

# **POLIO** GLOBAL ERADICATION INITIATIVE

## **Meeting of the Technical Advisory Group (TAG) on Poliomyelitis Eradication in Afghanistan**

*7-9 October 2022*

*Muscat – Oman*



**every  
last  
child**

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# Acronyms

|                       |   |                 |   |
|-----------------------|---|-----------------|---|
| <b>AFP</b>            | Acute Flaccid Paralysis                       | <b>LQAS</b>     | Lot Quality Assurance Sample                            |
| <b>APMIS</b>          | Afghan Polio Management Information System    | <b>M2M</b>      | Mosque-to-Mosque  |
| <b>bOPV</b>           | Bivalent Oral Polio Vaccine                   | <b>NEOC</b>     | National Emergency Operations Center                    |
| <b>BPHS</b>           | Basic Package of Health Services              | <b>NID</b>      | Nationwide Immunization Day                             |
| <b>COVID-19</b>       | Coronavirus Disease of 2019                   | <b>PRSEAH</b>   | Prevention of Sexual Exploitation, Abuse and Harassment |
| <b>cVDPV</b>          | Circulating Vaccine-Derived Poliovirus        | <b>PTT</b>      | Permanent Temporary Teams                               |
| <b>cVDPV2</b>         | Circulating Vaccine-Derived Poliovirus Type 2 | <b>RI</b>       | Routine Immunization                                    |
| <b>DDM</b>            | Direct Disbursement Mechanism                 | <b>S2S</b>      | Site-to-Site  |
| <b>EMR</b>            | Eastern Mediterranean Region                  | <b>SBCC</b>     | Social Behavioral Change Communication                  |
| <b>EOC</b>            | Emergency Operations Center                   | <b>SIA</b>      | Supplementary Immunization Activity                     |
| <b>EPI</b>            | Expanded Programme on Immunization            | <b>SNID</b>     | Sub nationwide Immunization Day                         |
| <b>ES</b>             | Environmental Surveillance                    | <b>SOPs</b>     | Standard Operating Procedures                           |
| <b>FLW</b>            | Frontline Worker                              | <b>South KP</b> | South Khyber Pakhtunkhwa                                |
| <b>GPEI</b>           | Global Polio Eradication Initiative           | <b>TAG</b>      | Technical Advisory Group                                |
| <b>GPEI Hub</b>       | Afghanistan-Pakistan GPEI Hub                 | <b>WHO</b>      | World Health Organization                               |
| <b>house-to-house</b> | House-to-House                                | <b>WPV</b>      | Wild Poliovirus   |
| <b>HRMP</b>           | High-Risk Mobile Population                   | <b>WPV1</b>     | Wild Poliovirus Type 1                                  |
| <b>IDM</b>            | Institute for Disease Modeling                | <b>WR</b>       | WHO Representative                                      |
| <b>ISD</b>            | Integrated Service Delivery                   |                 |   |

# Executive Summary

**Preamble:** The Technical Advisory Group (TAG) on polio eradication in Afghanistan convened from 7 to 9 October 2022 in Muscat, Oman, under the auspices of Dr Ahmed Al-Mandhari, the Regional Director of the World Health Organization's (WHO) Eastern Mediterranean Region (EMR). This is the first face to face meeting of the TAG after three years and the first meeting after the transition of government in August 2021.

The **Objectives** of the meeting were to review the status of polio eradication, key challenges, and programmatic gaps and to provide technical guidance on programme priorities and the required interventions, which includes the supplementary immunization activity (SIA) calendar for 2023.

**Proceedings:** The meeting was chaired by Dr. Jean-Marc Olivé, current TAG Chair. The first and second days focused on technical presentations on progress, challenges, and way forward at the national and programmatically important sub-national geographies. Day two also focused on the country's plans for the remainder of 2022 and 2023 and included sessions for the TAG members to respond to questions posed by the country teams. This was followed by closed sessions of TAG members and the Secretariat to finalize conclusions and recommendations, which were presented on the third day.

**Epidemiological overview:** Afghanistan reported two wild poliovirus type 1 (WPV1) cases in 2022, one each from Southeast and East Region in January and August, respectively. WPV1 was detected in two environmental samples from the East region. The WPV1 isolated from the case from Paktika province in January belongs to the YB3C cluster. Epidemiological and genetic sequencing data indicate a gap of one year in detection of this lineage, with transmission more likely to have been missed in Afghanistan, but possibly in Pakistan as well. It is too early, therefore, to determine whether the YB3C cluster has been eliminated. Viruses detected in the East region belong to YB3A, a separate genetic cluster. This cluster has an orphan chain and is linked to strains detected in Kunduz in late 2021, again indicating undetected transmission. The cVDPV2 outbreak has been interrupted.

**Conclusions and Recommendations:** TAG expressed its deepest sympathies and condolences to the polio frontline workers who lost their lives while carrying out vaccination activities and appreciated the courage of national and international staff who remained steadfast in providing humanitarian assistance during an uncertain and extremely difficult political transition.

The TAG highlighted several risks to the success of the programme in Afghanistan, including the longstanding humanitarian crisis, the persistence of transmission in the East region, and the large cohort of susceptible children in the South region and other areas where house-to-house vaccination campaigns have not been implemented. Gaps in poliovirus surveillance with possibility of missing transmission, particularly in high-risk mobile populations was also noted as a key risk to cessation of transmission.

TAG noted the major increase in access across the country, which facilitated vaccination of 3.5 million children after three and a half years and acknowledged the implementation of an aggressive SIAs schedule noting, however, that in large parts of the country SIAs are not being implemented by the house-to-house modality. The TAG strongly urged the programme to immediately shift to house-to-house vaccine delivery during campaigns in as many areas as possible.

