Recommendations

Technical Advisory Group Meeting for Afghanistan and Pakistan

Doha, 1-4 June 2023
Objectives

• Review and assess the status of polio eradication efforts particularly in endemic zones, outbreak areas, historic reservoirs, and cross border collaboration.
  
  o Assess the operating environment and risks to the program given evolving political and security dynamic in these countries.
  o Review interventions of last 6 months; what worked and what did not work with specific, concrete examples in both endemics and outbreak areas.
  o Review country plans and strategies and respond to questions from the countries (applying the logical framework).
  o Identify remaining risks.
  o Review SIA schedule for the remaining 2023.

• Review preparedness of country programs for outbreaks.

• Provide technical guidance on finally interrupting transmission by end of 2023.
Preamble and Context
Preamble

The outcomes of this TAG meeting will:

• Guide programme actions for the next 6 critical months to stop endemic poliovirus transmission.

• Inform the discussions at the IMB meeting next month.

• Contribute substantively to the GPEI Mid-term Strategy Review this year.
Context

The continued progress is a result of:

• Sustained commitment by the leadership of the federal and provincial governments of Pakistan, support of the provincial and district administration, the Pakistan Army and law enforcement agencies.

• Strong support of the Ministry of Public Health and authorities in Afghanistan at all levels.

• Incredible resilience, courage, hard work and dedication of frontline workers and programme staff in both countries.
Context

Both programmes have made progress in endemic zones and successful outbreak response despite significant contextual challenges in both Afghanistan and Pakistan:

- Significant political instability with transition to interim governments in Khyber Pakhtunkhwa (KP) and Punjab provinces of Pakistan.
- Extreme economic difficulties in both countries.
- Increasing insecurity, particularly in KP, Balochistan, and parts of Afghanistan.
- Increasingly complex humanitarian situation across Afghanistan.
Context

Geographically restricted endemic transmission continued through the last low season:

• The transmission remained restricted to endemic zones of Southern KP, Pakistan and East Region, Afghanistan.

• The programme responded effectively to each virus detection, which prevented establishment of transmission outside the endemic zones, including historic endemic reservoirs (Karachi, Peshawar, Quetta Bloc).

• No other genetic clusters have been detected.
Epidemiology
Epidemiology - One Bloc

- WPV1 transmission has survived in the low season in the two remaining endemic zones in Afghanistan and Pakistan.
  - Expanding outbreak in Nangarhar.
  - Restricted circulation in a smaller geographic area within Southern KP.
- WPV1 detection in Kandahar is a public health emergency and a major risk of a large outbreak.
- Programme is entering a period of increased risk that coincides with high transmission season.
Epidemiology - Endemic Zones

- Virus detection increased in Southern KP in the second half of 2022, however there are only three detections in 2023.
- Virus detections and cases increased in the East Region of Afghanistan through the 2022/23 low season.
Epidemiology - Outbreaks

- Virus was exported from southern KP to other parts of KP, Punjab and Sindh during 2022. Outbreak responses appears to have stopped further transmission.
- Virus was exported from East Region of Afghanistan into Pakistan along the Northern Corridor affecting KP and Punjab.
- Virus exported from East Region to the South Region of Afghanistan (notified 2 June 2023).
Epidemiology – Molecular Genetics

- Virus characterizations from 2022-23 confirms previous finding that all previous WPV1 genetic clusters have been eliminated.

- Absence of significant genetic gaps show virus transmission and exports are effectively detected.
**Risks**

**Overarching Contextual Risks:**
- Elections in Pakistan.
- Inflation and risk of floods.
- Deterioration of humanitarian and security context.

**Epidemiological Risks:**
- Persistence of endemic circulation in East Afghanistan and Southern KP.
- Major risk of amplification of virus in Kandahar and cross border transmission.
- Increased risk of spread to polio free areas in high transmission season.
Risk Categorization

- Risk categorization set by TAG in October 2022 paved way for focused approach in both countries.
- TAG suggests to continue the same risk categorization:
  - Endemic - Southern KP endemic zone, East Region of Afghanistan.
  - Outbreak response districts.
  - Risk Reduction - very high risk, high consequence districts based on ‘real risk assessment’ - (Historic reservoirs or vulnerable districts adjacent to Outbreak/infected areas).
  - Maintenance - all others.

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<tr>
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<tbody>
<tr>
<td><strong>Endemic Districts</strong></td>
<td><strong>Outbreak Response</strong></td>
<td><strong>Very high risk/Consequential</strong></td>
<td><strong>All Other districts</strong></td>
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<tr>
<td>Southern KP endemic zone and East Region pf AFG</td>
<td>Districts with new detection of WPV1</td>
<td>Historic reservoirs/adjacent to infected districts</td>
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Priorities

1. Interrupt transmission in endemic zones of southern KP and East Afghanistan with urgency.

2. Mount a robust and effective response to WPV1 in Kandahar, which now represents a public health emergency.

3. Maintain rapid and effective outbreak response, with strong focus on Peshawar.

4. Reduce risk in historic reservoirs.
   - Quetta bloc has accumulated a large susceptible population.
Endemic Zones
Endemic zones: East Region of Afghanistan

Findings - Epidemiology

- **Increased** WPV1 cases and detections through low transmission season.

