption in the context of COVID19, progresses, challenges and lessons learned  Presentation 15 mins; discussion 25 mins	RADS/IMT
<b>7:45 – 8:00</b>	<b>Break</b>	
Session 2: Special Sessions		
8:00 – 8:40	Central Pakistan – coordination, progresses, challenges and way forward  Presentation 15 mins; discussion 25 mins	Central Pakistan FP
8:40 – 9:20	SHRUCs – Progress on ISD with special focus on EI  Presentation 15 mins; discussion 25 mins	NTPF
9:20 – 10:00	Plan for 2021-2022 - Highlights from NEAP  Presentation 15 mins; discussion 25 mins	NEOC Coordinator

#### Day-II

9 <sup>th</sup> February		
Time	Item	Facilitator
5:45 – 6:00	Participants join virtual meeting	
6:00 – 6:05	Remarks from TAG Chair	TAG Chair
Session 2: Special Sessions (continued)		
6:05 – 6:35	Communication update – supporting interventions in SHRUCs and priority areas	National Communication Task Team Coordinator
Session 3: Provincial Presentations		

6:35 – 7:15	Provincial Update: Balochistan <ul style="list-style-type: none"> <li>- Transformation in action: Progress/remaining challenges in the SHRUCs – HR, SIAs, Monitoring, UCs &amp; DCs engagement, community engagement interventions and impact</li> <li>- Response to newly infected areas</li> </ul> Presentation 20 mins; discussion 20 mins	EOC Coordinator Balochistan
7:15 – 7:55	Provincial Update: Khyber Pakhtunkhwa <ul style="list-style-type: none"> <li>- Transformation in action: Progress/remaining challenges in the SHRUCs – HR, SIAs, Monitoring, UCs &amp; DCs engagement, community engagement interventions and impact</li> <li>- Response to newly infected areas</li> </ul> Presentation 20 mins; discussion 20 mins	EOC Coordinator KP
7:55 – 8:35	Provincial Update: Sindh <ul style="list-style-type: none"> <li>- Transformation in action: Progress/remaining challenges in the SHRUCs – HR, SIAs, Monitoring, UCs &amp; DCs engagement, community engagement interventions and impact</li> <li>- Response to newly infected areas</li> </ul> Presentation 20 mins; discussion 20 mins	EOC Coordinator Sindh
<b>8:35 – 8:50</b>	<b>Break</b>	
8:50 – 9:30	Provincial Update: Punjab <ul style="list-style-type: none"> <li>- Progress/remaining challenges in the Lahore and southern Punjab</li> <li>- Response to newly infected areas</li> </ul> Presentation 20 mins; discussion 20 mins	EOC Coordinator Punjab
9:30 – 10:00	Statement by AJK, GB and Islamabad 5 minutes each followed by total 15 minutes discussion	AJK, GB and Islamabad Reps
10:00 – 10:15	Closing remarks	TAG Chair

**Day-III**

<b>11<sup>th</sup> February</b>		
<b>Time</b>	<b>Item</b>	<b>Facilitator</b>
<b>Session 4 – TAG Feedback Session</b>		
6:00 – 7:15	Feedback by TAG	TAG Chair
7:15 – 7:50	Remarks by Donors / Partners	
7:50 – 8:10	Remarks by Provincial Health Ministers	
8:10 – 8:20	Remarks by UNICEF & WHO RDs	
8:20 – 8:30	Closing Remarks	SAPM on Health

## List of Participants

### **TAG Chair and Members**

Dr Jean-Marc Olivé, TAG Chair  
Dr Salah Al Awaidy, TAG member  
Mr Chris Morry, TAG member  
Dr Mark Pallansch, TAG member  
Dr Sebastian Taylor, TAG member  
Dr Chris Wolff, TAG member