While noting, with appreciation, the good coordination at the NEOC level between national authorities and partners, TAG expressed concern over the ongoing interference in the selection and deployment of staff and frontline workers in all regions especially in the East, South, and Southeast.

Based on the current epidemiology of WPV1 in Afghanistan and Pakistan, the TAG identified specific risk categories and programme priorities. The highest risk for the programme is persistence of WPV1 transmission in the East region, the only area in Afghanistan that remains WPV1 endemic. Therefore, the top priority for the programme is to urgently stop WPV1 in the East region. Secondly, TAG urged the country programme to consider the detection of any WPV1 outside the East region to be a polio outbreak in a polio-free area, necessitating a robust response on an emergency basis. In this regard, the TAG highlighted the risk of cross-border transmission in the Southeast region from adjoining districts of southern Khyber Pakhtunkhwa (KP). The TAG emphasized a high vulnerability to a potentially explosive WPV1 outbreak in Afghanistan's South region from either an introduction of WPV1 from the East region or southern KP, given many children remain unvaccinated due to the previous longstanding ban on polio campaigns and the limited scope of house-to-house vaccination campaigns.

The TAG appreciated the external surveillance review in June 2022 in Afghanistan and emphasized the recommendations to further enhance sensitivity of poliovirus detection, particularly establishment of additional ad hoc environmental surveillance sites in areas of concern and along population migration pathways between Kunar and Kunduz. TAG recommended the GPEI Hub should closely support the country team on four immediate priorities: i) field review of left-over areas; ii) expansion of environmental surveillance as much as possible; iii) tracking and supporting implementation of surveillance review recommendations; and iv) establishing the Laboratory for Direct Detection of Polioviruses in Afghanistan.

The TAG recommended two NIDs and four SNIDs in 2023.

The TAG noted that national and regional communication and Social Behavior Change Communication (SBCC) plans have been developed and multiple activities are being implemented. Most of the missed children are either 'Not Available' (the largest category) or from families that refuse vaccination. Prioritization of communication/SBCC activities is recommended in low-performing districts in the East, Southeast and South regions. TAG recommended an evaluation of caregivers' intention to vaccinate and rates of missed children (*not just refusals*) and that the programme continue to build and test community engagement strategies during and between SIAs, particularly the role of 'pluses and additional antigens' in attracting more families to fixed sites in areas without house-to-house vaccination or high rates of refusals.

TAG noted that integrated service delivery interventions have limited reach, and polio programme has limited capacity and resources to manage multiple integrated services. Such services should be focused on the vulnerable populations at highest risk for polio. TAG recommended that the Expanded Programme on Immunization (EPI) should focus efforts on increasing routine immunization coverage in polio high-risk areas (especially in the South region) and leverage polio assets for monitoring.

TAG emphasized the need to further intensify cross border coordination and collaboration with Pakistan and recommended that the programmes in the East and Southeast regions should be assessed concurrently with the evaluation recommended for the programme in southern KP in Pakistan. For the South region, the TAG recommended that all opportunities should be leveraged to provide immunization services through humanitarian actors.

The TAG stressed adherence to protocols and conventions to ensure gender balance and sensitivity in the programme. TAG requested the programme to provide a report by the end of December 2022 on the 'accountability framework' for partners and government to ensure performance across all stakeholders.

TAG concluded with confidence that Afghanistan is well-positioned to stop polio provided the programme acts swiftly in interrupting transmission with vigorous efforts and focus on priority actions.

The next meeting of the TAG is proposed to take place in the last week of April or the first week of May 2023. TAG emphasized instituting a mechanism to systematically track progress against the implementation of its recommendations jointly by GPEI Hub and NEOC.

## Introduction

### Meeting Overview

The Technical Advisory Group (TAG) on poliomyelitis eradication in Afghanistan met from 7-9 October 2022 in Muscat, Oman, under the auspices of Dr Ahmed Al Mandhari, the Regional Director of the World Health Organization's (WHO) Eastern Mediterranean Region (EMR).

The TAG Chair, Dr Jean-Marc Olivé, led the three-day deliberations, with the attendance of one virtual and six in-person TAG members. The Afghanistan Polio Eradication Team was led by Molvi Muhammad Ishaq Sahibzada, Honourable Deputy Minister of Public Health, and Dr. Nek Wali Shah Momin, National Emergency Operations Centre (NEOC) Director. The national team included 14 NEOC members, and two regional Emergency Operations Centres (EOC) coordinators attending in-person. The extended national and regional teams joined virtually and remained online throughout the meeting days. The WHO Representative (WR) for Afghanistan joined the meeting, as well as local and international partners and donors. Three core members of the Pakistan NEOC attended as observers (see **Annex A** for names of participants).

The TAG was convened at a critical juncture for the Global Polio Eradication Programme (GPEI) and the Afghanistan polio programme. The main objectives of the meeting were to review the status of polio eradication efforts, the key challenges, programmatic gaps and to provide technical guidance on programme priorities. The TAG delivered recommendations for interventions to be considered for the final quarter of 2022 and the first half of 2023, including guidance on supplementary immunization activities (SIAs) calendar.