- Historic interruption has required **sustained high quality SIAs**; recent improvements in quality must continue and be sustained to interrupt transmission.
Endemic zones: East Region of Afghanistan

Findings - Surveillance

AFP surveillance gaps

- Pockets of low stool adequacy.
- Reports of some declining EV Isolation and SL Isolation rates.

AFP surveillance system is functional (external review findings)

- Active surveillance visits and zero reporting regular.
- Sites geographically well distributed.
- Records well maintained, and data used for further improvement.
- Reporting network:
  - District AFP focal points well trained, linked to community-based reporting volunteers.
  - Good coverage of population through community networks, active surveillance and zero-reporting.
- Private health sector supportive and important health facilities included.
- Specimen collection and transport: no significant gap in verified sample.
- AFP surveillance well coordinated with Pakistan programme.
Endemic zones: East Region of Afghanistan

Findings - Immunization

- Contributors to decreased immunity in East Region.
- Significant disruption in campaigns 2021–22.
- Clusters of chronic refusal families.
- Potential pockets of susceptibility in children 5-10 years old due to history of inaccessibility in some communities.

~125,000 kids in areas of prolonged inaccessibility

Inaccessible districts (partial)
- 0 year
- 1-2 years
- 2-3 years
- 3-4 years
- >4 years

East Region WPV1 Epidemiology and Sequence of Events

<table>
<thead>
<tr>
<th>Date</th>
<th>ES positive</th>
<th>Human cases</th>
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<tr>
<td>J A S O N D</td>
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<td>J F M A M</td>
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<td>J F M A M</td>
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<td>2023</td>
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Compromised quality: Fear, frontline worker replacements

Improved quality: No H2H SIA for >1 year

Data as of 3 June 2023
Recent improvements in campaign quality are encouraging.

TAG recognizes efforts: reducing persistent missed children, improving frontline worker capacity, use of APMIS, floating teams, shadow monitoring, validation of locked houses.
Endemic zones: East Region of Afghanistan

Recommendations - Surveillance

AFP surveillance

• Optimize networks for timeliness:
  • Identify causes and improve on delay in specimen dispatch.
  • Improve early notification through first contact (under-reported AFP).

• Improve Record Keeping (CIF):
  • Modify Case investigation form to include information on IPV1 and IPV2. National surveillance team to review.

Environmental surveillance

• Monitoring and evaluation of ES quality in the East.
• Assess potential expansion in ES in areas with associated geographies within the East Region.
Endemic zones: East Region of Afghanistan

Recommendations - Immunization

Full access + H2H + increasing campaign quality = opportunity to interrupt endemic transmission in East Region.

TAG recommends:

• Implement high-quality SIAs:
  • 4-6 weeks apart starting in July.
  • Finalize analysis of pockets with prolonged inaccessibility. Immunize 0-10yrs with bOPV in those areas (conduct one round and assess).
  • No need for fIPV at this time. Re-evaluate in Q3. mOPV1 not available or needed.
  • No need for sero-survey at this time. Focus on response.

• Use social mapping and social listening to ensure that all communities, including mobile populations, are identified, understood and effectively engaged in each SIA.

• Trial and **systematically evaluate** use of different plusses to optimise campaign quality in high-risk communities.

• Continue surge of intense programme monitoring.
Endemic zones: Southern KP, Pakistan

Findings - Epidemiology

• **Decreased** WPV1 cases and detections through low transmission season

• **Southern KP** has **interrupted** multiple WPV1 lineages in the past
Endemic zones: Southern KP, Pakistan

Findings - Surveillance

AFP Surveillance

Gaps in AFP surveillance indicators

- Meeting NPAFP Rates all districts.
- Not meeting the % Stool Adequacy target of 80%: Bannu and Tank.
- It is not clear what component(s) of case identification, notification, investigation and stool collection drives inadequacy.
- Late notification in Bannu, Tank, North Waziristan and DI Khan.

Large number of sites
Southern KP AFP Surveillance Infrastructure

Active Surveillance Network
2023: 130 sites

Zero Reporting Network
2023: 330 sites
Endemic zones: Southern KP, Pakistan

Findings - Surveillance

ES Reach and Quality

Gaps in ES characterization and coverage

- South Waziristan Upper has no permanent site (rest have at least 1).
- Need for systematic monitoring and evaluation of ad hoc ES sites.
- Characterize ES coverage specifically for 69 HRUCs compared to total Southern KP.
Endemic zones: Southern KP, Pakistan

Findings - Immunization

Immunity improved since 2021, needs further improvement

- 3 districts.

