

Pakistan & Afghanistan: Will we soon see the end of polio?

The view from the perspective of the
Country Programs

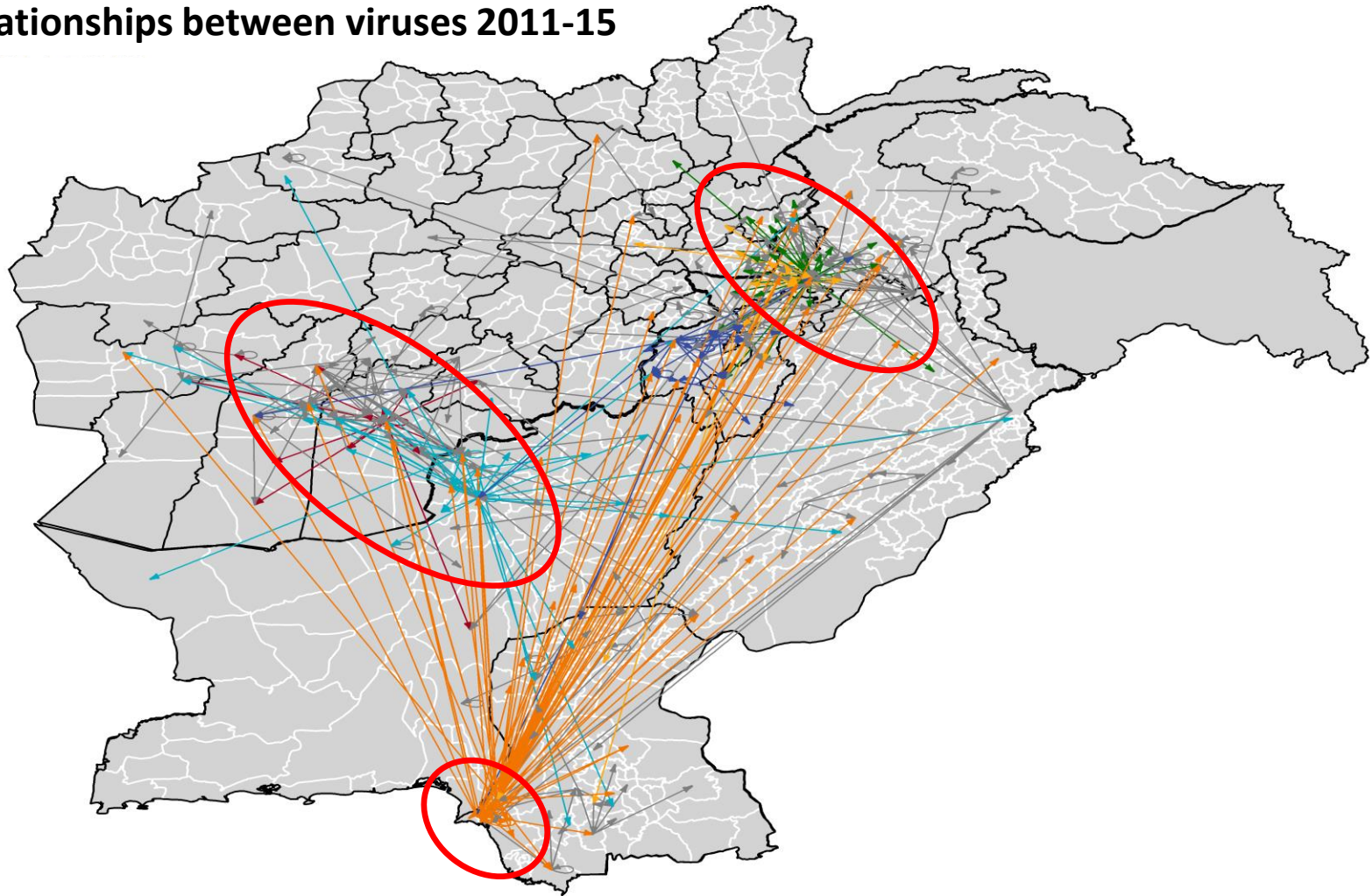
PPG

5 December 2016

Current situation in the joint epidemiological block

Core Reservoirs: primary drivers of transmission

Relationships between viruses 2011-15



Common core reservoirs and their close “indicator” communities

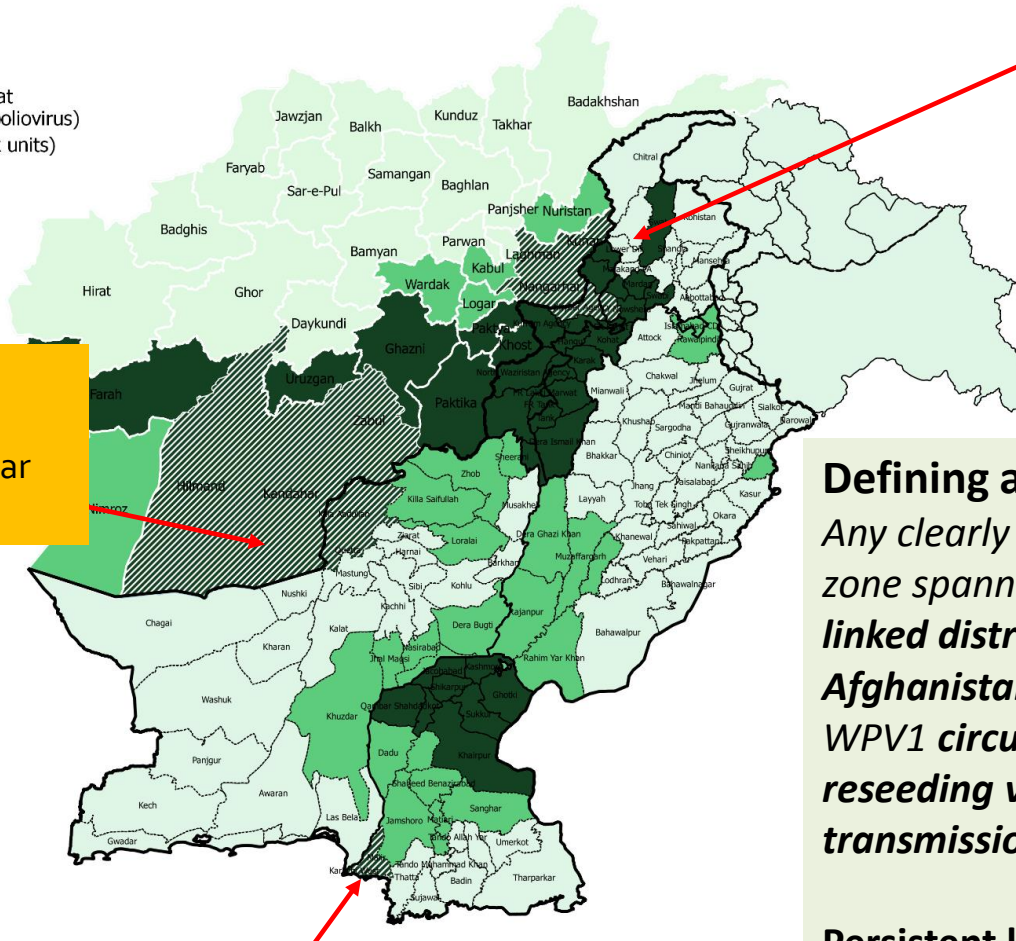
Legend

Province

Tier classification

- Tier 1 (High risk units that are 'core reservoirs' of poliovirus)
- Tier 2 (All other high risk units)
- Tier 3 (Vulnerable units)
- Tier 4 (All other units)

Quetta block (Pakistan) and Greater Kandahar (Afghanistan)