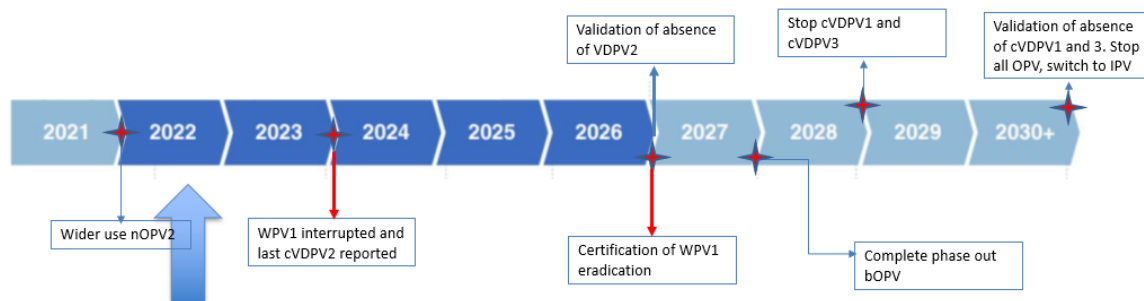
The agenda was structured to enable country updates (the national and regional presentations) on the first and second days, in addition to the presentation of the risk assessment, the way forward for 2023, and thematic discussions associated with the questions asked by the country team on the second day (see **Annex B** for agenda). The sessions on thematic areas of work were moderated by assigned TAG members. The third day was dedicated to TAG conclusions and recommendations. All three days included TAG closed sessions to formulate the recommendations. Afghanistan's Deputy Minister of Public Health delivered keynote remarks in the opening and concluding sessions. The meeting was preceded by the TAG on poliomyelitis eradication in Pakistan in the same venue, and similarly members of the Afghanistan NEOC attended the Pakistan TAG as observers.

## Preamble

This is the first face-to-face TAG meeting on polio eradication in Afghanistan since August 2019 due to travel restrictions imposed by the COVID-19 pandemic. This constitutes the longest ever gap between in-person TAG meetings, even though virtual TAG meetings were held in June 2020 and March 2021, and technical consultations on responding to Type-2 polio and on revision of SIA calendar took place in April and July 2022, respectively.

The meeting occurred two weeks before the GPEI Pledging Event that was to take place on the 18<sup>th</sup> of October in Germany, allowing the program to identify and align its 2023 priorities with the broader 2022-2026 GPEI strategic plan for polio eradication. Afghanistan and Pakistan account for one third of the financial resource requirements of the global programme to be able to accomplish its **Goal 1** of permanent interruption of all wild poliovirus (WPV) transmission by the end of 2023, signifying the important timing of the meeting (*see below graph for the 2022-2026 Strategy Milestones*).

### 2022-2026 GPEI Strategy for Polio Eradication Milestones



Since the last in-person TAG, a number of important developments have taken place in Afghanistan, including the transition of the government in August 2021, the resumption of nationwide vaccination campaigns after three and a half years leading to significant increase in access, and an acute humanitarian situation, which was exacerbated by a financial crisis and multiple public health emergencies including the COVID-19 pandemic and a major earthquake that hit the Southeast region in June 2022.

## Context

### Global and Regional Contexts

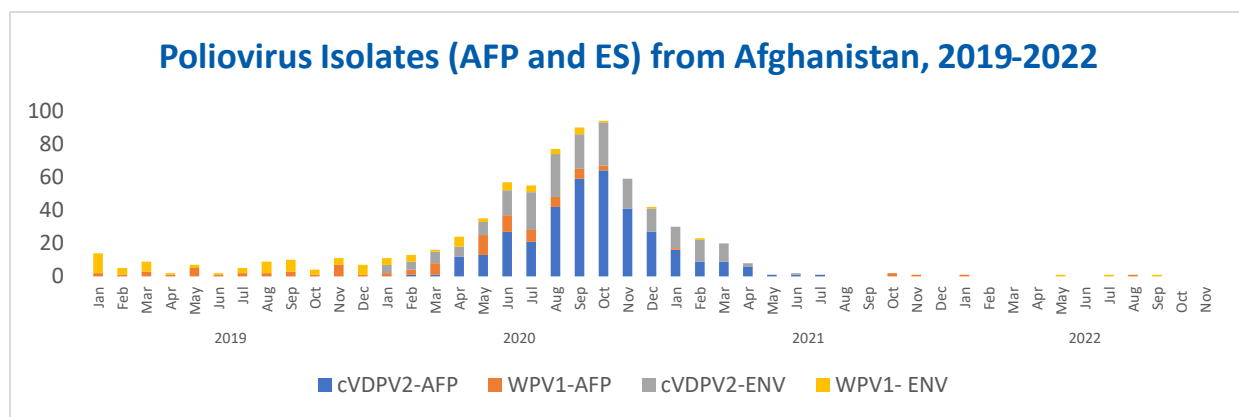
Activities by the GPEI programme were disrupted by the COVID-19 pandemic with the suspension of more than 60 polio campaigns in 28 countries in 2020, leading to a growing risk of polio outbreaks in 38 countries and extending beyond the EMR. The pandemic demanded a heightened resilience of the polio programme to fit a new global environment, whereby the programme had to resume polio campaigns. Furthermore, the polio eradication network contributed vastly to the COVID-19 pandemic response.

Today, six consequential geographies remain as areas of concern globally and regionally. Namely, northern Nigeria as the largest exporter of the cVDPV2, eastern Democratic Republic of Congo with seven unique cVDPV2 emergencies across three provinces, South Central Somalia as the longest running cVDPV2 outbreak, northern Yemen with the recent high intensity transmission and exportation to multiple countries, and WPV1 endemic Eastern Afghanistan and districts in southern Khyber

Pakhtunkhwa, Pakistan with cross-border transmission and an exportation of WPV1 to southern Africa in approximately 2019.

### Epidemiology and Risk Assessment

In 2021 Afghanistan witnessed a significant reduction in poliovirus transmission. The cVDPV2 outbreak has likely stopped since no cVDPV2 isolate has been detected for more than 14 months. Only two WPV1 cases have been reported from two different regions, Southeast and East in January and August 2022, respectively. Additionally, three WPV1 isolates have been detected in environmental samples from the East region. The graph below shows the poliovirus epidemiology in Afghanistan between 2019 to October 2022.