Immunity decreasing

- 3 districts. Caveat: This measure will change more slowly over time.
Endemic zones: Southern KP, Pakistan

**Findings - Immunization**

- Most direct path to interrupting endemic transmission = **multiple high quality ‘3+2’ (enhanced H2H) campaigns** (worked for 99% of Pakistan).

- Complex operating environment
  - Insecurity, lack of health services, heavy security presence, fake finger marking, boycotts, etc.

- When proven strategy could not be implemented, alternate approaches have been developed.
  - TAG applauds Pakistan team for creativity and resilience.
  - TAG emphasizes the need to systematically evaluate the **effectiveness of new approaches**.
1. What are the current alternate approaches?
   - Site to site, Directly observed vaccination (DOV)
     - Pluses (soap)
     - Social behavioral change (ulema advocacy against FFM, refusal conversion committees, etc.)
   - Targeted additional immunization efforts
     - Strengthening essential immunization and EOAs
     - Birth dose
     - Biker vaccination for migrant vaccination
     - Enhanced transit strategy
   - Boycott anticipation and conversion

2. Are they working?
   - Some encouraging evidence (ex. Reported vaccinated)
   - Bannu and Lakki appear better than other districts (data not shown)
   - Other measures unchanged (ex. LQAS)
   - Multiple inconclusive evaluations (TAG reviewed)
   - Worrying decline in monitoring since August 2022 (data not shown)
Endemic zones: Southern KP, Pakistan

**Findings - Immunization**

- Approximately more than 160,000 children are being vaccinated compared with last year.
- However, there continue to be a large number of missed children, and likely more than administrative data indicates.
- Monitoring data shows clustering of operational gaps; teams missing areas and children.

![Graph showing missed children due to NA and Refusal](image)

- **Southern KP, Missed children due to NA and Refusal 20-25,000 / round**
  - Still NA (#) vs Still Refusals (#)
  - Enhanced n3m Strategy

![Graph showing missed children due to Boycott and Security](image)

- **Southern KP, Missed children due to Boycott and Security 2 - 12,000 / round**
  - Number of children missed

![Map showing South Waziristan Upper](image)

- **South Waziristan Upper**
  - Total UCs: 32
  - No SIA in Upper South Waziristan for nearly 1 year
  - ~28,500 target population

![Graph showing reasons for missed children in LQAS](image)

- **Southern KP, Reason for Missed Children in LQAS**
  - Reason: Newly Arrived, Unknown, Child Away, Refused, Teen's Missed Child, Teen's Felt Influenza
1. **Southern KP is an extremely challenging context** – that’s why it’s one of the last endemic reservoirs of wild poliovirus in Pakistan.

2. **TAG strongly commends** the Pakistan team, the KP team, the South KP Hub, the LEAs, the frontline workers and all involved for bravery, resilience, and creativity in the face of these intense challenges.

3. **Is there a recommended path to interrupting transmission?** Yes. Multiple high quality enhanced H2H SIAs. If circumstances can be created to do this consistently everywhere within next 6 months, they should be vigorously pursued.

4. **Are there alternate paths to interrupting transmission?** Yes, but they are less clear and certain and require strong planning, implementation and evaluation.

5. **Has southern KP found clearly effective alternate approaches?** Not yet, but you have to keep refining approaches and evaluating impact (e.g., analysis of missed kids by 3+2 (enhanced H2H) modality, and 1+1).

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**A learning and iterative mindset across the programme culture is paramount**
Endemic zones: Southern KP, Pakistan

Findings - Immunization

1. Southern KP has a strategy going forward.
   - Prioritization analysis (excellent)
   - 69 UCs with ~75% of missed children (good).
   - “Reaching the unreached” plan – 3 rounds of enhanced EOA with RI and OPV (good).
   - Restart mass immunization and health camps in Upper South Waziristan (good).
   - Operational flexibility to security.

2. Will it work? Evaluate.

- Accessing Mehsud belt
  - Robust plan is being developed. - Continuation of all age vaccinations through ring fencing of Mehsud belt in southern

- Addressing Low performing Zones/High number of missed children
  - Area In-Charge capacity building on the frontline worker Co-design model.
  - Enhance ICM and Post campaign assessments.
  - Area/problem specific community engagement plan

- Addressing potential blind spots
  - Enhance ICM and priority selection in post campaign assessment

- Addressing boycotts
  - Addressing in social behavioral change session.

- Addressing security challenges
  - Contingent micro-plans for flexible campaign days (2+1 minimum benchmark for campaign).
  - Continues support by LEAs.