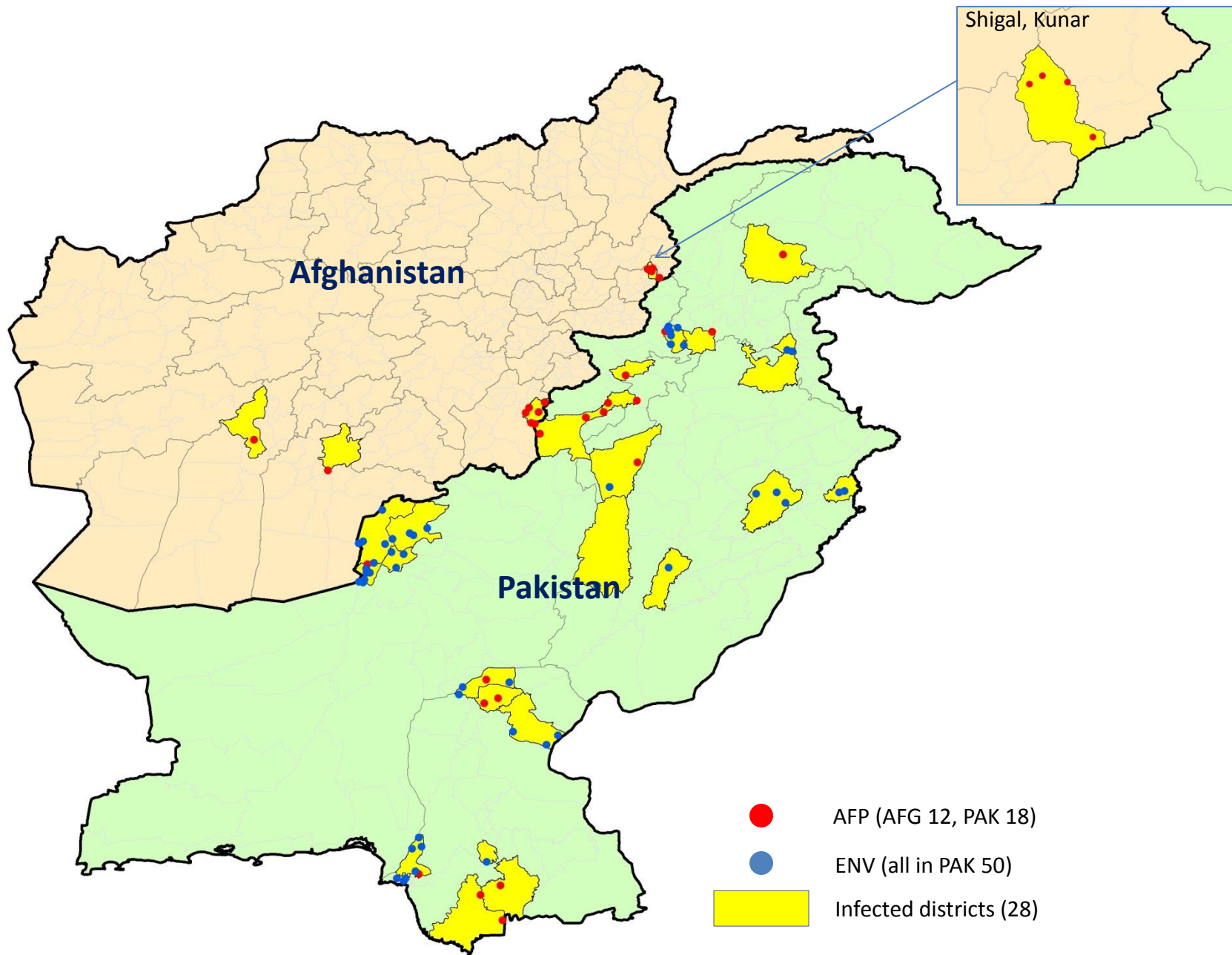
Khyber-Peshawar corridor (Pakistan) and Greater Nangarhar (Afghanistan)

Defining a poliovirus core reservoir
Any clearly definable contiguous geographic zone spanning a division or up to 4 closely linked districts In Pakistan or provinces in Afghanistan with proven persistent local WPV1 circulation and repeated history of reseeding virus outside the immediate transmission zone

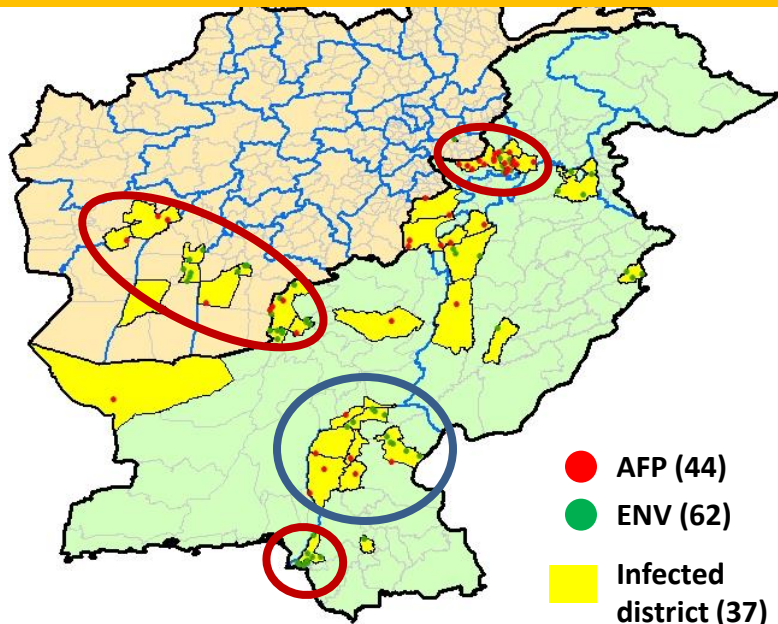
Persistent local circulation: the presence of at least two local lineages of WPV1 for at least two low seasons

Karachi

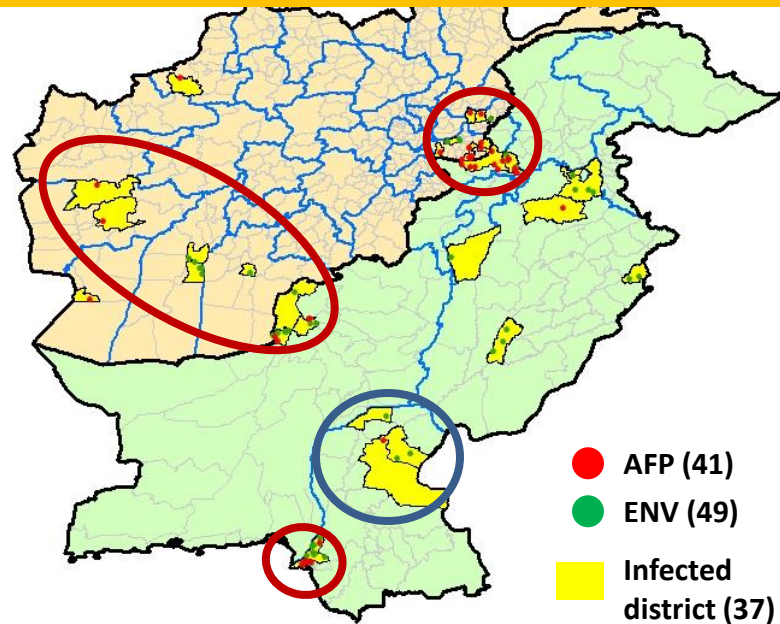
Wild polio isolates, human & environment, EMR - 2016



Low season 2015 (Dec.14 – May 15)