## Findings and Recommendations

At the outset, the TAG expressed its deepest sympathies and condolences to the polio frontline workers who lost their lives while carrying out vaccination activities and the resolute efforts of the workers and the programme to complete polio eradication. It noted with appreciation the messages of condolence and solidarity by Dr Al-Mandhari, WHO Regional Director for Eastern Mediterranean, and the special recognition award by the Director General. The leadership of the Ministry of Public Health (MoPH) was acknowledged for their ongoing support to the programme. The close working relationship the MoPH has maintained with partners was noted as being critical for joint programme planning, implementation, and monitoring. TAG appreciated the courage and extraordinary commitment of national and international staff who remained steadfast in providing humanitarian assistance during an uncertain and extremely difficult transition period. Consequently, an estimated 3.5 million children could be accessed after a period of three and a half years.



## Overarching Findings and Recommendations

There is very limited geographical circulation and a significant reduction in WPV1 genetic diversity indicating strong progress. WPV1 transmission continues in the East, nonetheless.

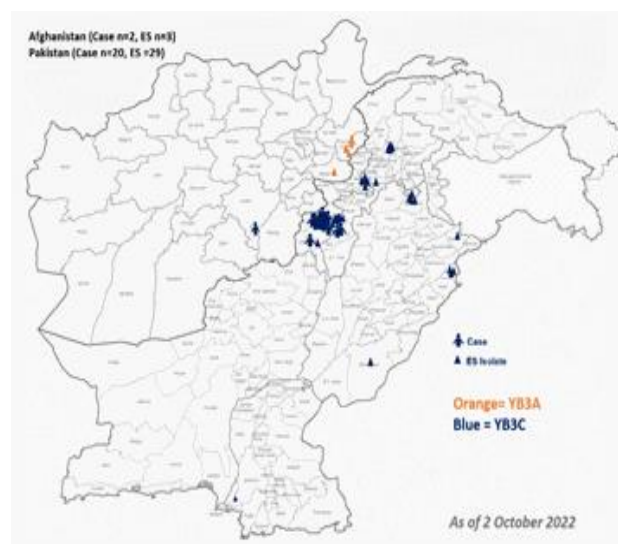
Genetic analysis of WPV1 isolates demonstrates the existence of only two clusters (YB3A and YB3C) seen in 2022, compared with eight in 2020.

The YB3A transmission detected in the East Region has an orphan chain, implying a gap in detection for more than one year. While there was an estimated one-year gap in YB3C detection more likely in Afghanistan and possibly in Pakistan.

In view of the above, it is too early to determine elimination of YB3C. Importantly, no cross-border transmission was observed in 2022, however, this remains a significant risk for both Afghanistan and Pakistan given ongoing outbreaks close to the border in southern KP (Pakistan) and East region (Afghanistan).

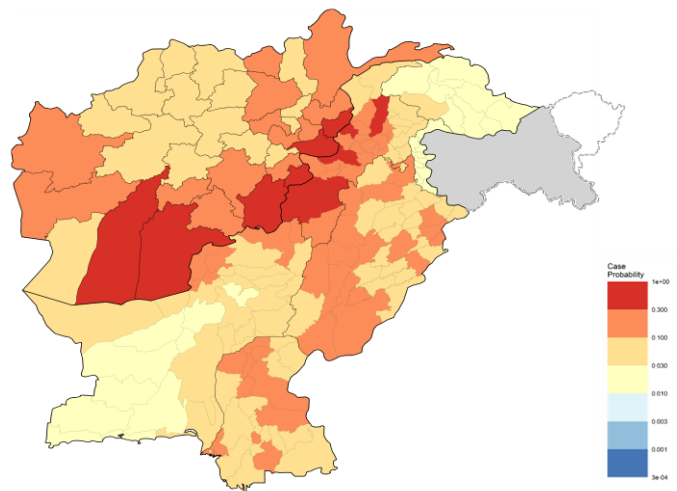
The recent risk assessment model by the Institute for Disease Modeling (IDM) highlighted the continued risk of outbreaks in Afghanistan and Pakistan over the next six months. Despite the currently low levels of detected transmission, the model suggests there is a high risk of intense transmission in the South region of Afghanistan based on the large number of susceptible children, in addition to the continuation of transmission in the East and Southeast. Although immunity is shown to be improved by the intense SIA schedule, significant gaps remain in areas with previous access challenges and no house-to-house vaccine delivery.