- Bridging immunity gaps
  - bOPV OPV SIAs, fIPV SIAs and big catchup in prioritized UCs.
  - Continuation of nomad immunization team initiative.
  - Strengthening of transit vaccination strategy.
  - Convergence of ISD services in the most vulnerable UCs.
### Endemic zones: Southern KP, Pakistan

**Findings – TAG 2022 Southern KP Recommendations**

<table>
<thead>
<tr>
<th>TAG recommendation October 2022</th>
<th>TAG Assessment and Comments</th>
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</thead>
<tbody>
<tr>
<td>Entire southern KP should be considered as one polio endemic bloc.</td>
<td>Done.</td>
</tr>
<tr>
<td>TAG recommends 3 vaccination campaigns one each in October, November and December 2022.</td>
<td>Done.</td>
</tr>
<tr>
<td>Focus on optimizing the new enhanced H2H modalities and flexibility in intervals.</td>
<td>Partial. Work in progress.</td>
</tr>
<tr>
<td>Package of interventions tailored to specific communities and defined vaccination obstacles.</td>
<td>Done.</td>
</tr>
<tr>
<td>In areas where this approach is not feasible (e.g., in Upper S Wazir) decision should be made about alternate modalities in time for October round.</td>
<td>Uncertain. Upper South Waziristan approach not adopted by October. Not sure if deliberate decision.</td>
</tr>
<tr>
<td>It is critical to assess the effectiveness of this new enhanced H2H strategy after each round with clear evidence of reduction in missed children including gains in directly observed vaccination after each round and make every effort to assess quality and impact of alternate modalities where direct access is not possible.</td>
<td>Done.</td>
</tr>
<tr>
<td>Conduct an evaluation of enhanced H2H modality of Q4 2022, no later than in January 2023</td>
<td>Partial. TAG reviewed. There were analyses, but no conclusions. Unclear when and how it was reviewed, who was involved in evaluating and deciding. TAG has seen multiple evaluations.</td>
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<tr>
<td>Continue to optimize the enhanced H2H modality where it works (feasible and effective). If enhanced modality is not feasible in certain areas, consider alternate vaccine delivery approaches including CBOs and planning for this contingency should start now.</td>
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<tr>
<td>The programme should identify areas where additional intensified vaccination approaches (zero dose follow up, defaulter vaccination) will be necessary to cover missed children in Q1 of 2023 (February).</td>
<td>Done.</td>
</tr>
<tr>
<td>TAG endorses the approach of provision of security based on the micro plans developed by the programme for enhanced H2H SIA implementation.</td>
<td>Not Done. Security still defines modality instead of programme needs defining security.</td>
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</table>
1. **Implement Southern KP Action Plan** (ensure updating based on Surveillance Review North and South Waziristan and Bannu with support of federal team):
   - Continue monitoring and evaluation of ES site quality, particularly the 'ad hoc' sites.
   - Rapidly implement recommendations of the surveillance review to address the gaps identified (missed AFP cases, inadequate active surveillance visits, suboptimal reporting network).
   - Continue to collect and analyze data on IPV in CIFs (dose 1 and 2).
   - Ensure adequate laboratory capacity before considering ES expansion.
2. **Vigorously pursue core strategy – multiple H2H SIAs.** The quality of existing SIAs is not sufficient to stop transmission. Therefore, vigorously pursue higher quality SIAs to address persistently missed children across the seven endemic districts.

3. **TAG endorses, until end 2023, priority focus on 69 UCs, “Reaching the Unreached” plan and recommends.**
   - Ensure robust planning. Establish minimum “go/no-go” preparedness criteria.
   - Design a social behavioral change package to support optimal implementation of the 'Reaching the unreached' strategy.
   - Do not conduct July SNID in these areas and use time for planning.
   - **In advance, articulate “success measures”,** agree how these will be measured, who will measure, and who will compile the analyses. South KP Hub should convene a 3-level partner review after each round. Instill a learning mindset.
   - Evaluate potential “pluses” based on community interest match with operational, financial, and timely feasibility. Be creative.
   - Use experience of “reach the unreached” approach to inform what aspects need to be taken forward for SIAs in remainder of 2023.
4. The 69 'Most Vulnerable UCs' identified in Southern KP represent an important strategic focus for the programme to rapidly reach persistently missed children during the next 6 months. This will require:

- Dedicated strong leadership and management.
- Allocation of necessary human and material resources, plusses.
- High quality operations integrated with social mobilization.
- More intense independent and high-quality monitoring.
5. **Upper South Waziristan**: Urgent issuance of NOC to implement planned vaccination activities. Restart mass immunization. Conduct a structured evaluation of options and impact and decide way forward as a partnership.

6. **Monitoring**: TAG is concerned about reduction in monitoring (especially LQAS and PCM). Programme must resume robust monitoring from July SIA/reaching the unreached, especially in the 69 UCs.

7. **Clustered refusals and boycotts**: TAG is concerned about stagnating or rising clusters, particularly North Waziristan. These are likely symptoms of larger social and operational issues that are not understood. The programme should identify appropriate expertise to understand these issues and provide a report and recommendation to the TAG by end of August.

8. **Evaluate pluses and integrated services** based on community input including nutrition options (e.g., high energy biscuits).