### **National Team**

Dr Faisal Sultan, SAPM on NHR&C  
Mr Aamir Ashraf Khawaja, Secretary NHR&C  
Dr Rana M Safdar, DG Health / NEOC Coord  
Dr Soofia Younus, EPI, NHR&C  
Dr Muhammad Salman, RRL, NIH  
Brig Shahid Iqbal, E&C Branch, GHQ  
Brig Bashir Ahmed, Pak Army FP for NEOC  
Dr Altaf Bosan, National Technical Focal Point  
Dr Palitha Mahipala, Head of Office, WHO  
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Dr Ibrahim Yalahow, Deputy TL Polio, WHO  
Dr Osama Mere, EPI TL, WHO  
Ms Lieke Visser, Comms, WHO  
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Dr Israr ul Haq, RRU Coordinator, WHO  
Dr Mukhtiar Bhayo, Trans TT Lead, WHO  
Dr Hamid Mohmand, Ops Lead, WHO  
Dr Hashim Raza, Incident Manager, IMT, WHO  
Mr Hasnat Malik, Operations Officer, WHO  
Ms Aida Girma, Country Rep, UNICEF  
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Mr Hamish Young, TL Polio, UNICEF  
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Ms Sheeba Afghani, Comms, UNICEF  
Ms Arifa Sharmeen, Comms, UNICEF  
Ms Raabya Abu Zafar, CBV FP, UNICEF  
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Brig (R) Dr K Soomro, Natl NSTOP Coord  
Dr Mumtaz Ali Leghari, Deputy NSTOP Coord  
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### **TAG Secretariat**

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Dr Hemant Shukla, GPEI Hub  
Dr Shamsher Khan, GPEI Hub  
Dr Abdinoor Mohamed, GPEI Hub  
Dr Steve Sosler, GPEI Hub  
Dr Sahar Hegazi, GPEI Hub

### **Balochistan**

Dr Rubaba Baledi, Parliamentary Sec Health  
Mr Noor Ul Haq Baloch, Secretary Health  
Mr Rashid Razaq, EOC Coordinator  
Dr Ishaq Panezai, Director EPI  
Dr Masood Khan Jomezai, Technical Focal Point  
Dr Temesgen Demeke, TL Polio, WHO  
Dr Zulfiqar Siddiqui, TL Polio, UNICEF  
Dr Aftab Kakar, TL Polio, NSTOP

### **KP**

Mr Taimur Khan Jhagra, Minister Health  
Dr Kazim Niaz, Chief Secretary  
Mr Syed Imtiaz Hussain Shah, Secretary Health  
Mr Abdul Basit, EOC Coordinator  
Dr Muhammad Saleem, Director EPI  
Dr Imtiaz Shah, Technical Focal Point  
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Dr Andrew Etsano, TL Polio, UNICEF  
Dr Ijaz Ali Shah, TL Polio, NSTOP

### **Punjab**

Dr Yasmin Rashid, Minister Health  
Capt (R) Muhammad Usman, Secretary P&SHD  
Ms Sundas Irshad, EOC Coordinator  
Dr Bashir Ahmad Siddiqi, DHS EPI  
Dr Aslam Chaudhary, Technical Focal Point  
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**Sindh**

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Dr Kazim Hussain Jatoi, Secretary Health  
Mr Fayaz Hussain Abbasi, EOC Coordinator  
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Mr Apoorva Mallya, BMGF  
Ms Claire Anderson, BMGF  
Dr John Vertefeuille, CDC  
Dr Derek Ehrhardt, CDC  
Dr Richard Franka, CDC  
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**Islamabad, Gilgit-Baltistan, AJK**

Mr Babar Sahib Din, FP IPCR  
Mr Waqar Ahmed, Secretary Health GB  
Dr Muhammad Iqbal, EPI Manager, GB  
Maj Gen Altaf Ahsan Satti, Secretary Health AJK  
Dr Bushra Shams, EPI Manager, AJK  
Dr Wende Dubale, TL WHO, GB/AJK