Afghanistan and Pakistan WPV1 Cases and ES+,  
by Cluster, 2022

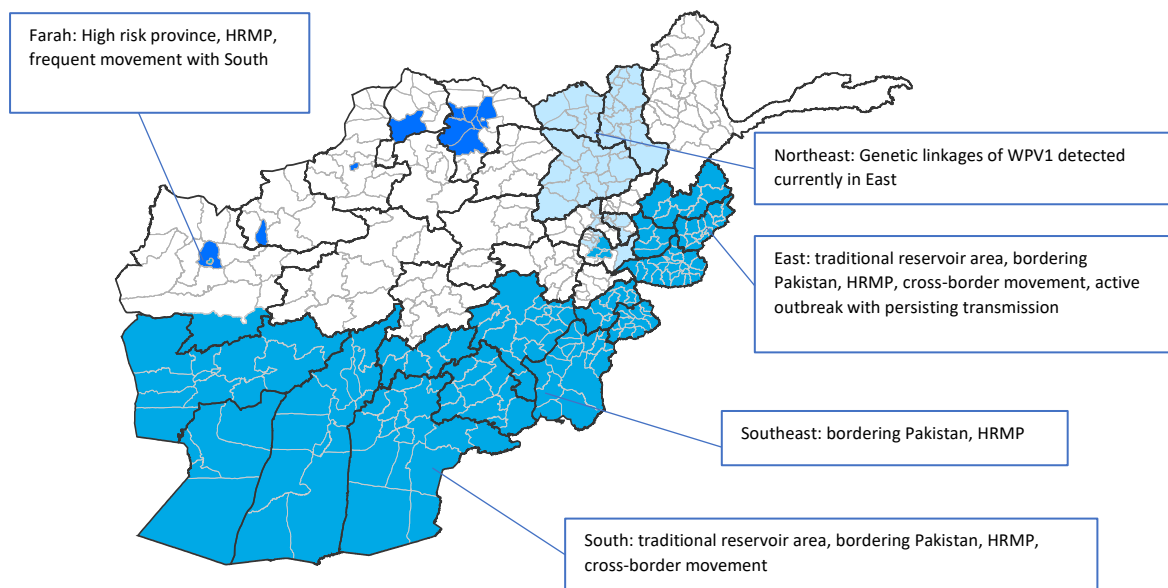


With longstanding humanitarian and economic crises and insecurity as overarching risks to the programme and considering the narrow window of opportunity to interrupt the remaining transmission, the TAG identified **epidemiological** risks that include uninterrupted endemic WPV1 transmission in the East region, cross-border spillover of the outbreak in southern KP (Pakistan), and the risk of an explosive outbreak among the large number of susceptible children in the South region. The real risk of undetected poliovirus transmission, especially among high-risk mobile populations (HRMP) within and across the border cannot be overemphasized (see graph below).

Case Risk Afghanistan and Pakistan  
September 2022 – February 2023

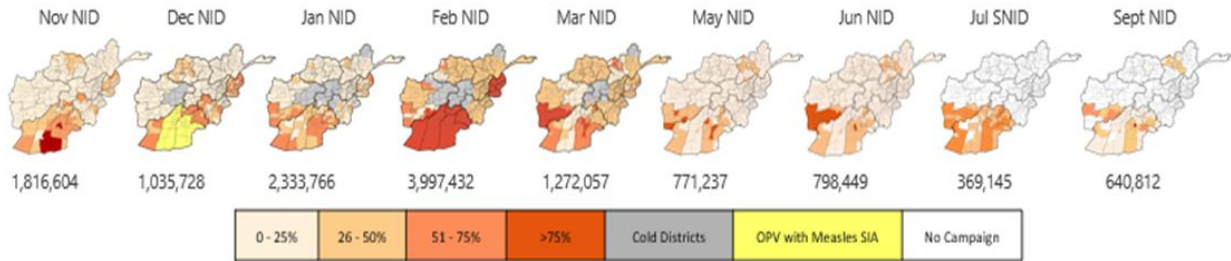


High-Risk Mobile Population, Afghanistan

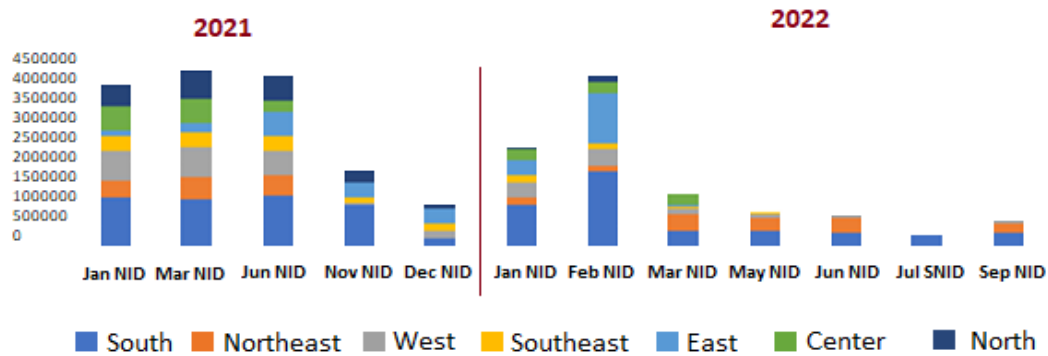


While acknowledging the progressive improvement in reach and implementation of the most intensive SIAs schedule (comprising eight nationwide immunization days (NIDs) since November 2021 – each targeting approximately ten million children, one sub-national immunization day (SNID) and multiple case responses), TAG expressed serious concerns about the largest cohort of unreached vulnerable children in the South region (see below two infographics).

Percent Unreached Children, Afghanistan SIAs Conducted, November 2021 – September 2022



Unreached Children (Count) by Region, Afghanistan SIAs Conducted, January 2021 – September 2022



TAG noted with appreciation the multiple programme activities undertaken by the NEOC, including the aggressive SIAs schedule in 2022; progressive expansion of house-to-house SIA modality and conducting lot quality assurance sampling (LQAS) in all districts; micro-planning validation and addressing denominator challenges; ensuring the continuation of female participation in areas with house-to-house SIAs (even though this remains limited and needs improving); better data flow, such as the Afghan Polio Management Information System (APMIS); countrywide implementation of Direct Disbursement Mechanism (DDM); the extensive external surveillance review and follow up actions to implement its recommendations; and multi-antigen campaigns and support for strengthening routine immunization (RI).

Yet, further progress is urgently needed to reach optimal campaign quality and programme performance to ensure sustained interruption of transmission in 2023. In addition, the TAG expressed concern over the ongoing interference in selection and deployment of staff and frontline workers (FLWs) in all regions, especially the East, South and Southeast regions.



### Overarching Recommendations:

- Immediately shift to house-to-house vaccination campaigns in as many districts as possible.
- Update and validate micro plans.
- Prevent interference with staff and FLWs selection.
- Focus on the following programme strategies in order of priority (*see below subsections for detailed findings and recommendations on each priority*):
  1. **East:** Interrupt endemic transmission – highest program priority.
  2. **Southeast:** Prevent WPV1 circulation from southern KP endemic zone.
  3. **South:** Close immunity gap to prevent outbreaks.
  4. **Outbreaks:** Prepare to respond aggressively to any new WPV detection outside the East Region applying the SoPs for outbreak response in polio-free areas.
  5. **Maintenance:** maintain overall immunity across the country.