9. **Boycotts**: Continue developing social listening to inform boycott resolution. Develop and test boycott prevention interventions through targeted exploration of integrated services. Identify success criteria, measure, and conduct 3 level review at South KP hub.
Endemic zones: Southern KP, Pakistan

Recommendations – Management

10. South KP Hub and programme management

• In the volatile situation of southern KP with high level of uncertainty and unpredictability, TAG strongly recommends:
  • Ensure implementation of previous recommendations and fully staff the southern KP Hub – consider additional social science and data analytic expertise and ensure full support.
  • Review the current coordination mechanisms for the program in southern KP. Convene experienced leaders within the programme, for example all EOC Coordinators, to help articulate a coordination and decision architecture - what needs to be decided, how it will be decided, who inputs and who decides, and when.
  • Coordination structures at all three levels (South KP hub, provincial and national) must enable effective and efficient action in the field.
• The national authorities in Afghanistan should declare the outbreak a public health emergency in the South Region and urgently respond. The extent of the public health emergency and response should be expanded if additional regions detect poliovirus.

• Given the risk of paralysis in hundreds of children in Kandahar, there is an immediate need for high level advocacy for H2H campaign modality.

High risk of an explosive outbreak with many paralyzed children in Kandahar and Southern Afghanistan.
Keeping in view the significant immunity gaps, the following response is recommended as per the GPEI outbreak response guidelines:

• **Field investigation and risk analysis**: within 72 hours of notification.

• **Outbreak response scope**: Historic transmission patterns and large immunity gaps suggest a wide scope is needed. Conduct joint corridor risk assessment with Pakistan considering South Region, Quetta bloc, and other linked areas.

• **Three high quality H2H vaccination response campaigns**:
  • Round 1: within 2 weeks.
  • Rounds 2 and 3: within 4 weeks.
  • Immunize 0-10 years at minimum in pockets of South Region that had protracted inaccessibility.
  • Maximize implementation of Plan B until H2H vaccination is permitted.

• **A dedicated outbreak response team with surge support** should be provided to South Region for at least next 6 months.

• **Maximize the GPEI humanitarian engagement** to support the outbreak response.
Outbreak Response

Findings and Recommendations - Immunization

TAG congratulates Pakistan for effective outbreak response. No evidence of re-established transmission.

Recommendations

Interval between response rounds: within 4 weeks (especially considering high transmission season).

Management: For each event, programme should ensure dedicated management capacity to oversee outbreak response. Each event should have an assigned outbreak lead and team, including social behavioral change.

Social behavioral change: Ensure incorporation of social investigation processes in risk assessment (local behaviours and social links) into design of response plans. Create and test rapid message development for each outbreak event.

<table>
<thead>
<tr>
<th>Outbreak events 2022-23</th>
<th>Field investigation risk assessment 72 hours</th>
<th>Scope identified at least 2 million children</th>
<th>Round 1 (in 2 weeks)</th>
<th>Round 2 (4-6 weeks after R1)</th>
<th>Round 3 (4-6 weeks after R2)</th>
<th>Additional rounds (if further detections)</th>
<th>SBC evaluation and integration in operational plans</th>
<th>Surveillance</th>
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<td>Lahore</td>
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<td>Peshawar</td>
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Both Pakistan and Afghanistan programmes should ensure procedures are consistent with global guidelines:

- **Breakthrough / additional detection in an outbreak area:** continue immunization SIA at 4-week intervals until 3 high quality rounds and 6 month since last detection. If not stopped within 1 year, it becomes re-established transmission.

- **Closing outbreaks:**
  - For each outbreak event, when six months have passed without poliovirus detection, the programme should conduct an outbreak response assessment evaluating:
    - Management
    - Field investigation
    - Risk assessment
    - Social behavioral change integration into operational plans
    - Quality of immunization response
    - Sensitivity of surveillance
    - Essential immunization
  - The assessment should include lessons learned for future outbreak response and recommendations for post-outbreak period.
  - Closed outbreaks revert to pre-outbreak categorization.
Risk Reduction and Preparedness
Critical risk reduction activities as recommended by TAG across both countries remain to be fully achieved, for example:

- Ensure high-quality campaign operations in risk reduction areas
- Intense campaign monitoring for each round
- Highly trained, supervised and motivated frontline workers (local, female)

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<tr>
<th>Programmatic Area</th>
<th>Activities</th>
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<tr>
<td>SIAs</td>
<td>- At least 4 preventive campaigns per year</td>
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<td>- Ensure high quality microplans and campaign operations</td>
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<td>- Intense campaign monitoring for each round (LQAS and PCM)</td>
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<td>- Highly trained, supervised, and motivated frontline workers (local, female)</td>
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<td>- Scope of each SNID round in 2023 to be assessed and modified on the basis of changing epidemiology in both Afghanistan and Pakistan</td>
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<td>Social Behavioral Change</td>
<td>- Social behavioral evaluation and identification of required activities as per the global SOPs</td>
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<td>- Validate need for health camps or other community engagement approaches where justified</td>
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<td>Surveillance</td>
<td>- Evaluate surveillance sensitivity and community health seeking behaviors and identify justified improvements</td>
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<tr>
<td>Essential Immunization</td>
<td>- Determine areas Extended Outreach Activities</td>
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<td>- Root cause analysis and EPI improvement plan to address gaps in EPI service delivery sites, vaccinator vacancies, attendance, training, microplanning, and other issues</td>
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Risk Reduction

Findings - Immunization

• Overall, risk in the “risk reduction” areas has remained static since the last TAG.