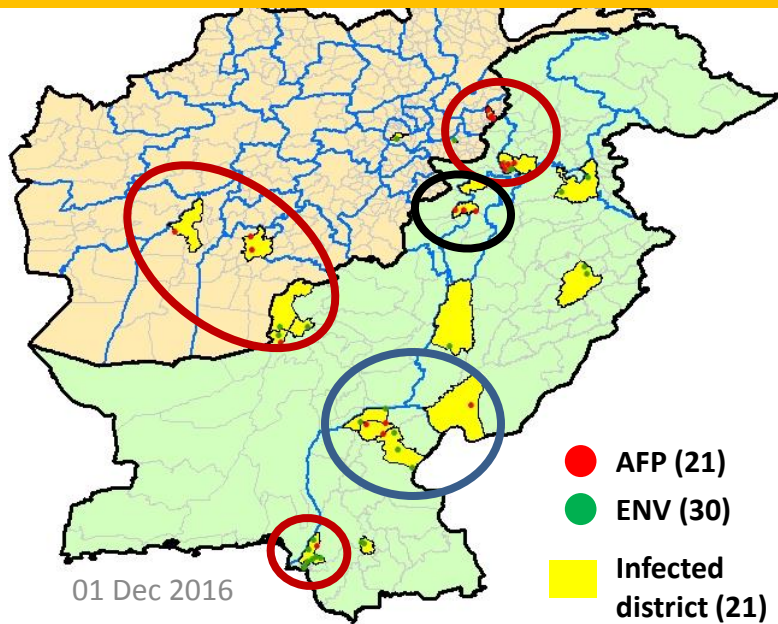


High season 2015 (June 15 – Nov. 15)

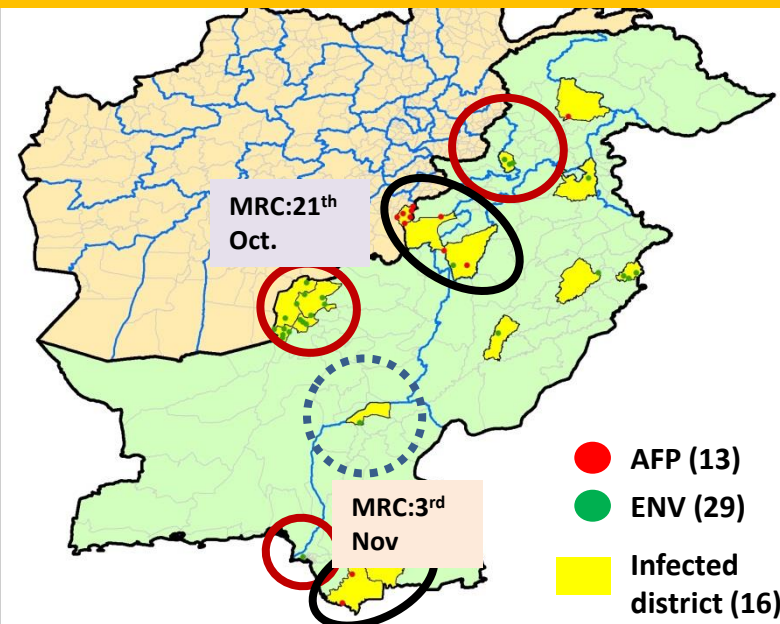


Polio isolates by season 2015 - 2016

Low season 2016 (Dec.15 – May 16)

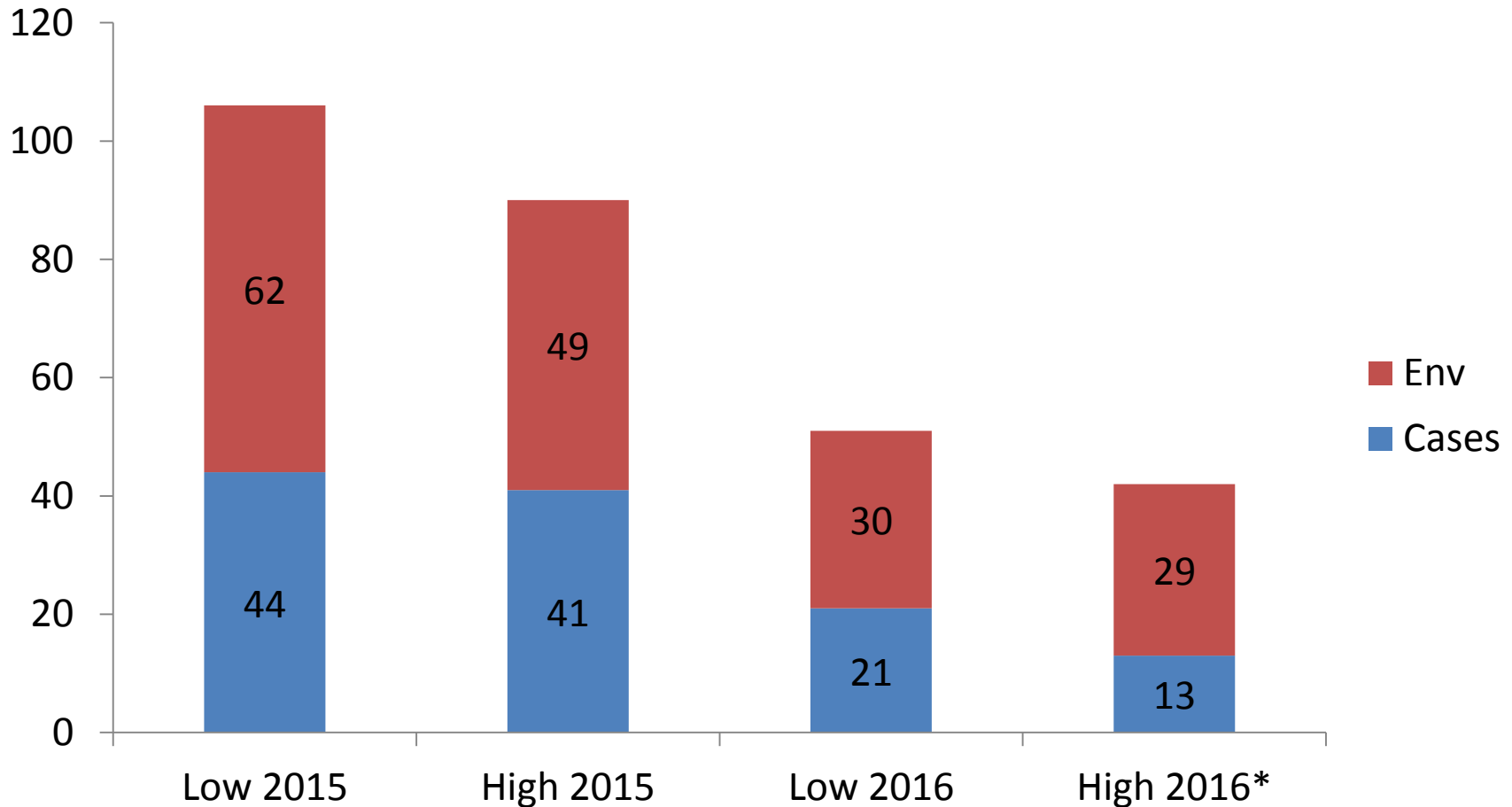


High season 2016 (June 16 – Nov. 16)