### East/Northeast Region - Interrupt Endemic Transmission in East by End of 2022

TAG expressed concern over the continued transmission of WPV1 in the East region, which may represent the only remaining focus of endemicity in Afghanistan. Also, polioviruses related to strains in the East were seen in the Northeast in 2021, indicating a potential for expansion of transmission between the two regions. Therefore, identifying and reaching missed children and optimizing the quality of SIAs and of surveillance are critical to quickly stopping the ongoing transmission.



### Recommendations for East Region - Interrupt Endemic Transmission:

- Immediately identify missed children and linked populations that may represent areas of unidentified circulation.
- Build upon recent improvements and adapt strategies to maximize coverage as highest quality campaigns are critically needed.
- Conduct monthly rounds even if outside of the SIA schedule until transmission stops and assess each round.
- Include Northeast region in all SNID activities until East region transmission stops.
- Optimize surveillance and assure timely case detection and adequate specimen collection.
- Establish additional ad hoc environmental surveillance sites as possible, add sites along migration paths between Kunar and Kunduz and across the border.
- GPEI Hub in Amman to ensure cross-border coordination through:
  - Synchronization of campaign dates, at least for the next three rounds and ensure highest quality.
  - Development of joint analysis and plan for southern KP (Pakistan) and Southeast Region by November 2022 including:
    - Programme data (missed children, LQAS results, permanent transit vaccination teams (PTTs), and refusals).
    - Surveillance data (cross notified cases, travel history).
    - Jointly address social behavioral issues to increase vaccine acceptance (rumors and messaging).
  - Harmonization of advocacy and influencer messaging for local tribes.

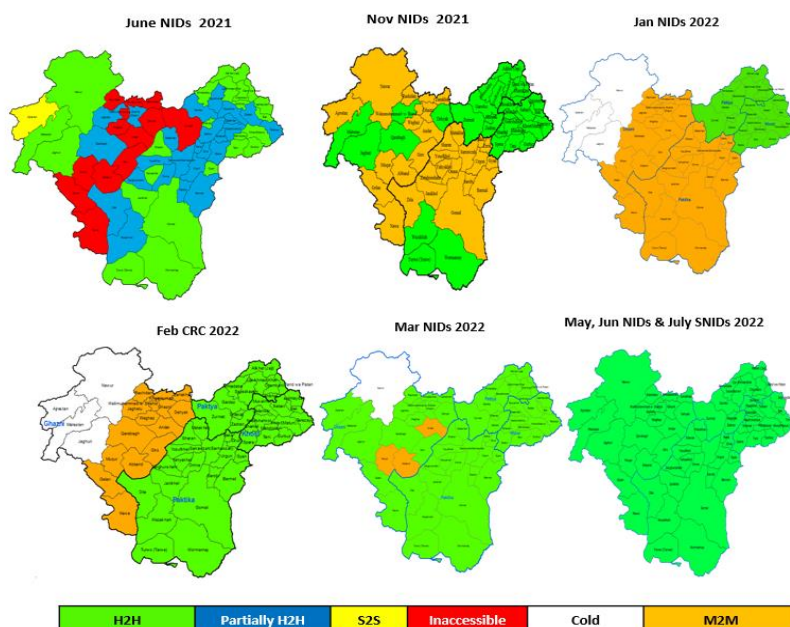
## Southeast Region - Prevent WPV1 circulation in Southeast Region from southern KP Endemic Zone

In the Southeast region, TAG acknowledged the expansion of the house-to-house campaign modality and the increase in children reached, revision of micro-plans, implementation of DDM across the region, the increase in female vaccinators from 1% (n=42) to 3% (n=257) and polio programme support to the earthquake response.

The region reported the first polio case of the country in 2022 from Paktika province, which is part of the central corridor of population movement with Pakistan. Across the border in southern KP there is an outbreak of WPV1 cases with imminent risk of cross-border transmission.

In addition to the above-mentioned outbreak in Pakistan, significant risks exist in this region, such as more than 20,000 refusals and immunity gap reflected by the inconsistent vaccination profile of non-polio acute flaccid paralysis (AFP) cases, albeit a recent improvement in SIAs quality is reflected in LQAS (see graph). TAG also observed that there was no ES site in Paktika province.

Modality of SIAs Conducted in Southeast Region, Afghanistan  
June 2021- July 2022



### Recommendations for Southeast - Prevent Circulation of WPV1 from southern KP Endemic Zone:

- Increase sensitivity for WPV1 detection through exploring the expansion of environmental surveillance, including ad-hoc sites, and understanding the health seeking behavior in border districts and of high-risk mobile populations, and monitor and ensure case detection in these areas and groups.
- Identify pockets of missed children and address refusal clusters:
  - Ensure LQAS in all districts of Southeast region each round
  - Reduce refusals.
  - Conduct rapid diagnosis:
    - Identify influencers for clusters of refusals.
    - Implement targeted plan to reduce refusal clusters, especially in Bermal.
- GPEI Hub in Amman should ensure cross-border coordination through:
  - Synchronization of campaign dates for at least the next three rounds and ensure highest quality of all SIAs.

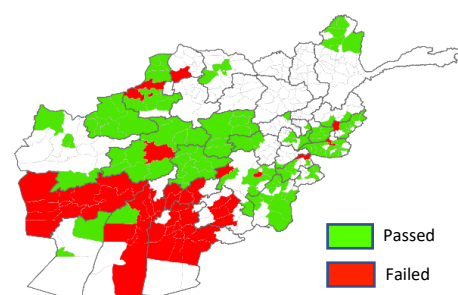
- Harmonization of advocacy and influencer messaging for local tribes.
- Development of joint analysis and plan for southern KP (Pakistan) and Southeast Region by November 2022 including:
  - Programme data (missed children, LQAS results, permanent transit vaccination teams, refusals).
  - Surveillance data (cross notified cases, travel history).
  - Social Behavioral challenges (rumors and messaging).
- Conduct reviews in East, Southeast and South regions at the time of southern KP review in January 2023.