• However, risk has increased in Quetta bloc, Karachi, southern Afghanistan.

<table>
<thead>
<tr>
<th>South Region (Hilmand and Kandahar) Serotype-1 population immunity (humoral and mucosal) based on non-polio AFP data (&lt;36 months)</th>
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<tbody>
<tr>
<td>Hilmand</td>
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<td>Kandahar</td>
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<table>
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<tr>
<th>LQAS - Karachi</th>
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<tbody>
<tr>
<td>SNID OCT 2022</td>
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<tr>
<td>Total Lots</td>
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<tr>
<td>Type 1 PI (OPV + IPV)</td>
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<td>Type 1 PI (OPV only)</td>
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QuettaBloc – Campaign Quality

<table>
<thead>
<tr>
<th>SNID</th>
<th>% Lots Passed</th>
<th>% Admin Coverage</th>
<th>% PCM Coverage</th>
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<tbody>
<tr>
<td>Oct-22</td>
<td>83%</td>
<td>96%</td>
<td>54%</td>
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<tr>
<td>Nov-22</td>
<td>91%</td>
<td>96%</td>
<td>67%</td>
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<tr>
<td>Jan-23</td>
<td>77%</td>
<td>96%</td>
<td>67%</td>
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<tr>
<td>Feb-23</td>
<td>67%</td>
<td>95%</td>
<td>75%</td>
</tr>
<tr>
<td>May-23</td>
<td>75%</td>
<td>95%</td>
<td>75%</td>
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</tbody>
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Risk Reduction
Recommendations - Immunization

• Programmes ensure there is management capacity dedicated to risk reduction areas, including improving basic SIA quality:
  • Pre-position IEC materials and messages in appropriate language for rapid deployment in cases of outbreak.
  • Train social behavioral change staff in outbreak response communication.

• Improving Routine EPI
  • Enhanced activities in selected high-risk UC.

• Surveillance
  • Fully implement and continue to monitor recommendations of the recent surveillance reviews.
    • Special focus on Quetta Bloc and Karachi.
Northern Corridor Recommendations

• Additional WPV1 detections should be anticipated in the northern corridor; position for aggressive and extensive outbreak responses.

• Revitalize the Divisional Task Force in Peshawar to address the risks.

• A large number of UCs (35% of all UCs) were identified as high-risk in KP. Additional risk analyses are needed to identify a smaller number of UCs that are at highest risk of transmission (population movement, historical pattern) and take preventive actions in these areas (enhanced surveillance, SNIDs, Targeted SIAs, improved EPI etc.).
Central Corridor
Recommendations

Surveillance
Improve surveillance in bordering districts.

Environmental surveillance
Explore expansion of environmental surveillance, accounting for proximity to southern KP and population movement from southern KP including ad-hoc sites (such as in Barmal).

Missed children
Missed children contribute to a significant immunity gap. Therefore, continue efforts to reduce the number of missed children.

Team composition
Continue to assure adequate team compositions.
Southern Corridor
Recommendations

Outbreak Response Preparedness

Detections should be expected in Quetta Bloc and Karachi; programme needs to be fully prepared to deliver rapid outbreak responses at highest quality.

SIA Quality and EPI

Quetta Bloc: analyze causes of deteriorating SIA quality (LQAS) and paucity of SIA activity in Quetta City; develop clear strategy to reverse this trend. Develop plan to increase EI coverage.
Southern Corridor

Recommendations

SIA Quality and EPI

Karachi: Sustain consistently high-quality SIAs; continue to cover whole of Karachi for risk reduction activities but concentrate on enhanced engagement to maximize vaccine uptake in slum areas. Continue focus on reducing SMC in HRUCs. Concerted effort on increasing EI is needed.

AFP Surveillance

Quetta Bloc: Improve on declining AFP reporting
Karachi: Aggressive plan to improve low stool adequacy, low notification by HCPs, and overall review recommendations
Cross Border Findings

- Current epidemiology demonstrates critical significance of cross-border coordination, focusing on corridors:
  - Ongoing transmission in northern and central corridor; evidence of expansion in northern corridor ahead of the high season.
  - Concerning immunity gap in southern corridor; high risk of an extensive outbreak.