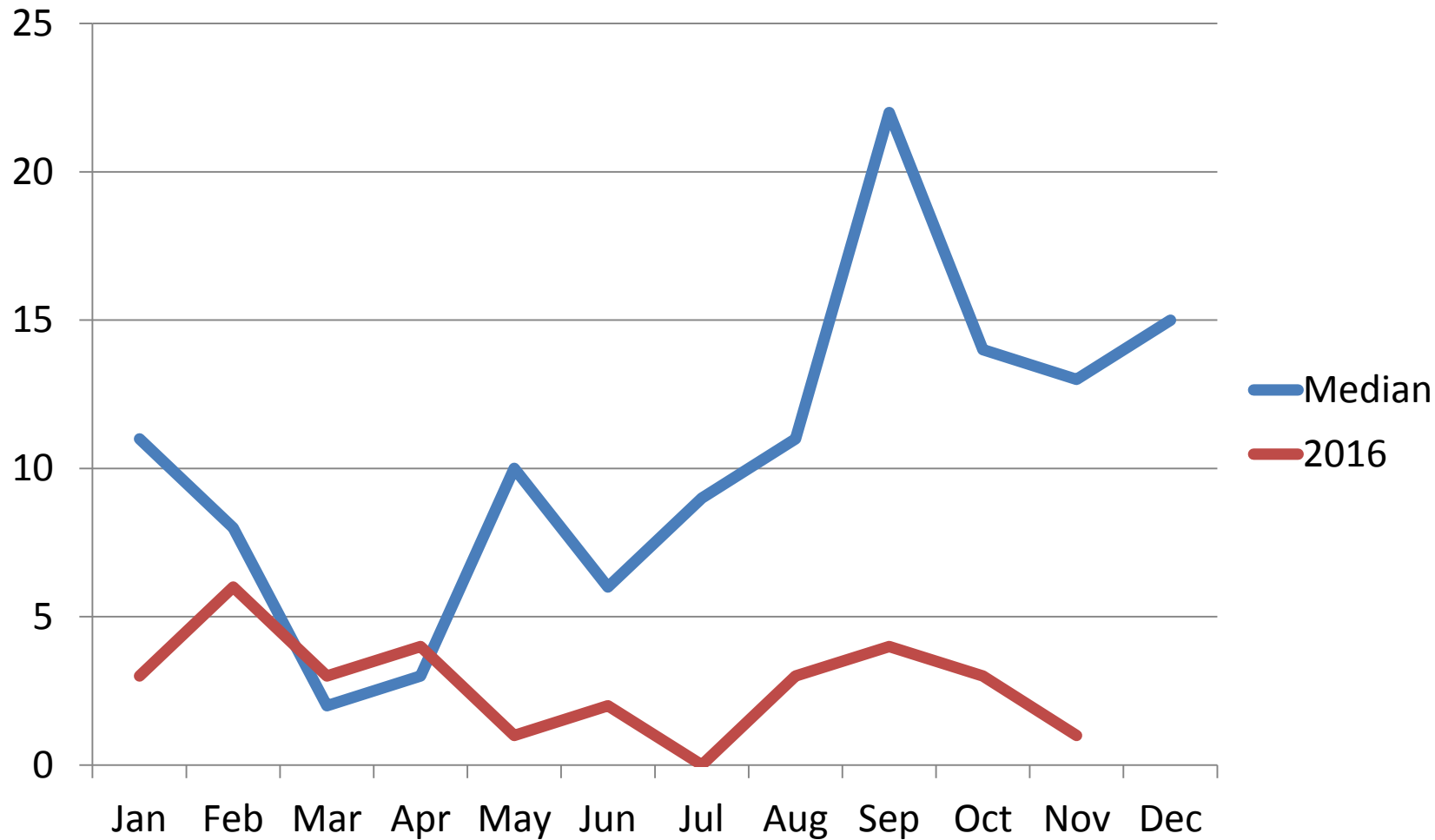
WPV isolates, PAK & AFG, AFP & ENV

Comparison of low and high transmission seasons 2015 - 2016



*2016 data as at 1 December 2016

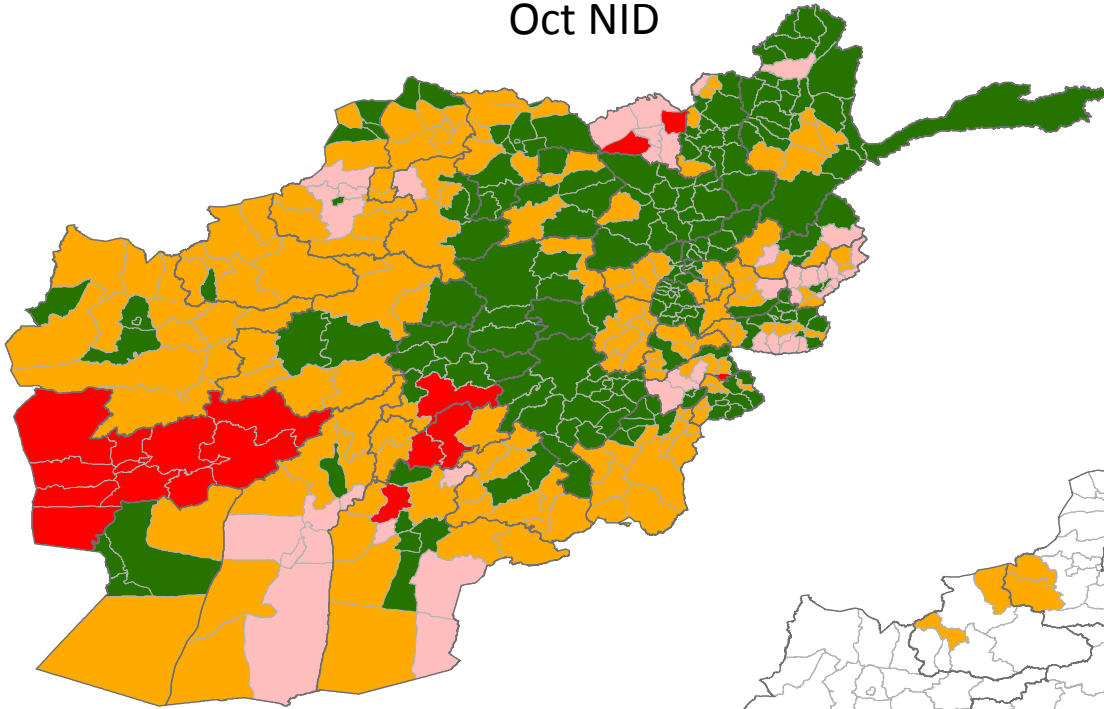
Median cases of WPV by month 2011-2015 compared with cases of WPV in 2016