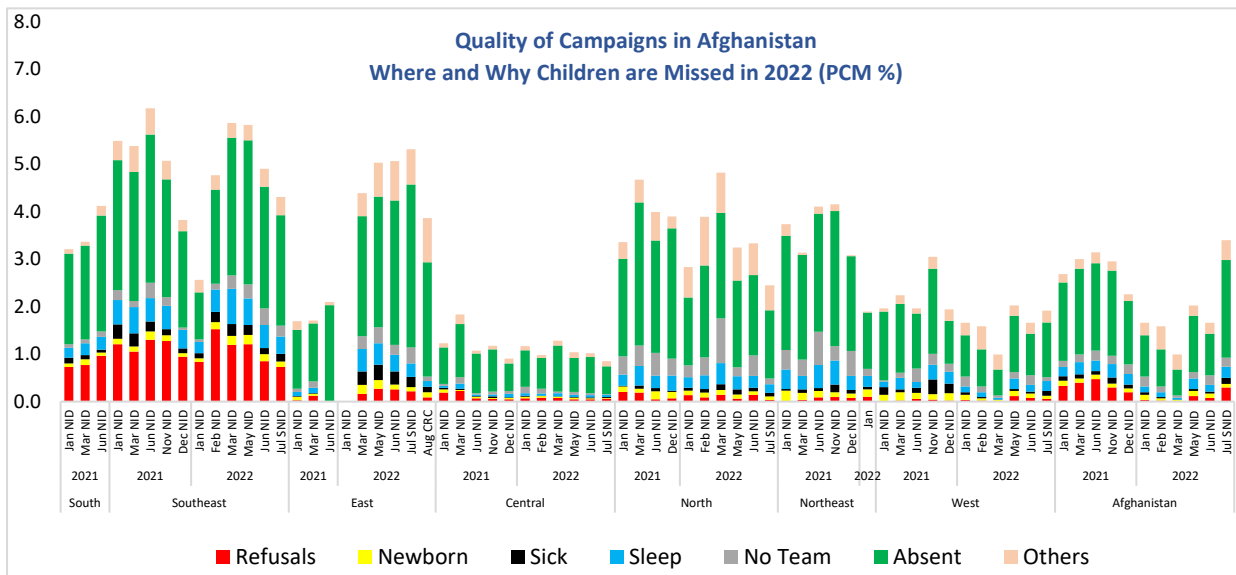
### **South Region – Close Immunity Gaps Urgently to Prevent a Major Outbreak**

The South region has not detected a WPV1 case for 20 months as of 7 Oct 2022. This was noted by TAG as an accomplishment and an opportunity. It also noted with appreciation the innovative approaches for the programme delivery recently, such as the engagement with Red Crescent volunteers in Kandahar and other humanitarian actors working in the South region. However, TAG expressed concern over the large number of missed children in the most vulnerable areas and considered it as a strong and serious threat to success of polio eradication in Afghanistan. Two-thirds of the children were found to be either under- or unimmunized, mostly under the age of two years old (*see graph on campaign quality*), posing a major risk of an explosive WPV1 outbreak in case of virus introduction in the region.

Despite full access in the South, campaign modality remained the primary reason for missed children and the persisting immunity gap. House-to-house vaccination is implemented in only limited areas whereby mosque-to-mosque (M2M) and site-to-site (S2S) have constituted the primary campaign vaccine delivery modalities. This leads to the exclusion of many, especially the younger children. Therefore, higher rates of failing LQAS (*see graph on LQAS results*) and a large number of zero-dose children are seen in the South region. Moreover, interference in Front Line Workers (FLWs') selection is undermining campaign quality further, leading to the geographical concentration of missed children and missing the younger age groups.

LQAS Results, July 2022 SNID, Afghanistan





### Recommendations for South Region – Close Immunity Gap:

- Immediately shift to full house-to-house vaccination campaign strategy.
- In the meantime, continue advocacy for strategic delivery of integrated services by partner and other humanitarian/development agencies; enhance the coverage and reach of fixed site SIAs in the South through well designed plusses, particularly attractive to caregivers of young children; and thoroughly evaluate each campaign to assess efficacy.
- In Kandahar City, immediately shift from mosque-to-mosque to site-to-site vaccine delivery until transition to full house-to-house is attained. Optimise site-to-site modality through (1) increasing the range of sites by ensuring engagement with all public/private stakeholders and (2) enhancing coverage by offering other antigens and plusses.
- Continue efforts to strengthen and expand immunization services.

### Outbreak Response

TAG observed that WPV1 was detected after January 2022 in Afghanistan only in the East region. Most regions in Afghanistan have not detected any WPV1 for more than two years. Therefore, any new detection of WPV1 from human (AFP, contacts, etc.) or environmental samples outside the East region should trigger activation of the Standard Operating Procedures (SOPs) for Responding to a Poliovirus Event or Outbreak (*Last Updated on March 2022*), adjusted for the endemic country context.

The above definition represents an important adjustment to reflect the significant changes in the epidemiology of poliovirus transmission in both Afghanistan and Pakistan.



