

May 15, 2017

Dear Colleagues,

Last month the Pakistan and Afghanistan Technical Advisory Group (TAG) meetings were held to discuss progress in these two countries—the only that have registered wild poliovirus cases so far this year. These reviews remind us of the lengths we still have to go to ensure that we reach every last child and finally put an end to this disease. In Afghanistan insecurity and inaccessible populations continue to present challenges, and in Pakistan mobile populations threaten the country's progress. However, even in the face of these obstacles, significant gains have been made in remaining polio reservoirs in each of these two countries due to activities including:

- **Reaching more children with vaccines:** In both countries, the program has worked hard to expand the reach of vaccinators. In Pakistan, Community Based Vaccination (CBV) has played a critical role in improving the trust in vaccinators. The women involved in CBV are recruited locally and engage with the community in a sustained way versus solely during campaigns. These vaccinators, working in cooperation with local security forces, were able to break several chains of transmission in high-risk areas such as FATA. In Afghanistan, SIA quality has improved thanks to improved coordination through Emergency Operations Centers and innovations such as an expanded communications network.
- **Increasing investment in surveillance infrastructure:** Particularly in Pakistan, efforts to strengthen surveillance have proven successful by most available metrics, helping teams on the ground better recognize and respond to new cases and virus transmission anywhere they emerge. In Afghanistan, genetic data from AFP and environmental surveillance indicate that new cases in 2016 and 2017 have been geographically restricted and that older chains of transmission have been stopped.
- **Maintaining focus on high-risk mobile populations:** Subpopulations of Afghans and Pakistanis regularly travel across borders, complicating efforts to ensure coverage in either country. Vaccination at border crossings, better understanding of migration routes, and community-based microplanning can all mitigate this risk, particularly in the remaining reservoirs on the shared border. There are also sizable refugee populations in both countries, and in cooperation with UN agencies dedicated to assisting refugees, both Afghanistan and Pakistan have made strides in reaching these groups.

The ultimate success of the eradication program will depend on the governments of Afghanistan and Pakistan working together, and with the polio partners, to end transmission. Encouragingly, both countries have demonstrated a resolve and shared capacity to do exactly that, including making joint political commitments to eradication and investing in innovations that allow the program to respond to community demand for vaccination and ensure every child is protected against polio. By continuing to work together, we can soon stop polio in Afghanistan and Pakistan.

Thank you,



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