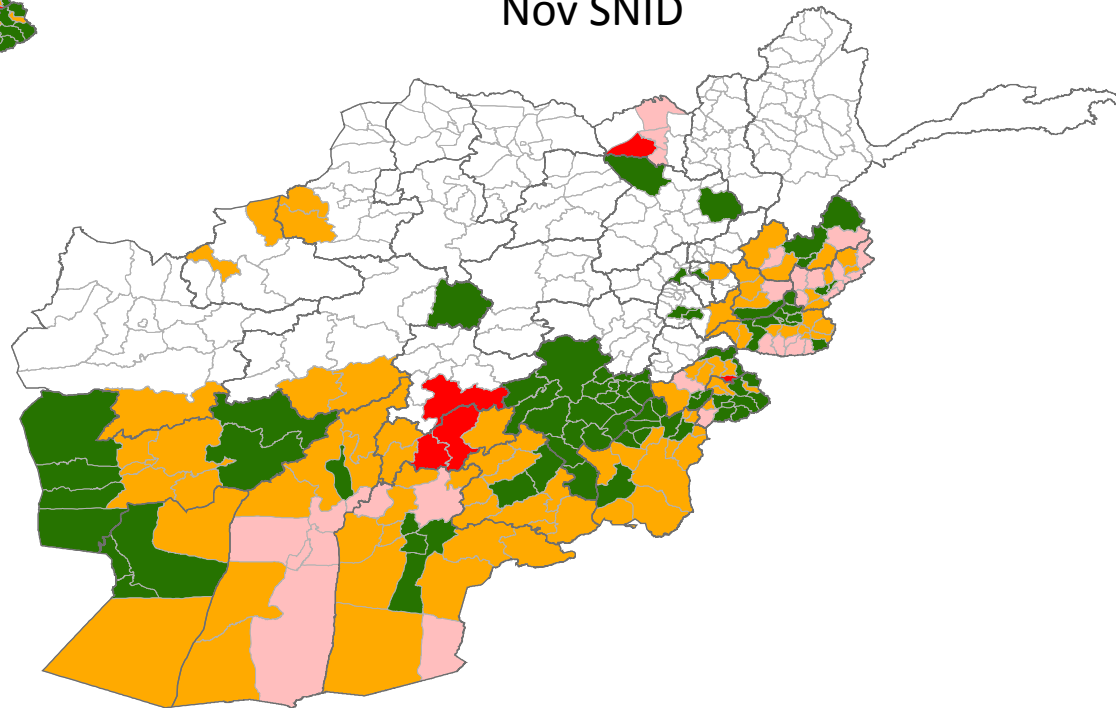
Afghanistan

Impact of security and access

Oct NID



Nov SNID



Campaign not planned



Not accessible



Partially accessible

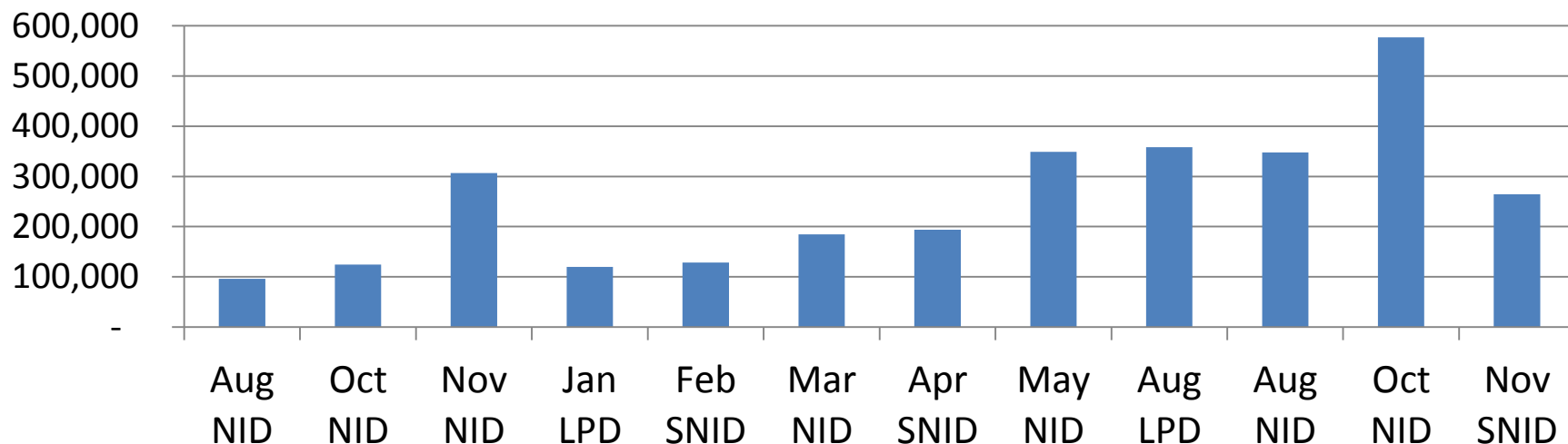


Implemented with limitations



Implemented with no limitation

Inaccessible children: Aug 2015- Nov 16

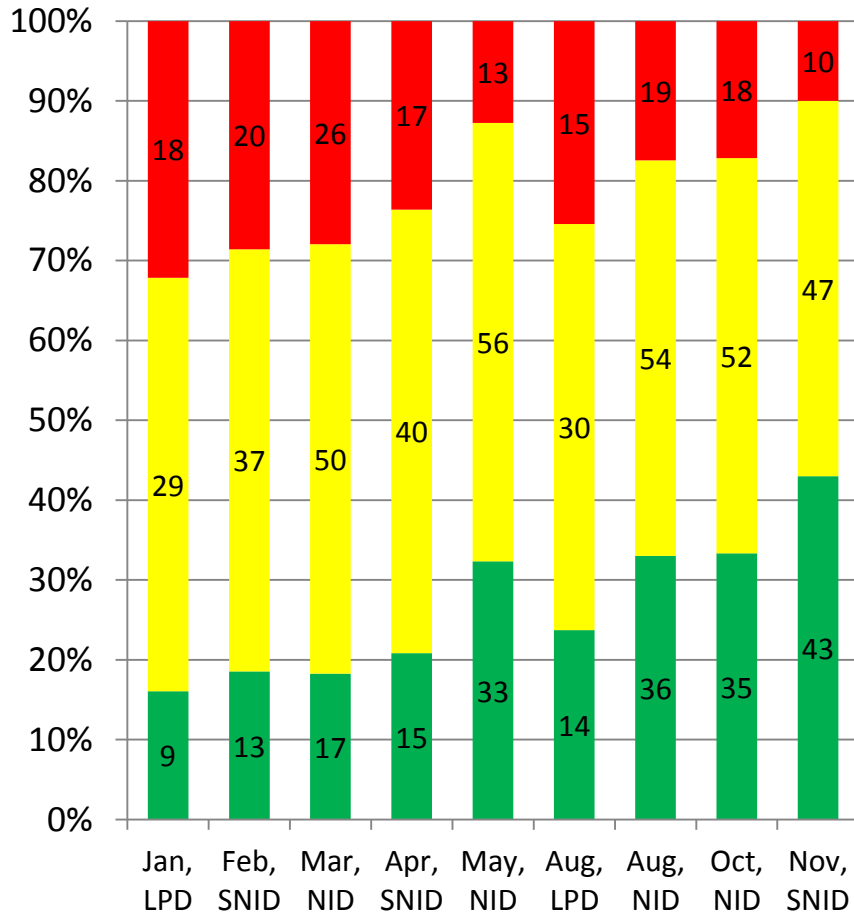


Region	Aug NID	Oct NID	Nov NID	Jan LPDs	Feb SNID	Mar NID	Apr SNID	May NID	Aug SNID	Aug NID	Oct NID	Nov SNID
East	51,327	106,913	57,232	41,744	22,938	25,869	30,555	131,781	73,355	71,085	23,204	24,213
North	18,880	0	22,756	0	0	0	0	3,376	0	0	6,206	0
NE	6,386	0	173,818	65,584	97,998	146,810	106,281	165,333	101,434	197,192	176,377	105,539
South	17,830	15,563	51,105	12,335	7,079	11,684	56,662	22,811	49,403	28,798	141,142	120,597
SE	830	1,793	2,020	0	380	0	380	400	1,215	12,101	46,808	13,827
West	672	0	0	0	0	0	0	0	132,806	38,260	183,100*	
Central	0	0	0	0	0	0	0	0	0	70	0	75
Total	95,925	124,268	306,931	119,663	128,395	184,363	193,878	323,701	358,213	347,507	576,835	264,251

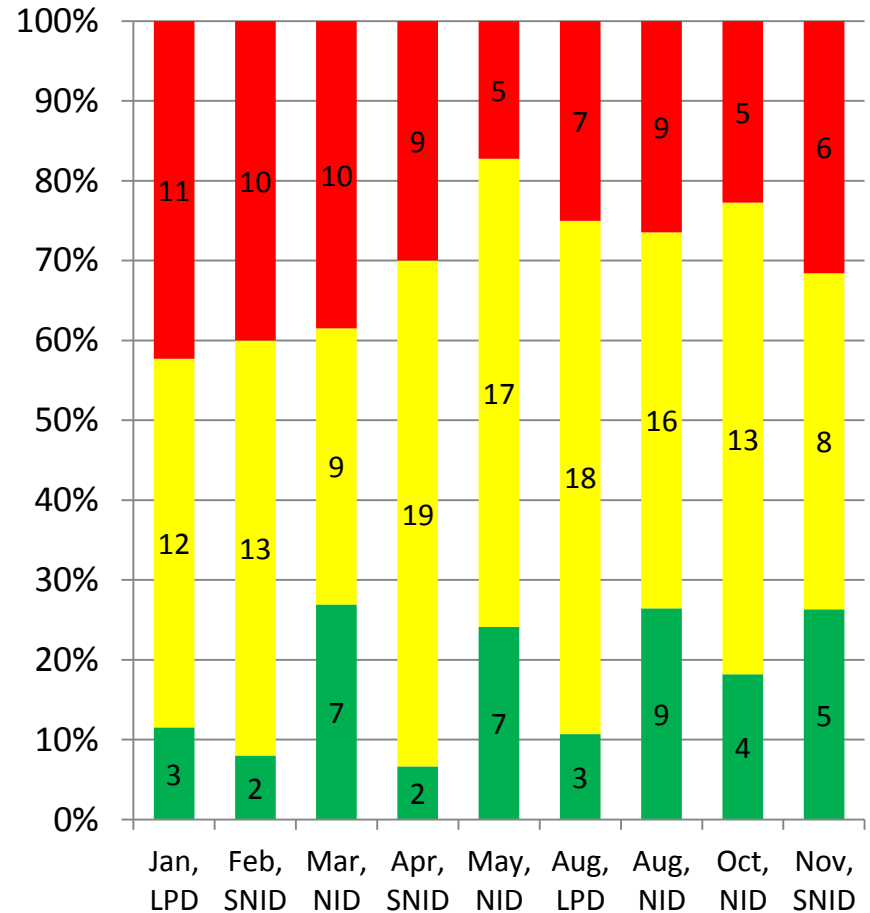
* Catch up campaign conducted in Farah from 21 November