There is new momentum towards better cross-border coordination:
- Sub-national cross-border coordination meeting in March 2023 after 5 years.
- Subnational level action trackers updated and activated, with regular follow-up virtual meetings between corridor teams.
- May 2023 SNID synchronized in bordering areas (except southern KP).
- Joint risk assessments and briefings being conducted.
Cross Border
Recommendations

• Ensure that social behavioral change strategies and messages/materials on both sides of the border are unified, and available in local languages

• Harmonize the cross-border vaccination strategy (including synchronization of SIAs)

• Conduct quarterly in-person meetings in addition to the ongoing virtual interactions
Regional Coordination Recommendations – GPEI Hub and NEOCs

• Continue existing regular collaboration between GEPI hub and NEOCs

• Cross border collaboration:
  • GPEI Hub to support continued cross border coordination and NEOCs to ensure collaboration between Afghanistan and Pakistan polio programmes at the subnational levels.
    • Continue to update the national and provincial/regional framework
    • GPEI Hub to facilitate cross-border coordination upon new epidemiological developments.

• GPEI Hub to facilitate follow up of TAG recommendations timely and effectively
  • GPEI Hub to coordinate TAG virtual consultation in November 2023, and next in-person TAG in February 2024

• Coordination with global bodies:
  • GPEI Hub to continue to coordinate with global bodies (TAG, SC, FMG, IMB, M&E, and POB)
### SIAs Principles

<table>
<thead>
<tr>
<th>Category</th>
<th>SIA implications</th>
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<tbody>
<tr>
<td><strong>1. Endemic zones</strong></td>
<td><strong>East Afghanistan</strong>: SIA at least every 6 weeks until interruption.</td>
</tr>
<tr>
<td></td>
<td><strong>Southern KP</strong>: implement “reaching the unreached” and 3 additional doses by end of year (vaccination opportunity at least every 6 weeks).</td>
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<tr>
<td><strong>2. Outbreak response</strong></td>
<td>At least 3 rounds, 2-4m target, 4 weeks apart.</td>
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<tr>
<td><strong>3. Risk reduction</strong></td>
<td>At least 4 vaccination campaigns per year (Northeast Afghanistan should be included).</td>
</tr>
<tr>
<td><strong>4. Maintenance</strong></td>
<td>Covered by NIDs.</td>
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SIAs for 2023

• TAG endorses SIA calendar

• Endemic zones: follow their own schedule.

• Outbreak zones: follow outbreak SOPs.

• Scheduled SIAs are primarily for risk reduction and maintenance areas (Northeast Afghanistan should be added to SNIDs).
Cross Cutting Programme Areas
Programme Integration
Recommendations - Microplanning

Social Behavioral Change and Operations

• TAG commends strengthened linkage between operations and social behavioral change
• TAG recommends further integration in microplanning:
  • Create one single microplan for operations and social behavioral change.
  • Incorporate social data analysis in the microplanning process.
  • Coordinate microplanning across borders, ensuring uniformity in messaging.
• When creating microplans, link social behavioral change and programmatic operations throughout, based on local needs. For example:
  • Link community engagement to areas with programmatic issues.
  • Provide NA lists to social mobilizers for engagement.
Programme Integration

**Recommendations - Moving Beyond Refusals**

**Social Behavioral Change and Operations**

- Focus on addressing all forms of missed children, moving beyond the current social behavioral change concentration on refusal.
  - The amount of time and effort spent by social behavioral change staff on refusals vs missed children should be proportional to the numbers of children in each category.
  - Moving from an extensive refusal focus to the broader 'missed children' focus will likely channel resources to high-impact activities.

- Ensure that all social behavioral change activities are used to promote Essential Immunization among households.

- Continue to build trust in PEI through partnerships with other organizations to provide services.
Programme Integration
Recommendations – Campaign Planning

Social Behavioral Change and Operations

• Operations and social behavioral change staff should work together in an integrated way before and during the campaign at all levels (from NEOC to household).

• Solicit frontline worker input—operations and social behavioral change—to determine optimal local campaign integration between social behavioral change and operations frontline workers.
  • Use frontline worker listening initiatives to enhance campaign design and determine frontline worker responsibilities, strengthening motivation and performance of social behavioral change and operations frontline workers.

• Solicit community input on campaign delivery preferences to optimize accessibility and quality.
  • In areas with M2M/S2S modality, utilize social behavioral change community dialogues to design fixed site delivery at times and places convenient to the community.
Humanitarian Engagement - Afghanistan

Findings

• Humanitarian Actors Engagement meeting in April 2023 – 10 actors; strengthened coordination & M&E.

• Between March and April, 340,069 children were vaccinated with OPV, 8 provinces, 7 actors.

• Out of these, 11,125 children missed in last 3 months by polio programme.

• Kandahar city has the largest concentration of vaccinated children (1,163), followed by Hilmand (122).
Humanitarian Engagement - Afghanistan

Recommendations

• Health camps implemented by Afghan Red Crescent Society and supported by International Federation of Red Cross should contribute to the outbreak response in the South region.