Dr Christie Reed, CDC  
Dr Alexa Reynolds, GAVI  
Dr Colette Selman, GAVI  
Dr Eric Sarriot, GAVI

**Donors, Representatives and Other**

Mr Aziz Memon, Rotary International  
Ms Alice Gilbert, DFID  
Ms Louise Kemp, DFID  
Mr Ahmer Akhtar, DFID  
Ms Agnes Warren, GAC  
Ms Heather McBride, GAC  
Mr Christopher Khng, Canadian High Comm  
Ms Ellyn Ogden, USAID  
Ms Enilda Martin, USAID  
Ms Reena Shukla, USAID  
Dr Muhammad Kamran, USAID  
Dr Shabir Chandio, USAID  
Mr Mohammad Virk, USAID  
Mr Baber Khisro, USAID  
Ms Marion Pfennigs, Embassy of Germany  
Dr Inamullah Khan, IsDB  
Ms Huong Le, GIZ  
Ms Azusa Shimazaki, JICA  
Ms Alison Scott, IMB  
Ms Katie Hayes, IMB

## ANNEX: NEAP 2021-June 2022: TAG Observations

**Goals:** Stop cVDPV2 and indigenous WPV1 transmission by June 2021 and June 2022, respectively; reduce the geographic scope of WPV1 circulation to historically reservoir areas by December 2021.

Pakistan's polio eradication programme has encountered significant external challenges in the last 24 months. Epidemiological data show a trend of increasing WPV1 cases and ES+ starting in the second half of 2018, i.e., prior to the "Peshawar incident" and COVID-19, suggesting structural and/or operational problems in the programme. Effective delivery of eradication depends on an unprecedented level of ownership, integration and coherence between government and partners from national to UC level, and effective engagement with communities, based on a genuinely public health emergency approach. The credibility of the activities the NEAP proposes over the next 12 months depends on the evidence of effectiveness of such activities – or innovations of them – to date. Overall, the TAG observes that the NEAP 2021-22 incorporates a very large number of strategies and activities, but often without evidence of impact/value. This list could be cut to prioritise strategies/activities based on their evidenced potential to contribute to the programme's core goals in critical areas e.g.:

- **Transformation:** The transformation agenda was launched in 2019. There is now an opportunity to show, through indicators of management performance, how the programme has been transformed – specifically, how government and partner positions, from national to provincial, provincial to district, district to UC, are working differently, and how these differences, will impact on programme performance going forward based on defined and measurable functions.
- **Prioritisation:** In the context of scarce resources, there is a need to focus the programme on a set of priority strategies/activities (e.g., community engagement, high-quality SIAs, enhanced EI and improving wider service environment) – using data to identify what is working and what is not, as well as to pilot innovations and assess their potential to positively impact on programme progress.
- **SIA quality:** The 2019-21 scale of transmission, both for WPV1 and cVDPV2 indicates *suboptimal population coverage through SIAs*. In terms of campaign quality, there is an opportunity to show how the strategic shift in SIA delivery during 2020, scaling down CBV and shifting to mobile and special mobile teams, has impacted on SIA coverage (including rates of missed children) in both remaining CBV and MT/SMT areas.
- **Community engagement:** Community engagement is agreed to be central to the eradication programme. This requires a local focus in understanding community perceptions, using appropriate research techniques such as anthropological and political economy analysis, to support locally led design and delivery of programme activities. There is a need and opportunity to show how new and developing strategies – e.g., the Priority Community Engagement and Integrated Service Delivery along with EI strengthening – are being implemented, and with what anticipated effect over the next NEAP period.
- **SHRUCs:** All the above examples of critical focus – if they are working properly – should be reflected in improvement in programme performance in the SHRUCs. Ensuring maximum programme quality in the SHRUCs will be key to progress towards eradication over the NEAP 2021-June 2022. A clear analysis of what has happened over the last 18-24 months in the SHRUCs can provide an evidence-based framework for showing what can be achieved in the next 12-18 months.