SIAs Quality (Jan-Nov 2016)

LQAS- All districts



LQAS- VHRDs

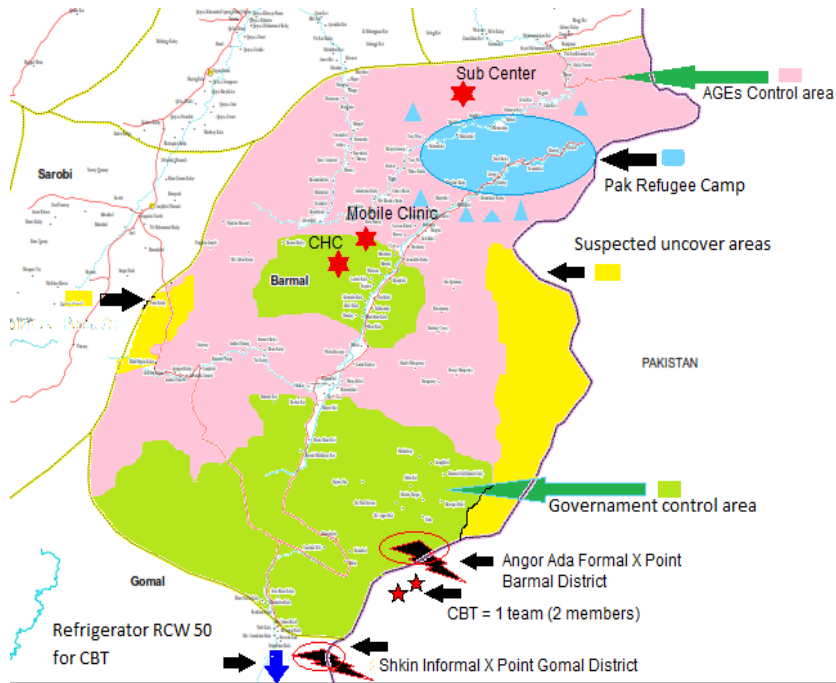


Acceted at 90%

Acceted at 80%

Rejected at 80%

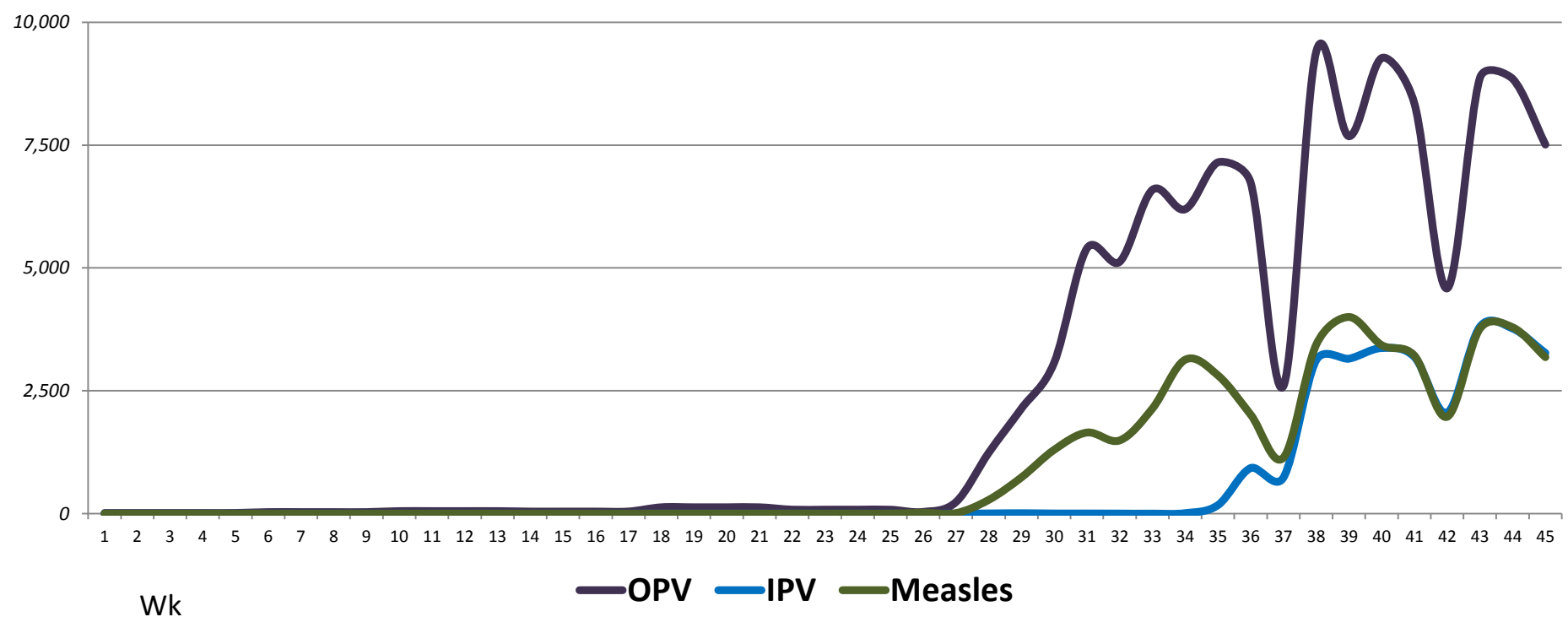
Transmission in Paktika



- 6 cases with (first case onset on 2 August and last case on 12 October)
- Barmel district: One of 47 VHRD; target population of 30,000.
- At border with Pakistan; Pakistan refugee population. Significant population under AGE control.
- All 6 cases from same sub district area
- Movement of population from infected area to other areas in winter

- Response: 3 OPV SIAs and 1 OPV-IPV (20 October) since onset of first case.
- Continuous intensified dialogue with AGE has ensured better coverage in these three campaigns.
- Supervision from National has been intensified with permanent presence of one National level staff from WHO and from National EOC.
- PTT and CBT in the district has been re-enforced.