• Polio programme should continue to identify opportunities to leverage platforms of humanitarian partners to increase polio vaccination coverage in underserved areas.

• Continue advocating for a more comprehensive response with World Food Programme.
Women in the Polio Workforce
Findings and Recommendations

• Some progress in recruitment and retention of female frontline workers.
• A well supported, safe workforce is essential to optimizing programme efficacy and impact.
• Review and approve agreed solutions proposed through the Pakistan Female Frontline Worker Co-Design initiative by end of June 2023, and roll out implementation by end of September 2023.
• Monitor and report on key performance indicators for gender and take action.
  • Proportion of female staff at all levels of the programme (from frontline worker to NEOC to TAG).
EPI-PEI Synergy
Findings – Afghanistan and Pakistan

• Increasing collaboration between EPI and PEI is encouraging.
• Excellent example of using polio SIAs to cover zero dose children.
• TAG appreciated the detailed analysis presented, particularly on southern KP, Punjab, Karachi and Peshawar as well as improvements in southern Afghanistan.
• Room for increasing effective collaboration between PEI and EPI workforces.
  • RI data shows a positive trajectory, however, Balochistan remains the biggest risk due to local health infrastructure challenges.
  • The constant proportion and age breakdown of 0-dose children over the years is concerning.
EPI-PEI Synergy Recommendations – Afghanistan and Pakistan

• Ensure EPI staff are present and accountable for delivering services.
• Explore the possibility of integrating EPI vaccinators into the polio workforce.
• EPI to prepare an emergency plan to address the systematic gaps in Quetta and Karachi.
• EPI and PEI communications teams to develop a joint strategy for all levels:
  • Polio social behavioral change staff should include EPI messaging in their communications.
  • Communications team should document successes of PEI-EPI synergy.
  • NEOC Coordinator and FDI Director General to publish a joint paper on Pakistan’s experience of EPI and PEI synergy.
EPI-PEI Synergy
Recommendations – Afghanistan and Pakistan

• Strengthen vaccination posts (fixed and temporary); more and qualified staff.
• Recruit social behavioral change officers for EPI.
• Create regular reports on IPV coverage.
• Accelerate RI of HRMPs, with recruitment of vaccinators who are linguistically and culturally aligned with these groups.
Conclusions
Conclusions – Endemic Zones

• Endemic poliovirus transmission remains restricted to southern KP and East Region of Afghanistan.

• Start of the current high transmission season has increased the risk of spread.

• The topmost priority is to stop endemic transmission. Success depends on vaccinating children that have been repeatedly missed and this requires:
  o Continued improvement in SIA quality in the East region.
  o Innovative new strategies to reach all children in southern Khyber Pakhtunkhwa, for example, in the 69 UCs with the most missed children.
  o Resumption of SIAs in South Waziristan Upper.
Conclusions – Outbreak Zones

• Timely and vigorous outbreak response to any virus detection is the next level of priority to prevent transmission in any other area, however, this must not disrupt activities in the endemic zones.

• The detection of wild poliovirus in the South Region of Afghanistan is a public health emergency that requires an urgent response with adequate strategies to prevent a large outbreak of polio that could paralyze hundreds of children.

• Preparation for outbreaks should be prioritized in cross-border corridors and historic endemic reservoirs – particularly Quetta bloc, Peshawar, Karachi, Southeast and Northeast regions of Afghanistan.

• Quality of poliovirus surveillance (AFP, ES, and lab) should be assured for timely detection and response.
Conclusions - Outbreaks

• Both programmes have the capacity to stop remaining endemic transmission and stop outbreaks.

• The programme in Pakistan has shown it has the leadership support, tools, knowledge and resources to stop outbreaks efficiently.
Conclusion

Interruption of poliovirus transmission is possible within the next six months, provided both programmes receive the necessary political, security and community support to reach every child in endemic and outbreak zones.
Acknowledgement

• TAG would like to thank the State of Qatar for its strong support and facilitation for hosting the meeting, and commitment to eradicate polio in the Eastern Mediterranean region.

• TAG acknowledges the efforts of Afghanistan and Pakistan teams and appreciates the courage and extraordinary commitment of frontline workers in both countries.

• TAG pays tribute to those law enforcement officers who have made the ultimate sacrifice in providing protection to polio workers.

• TAG appreciates the support of the Regional Reference Lab Islamabad to Afghanistan and Pakistan Polio Programmes at highest standards.

• TAG appreciates the GPEI Hub Amman and country teams for facilitating the cross-border collaboration.
  • Sub-national level cross-border coordination restarted after a long gap
Technical Advisory Group Meeting on Polio Eradication for Afghanistan and Pakistan
1 - 4 June 2023
JW Marriott Marquis - Doha, Qatar

Meeting Folder (link): [TAG Meeting for Afghanistan and Pakistan Doha 1-4 June 2023](#)
Next TAG  Mid-February 2024
Thank you