Vaccination of Returnee refugees



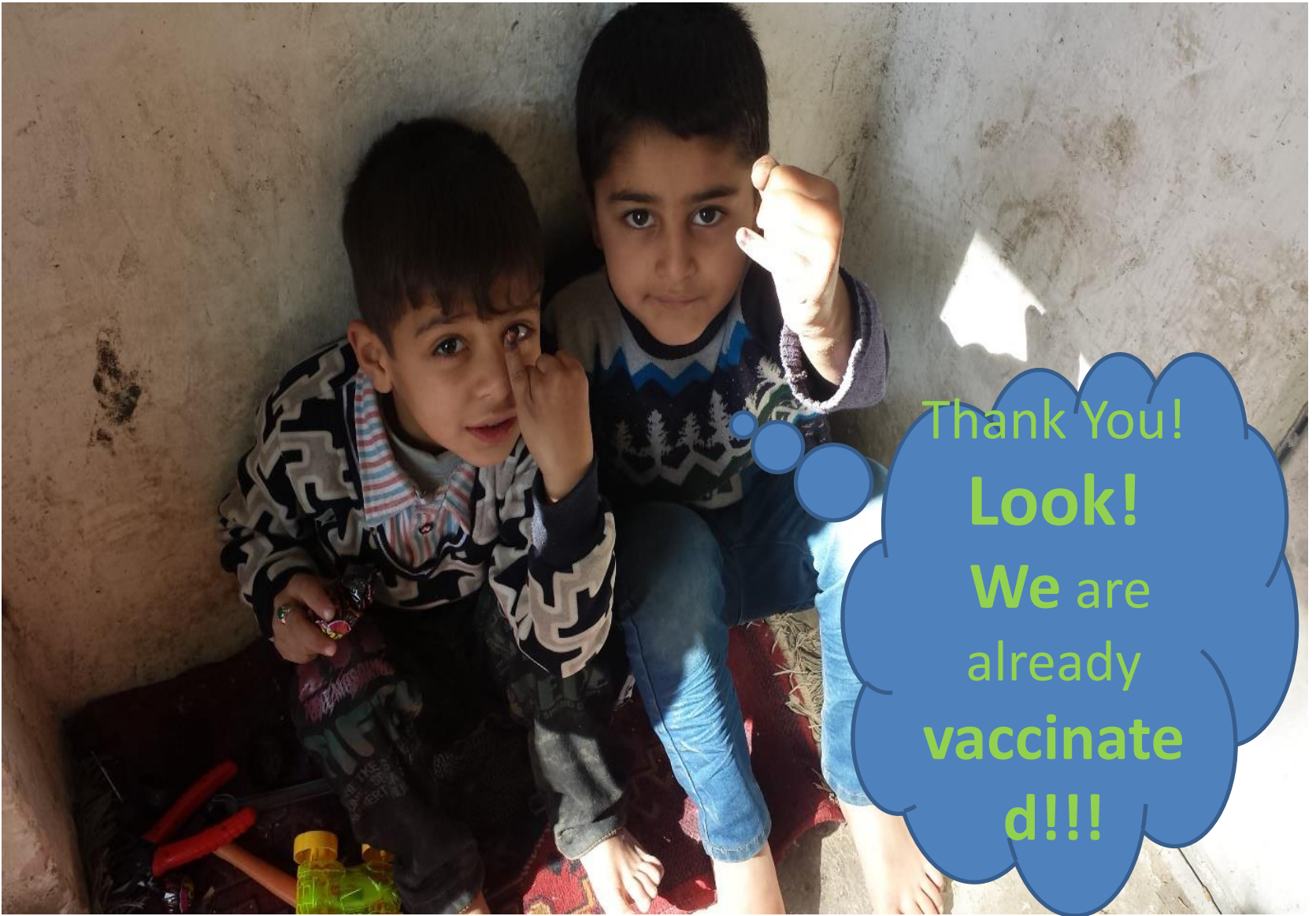
- Sudden surge in returnee population from Pakistan
- Vaccination teams at UNHCR and IOM centers strengthened (5 sites)
- Surge estimated to reach 1 million cumulative in 2016
- Risk of importation of poliovirus with returnee population

IPV-OPV SIAs Implementation, 2016

- Implemented in 31 districts (of 5 HR provinces)
 - Reaching >780,000 children
 - PCA coverage:
 - <80%: 2 districts
 - 80-89%: 13 districts
 - >90%: 16 districts
- Plans:
 - Pakistan refugee camp in Gurbuz district of Khost (from 30 Nov)
 - Maiwand, Panjwayi and Shahwalikot of Kandahar
 - Baghran district of Helmand



SM is taking the children to the vaccination session



Thank You!

Look!

**We are
already
vaccinate
d!!!**

Pakistan

EOCs – 'One Team under One Roof'

Strengthened platform for delivery through closer integration



Programme Operations

- Ensure high-quality activities to vaccinate all target children through core and complimentary immunization activities

Risk Assessment & Decision Support

- Drives programme priorities, performance and accountability using best available data and operational research

Management & Oversight

- Real time performance management and clear accountability

Additional Strategies

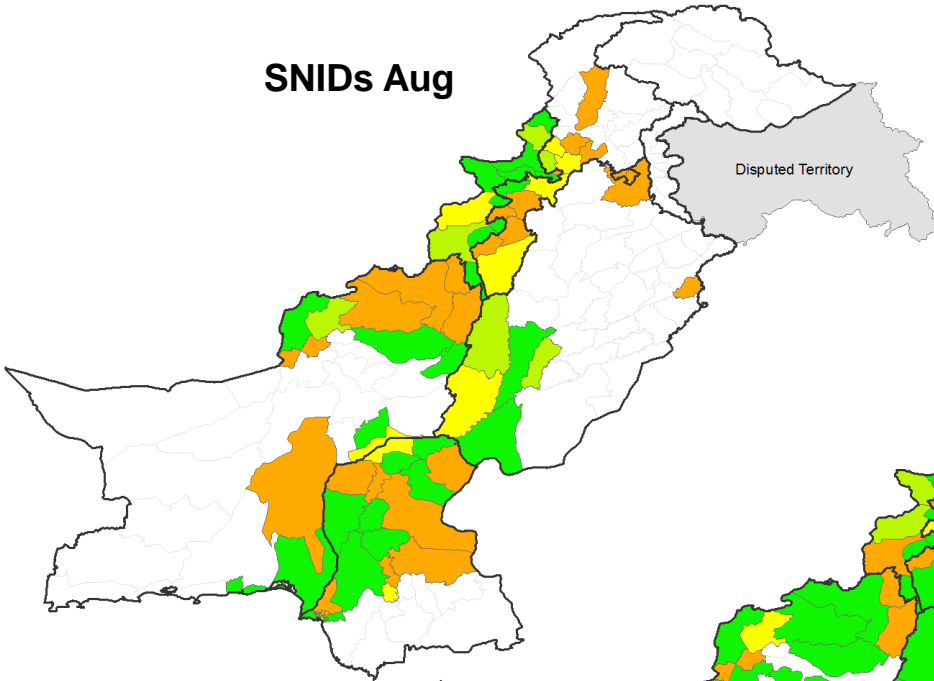
Closing immunity gaps and reaching more children

- Community Health Workers;
 - 16,000 in Core reservoirs
- Health camps;
 - Over 1 million beneficiaries
 - 402,502 (38%) <5 yrs children
 - 148,655 administered RI antigens
- High Risk Mobile Population;
 - 16 million children vaccinated in 2016 at Transit Points
- Combined bOPV/IPV SIAs;
 - 1.2M <2yrs vaccinated in core reservoirs and highest risk areas
- Strengthening Immunization services in core reservoirs

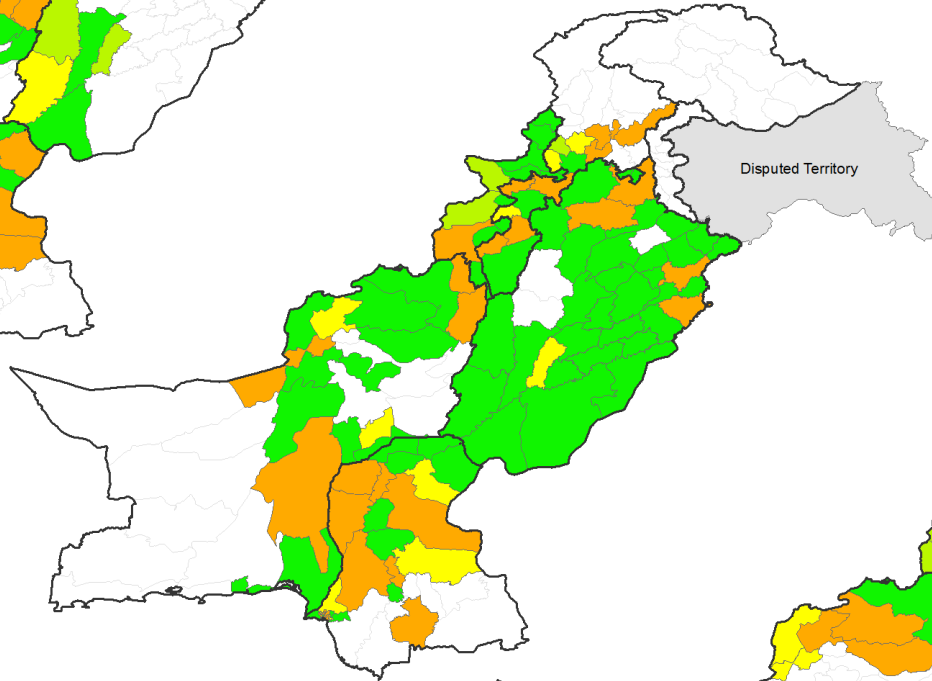


NEAP SIA Performance LQAS pass rate

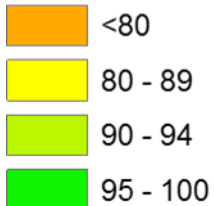
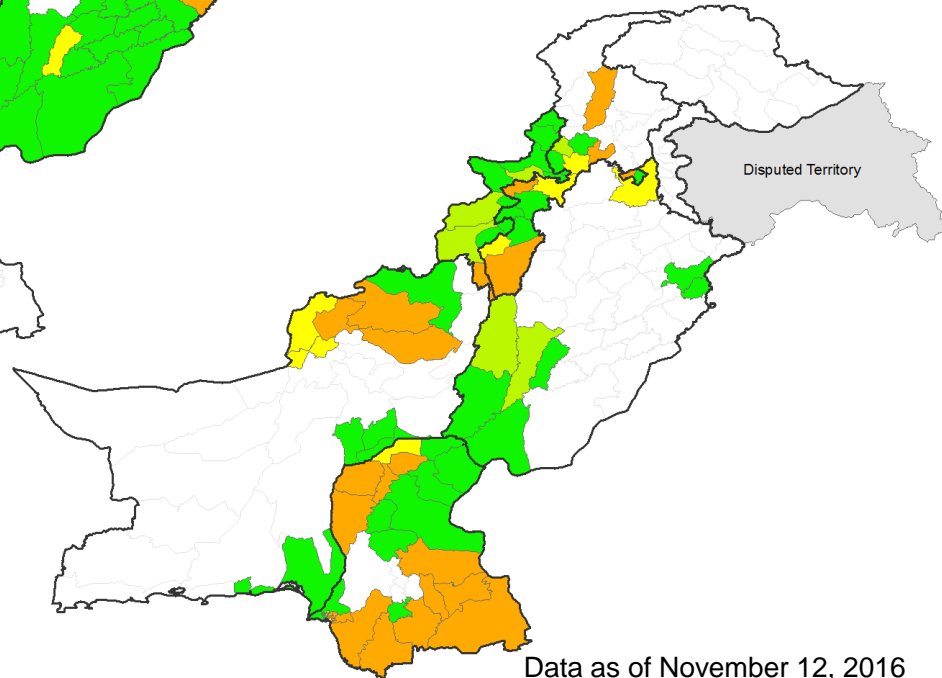
SNIDs Aug



NIDs Sep



SNIDs Oct



Data as of November 12, 2016

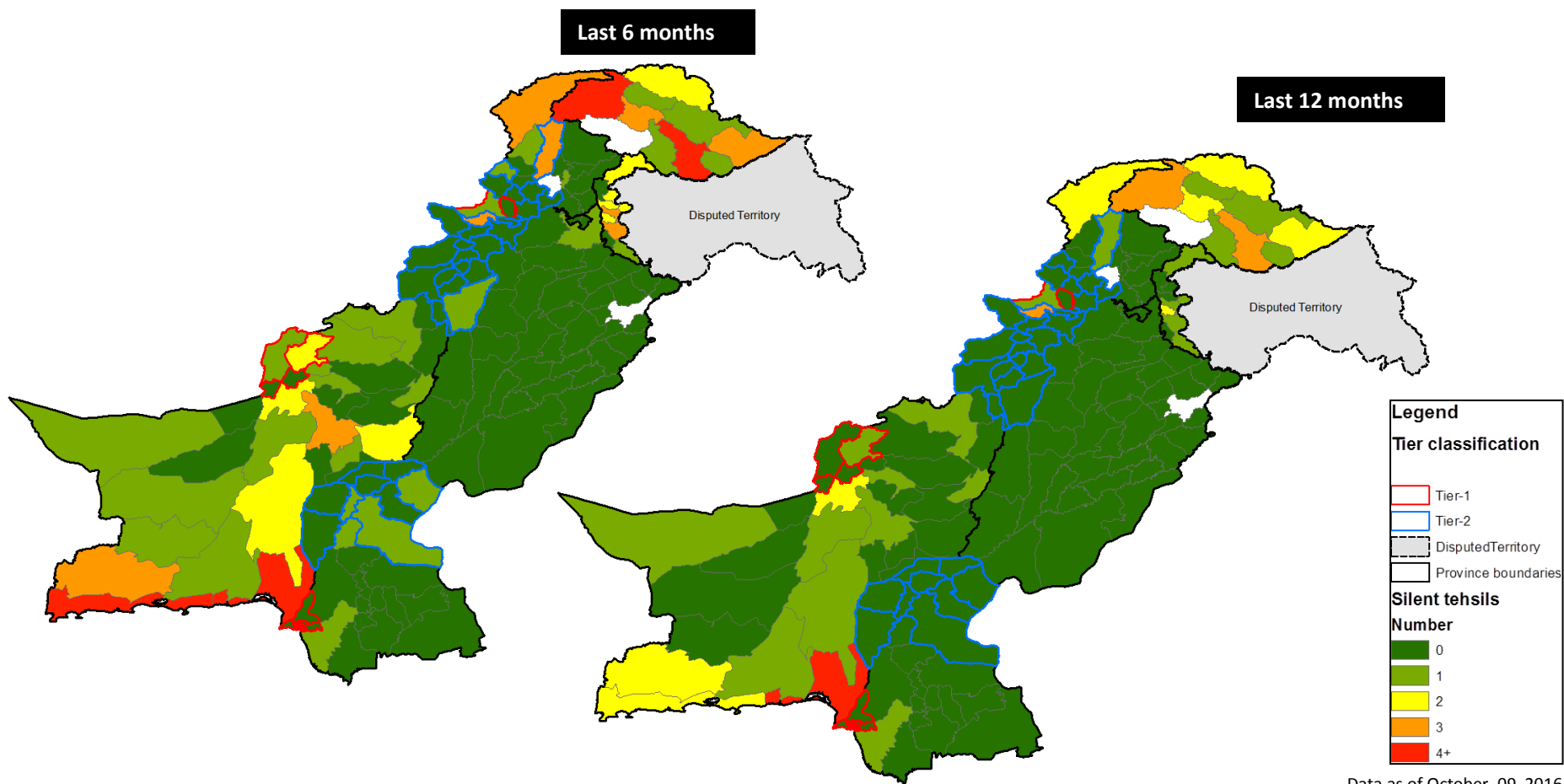
NEAP SIA Performance Index

Distribution of UCs flagged for possible low performance

Province	Total UCs in October SNID	LPUCs in October SNID	% of total UCs in SNID	LPUCs in Sept NID*	% of total UCs in NID
Balochistan	349	109	32.1	192	31.0
FATA	836	213	26.0	167	20.0
Islamabad	39	4	10.3	5	13.5
KP	612	64	10.5	154	15.4
PUNJAB	826	26	3.1	203	5.7
SINDH	1,001	116	11.6	351	31.0

- Comprehensive look on multiple data tools gives realistic performance assessment of a given area
- The index triangulates:
 - Administrative data (still missed children, lesser same day coverage),
 - ICM and market survey data (lesser coverage, missed houses),
 - LQAS (failure, missed houses)

Improving Surveillance Quality: Number of silent tehsils by district



Data as of October, 09, 2016

Summary 1

- We have never been in a better position entering the low transmission season
 - very low transmission in the core reservoirs
 - declining genetic diversity
- NEAPs provide a solid base for improving quality and reaching more children, overseen by EOCs
- *Significant risks remain:*
 - *Insecurity compromising access and quality*
 - *Identifying and reaching high risk populations in security compromised pockets, and in mobile population groups*
- *Sustaining efforts to improve quality and reach all children is vital in the coming months*

Summary 2

- The two national programs have made significant progress on improving coordination
 - National & sub-national teams regularly interacting through EOCs
 - SE Afghanistan – N/S Waziristan at a slower pace but catching up (*security challenges*)
- Joint planning to respond to evolving epidemiology has substantially improved
- *Further alignment required on joint activities and coordination of work to reach high risk populations*