### Recommendations for Outbreak Response:

- Any detection of WPV outside the East region should trigger the programme to respond immediately according to the existing global SOPs for responding to a poliovirus event or outbreak (see link to **Outbreak Response Guidelines** for full details):
  - (1) Rapid Risk Assessment for evaluation of underlying factors of vaccine coverage (history and quality), potential surveillance gaps, virus history, and travel patterns.
  - (2) Identification of “Outbreak Zone” (at least 2 million children <5 years old).
  - (3) Planning and Implementation of Outbreak Response as per the modification for endemic countries’ context, which comprises of:
    - Immunization response which should include three rounds as a minimum.
      - Round 1: Rapid response round (within two weeks) focused on area of detection, at a scale of 2-4 million target.
      - Round 2 and 3: Four weeks apart at the same or larger scale
    - Additional rounds should be planned if WPV1 is detected 28 days after round 3 of the immunization response.
    - Previously planned SNIDs can be part of this response if scheduled within the recommended timelines.
  - (4) TAG also emphasizes agreed and 'ready to implement' communication, and AFP surveillance strengthening as integral components of the outbreak response.



*Reference: Outbreak Response Guidelines (March 2022)*

## Surveillance

TAG acknowledged the existence of a sound surveillance system at the national and sub-national levels and completion of a comprehensive external surveillance review in June 2022. TAG also noted with appreciation that the programme is taking steps to implement recommendations of the surveillance review.



### Recommendations for Surveillance:

- Conduct surveillance review in areas left-over from the recent external review.
- Implement review recommendations for AFP, Environmental Surveillance and Lab.
- Ensure inclusion of the High-Risk Mobile Populations in the surveillance network.
- TAG advises GPEI Hub to closely support the country team on four immediate priorities:
  1. Field surveillance review of left-over areas.
  2. Expansion of environmental surveillance as much as possible, particularly in East and Southeast regions.
  3. Tracking and supporting implementation of surveillance review recommendations.
  4. Establishing the Lab for Direct Detection of Polioviruses.

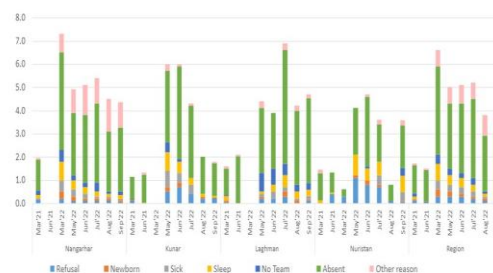


## Social Behavioural Change Communication

There are strong national and regional social behavioral change communication (SBCC) plans and multiple activities implemented leading to increasing use of data to demonstrate impact despite some loss of the local programme capacity during transition last year.

TAG noted that missed children in SIAs comprise two categories of concern; (a) children not available – the largest category of missed children in most areas, and (b) pockets of chronic refusals. Overall, there are 0.5%-4.6% children still unvaccinated in each province; with the highest percentage seen in Nangarhar (as shown in the graph).

Missed Children by Reason in PCM Monitoring (March 2021-September 2022)



Given the shift in programme focus and full geographic access, there is an opportunity to further integrate SBCC and operational strategies in the East, Southeast and South regions.



### Recommendations for Social Behavioral Change Communication:

- Prioritize SBCC activities in low-performing districts in the East, Southeast and South regions.
  - Evaluate by measuring caregivers' intention to vaccinate and rate of missed children (*not just refusals*).
  - Continue to build and test community engagement strategies during and between SIAs (polio plusses, additional antigens).
  - Develop and implement strategies to motivate and attract families with young children to fixed sites in areas with no house-to-house delivery during campaigns.
- Support analysis of mobile populations, particularly in Southeast, to enhance engagement and vaccination opportunities.
- Review programme capacity, identify gaps, and strengthen local staff for community engagement in high-risk areas.

## Cross-Border Coordination

TAG noted with appreciation the recent national level meeting between the NEOCs of Afghanistan and Pakistan in September 2022. It stressed the need for real synchronization of the SIAs and operational plans at the sub-national levels including the lowest implementation levels. The relevant findings and recommendations for East and Southeast regions is in the preceding sections (*see above*).



### Recommendations for Cross-Border Coordination:

- Implement the framework for cross-border coordination activities agreed between the two programmes (*see region-specific recommendations above*).
- GPEI Hub should facilitate and track the progress on cross-border coordination, focusing on:
  - Tracking High-Risk Mobile Populations and Nomads.
  - All age group vaccination at crossing points.
  - Addressing informal crossing points.
  - Continuing to update micro-plans to include nomads and HRMP in programme activities.
  - Sharing information on surveillance, particularly jointly addressing potential gaps in timely detection of poliovirus.
- Implement harmonized SBCC activities using an agreed list of influencers and religious leaders.
- Ensure face-to-face meetings of corridor-specific local teams in November 2022.

## EPI and Integrated Services

TAG highlighted that the overall context in Afghanistan has now changed significantly for the polio programme with full geographic access, and therefore, delivery of integrated services (ISD) must be adapted and targeted accordingly. In 2022 there were increases in Expanded Programme on Immunization (EPI) coverage due to a more stable operating environment and enhanced focus on EPI. Strong coordination between polio and EPI was noted at the central level.

While the inclusion of bivalent oral polio vaccine (*bOPV*) in measles campaign is important, the data showed that the recent development in ISD strategy to address chronic problems has had some positive impact. However, these interventions have limited reach, and the polio programme has limited capacity and resources to manage multiple integrated services interventions at a scale that can impact the epidemiology of polio.



### Recommendations for EPI and Integrated Services:

- EPI should focus efforts on increasing RI coverage in polio high-risk areas (especially the Southern region) and leverage polio assets for monitoring.
- Continue to include bOPV in other antigen campaigns.
- Accelerate multi-antigen campaigns in Kandahar City to the final quarter of 2022.
- Shift the focus of integrated services plan to strengthen EPI in Helmand, Kandahar, Urozgan, and coordinate with EPI and prioritize interventions on high-risk under-vaccinated populations.
- Optimize the delivery of '*Polio Plusses*' and additional antigens during SIAs to enhance coverage in critical areas.
- Advocate within GPEI's own agencies and other humanitarian and development actors to channel their investments into polio-critical areas.

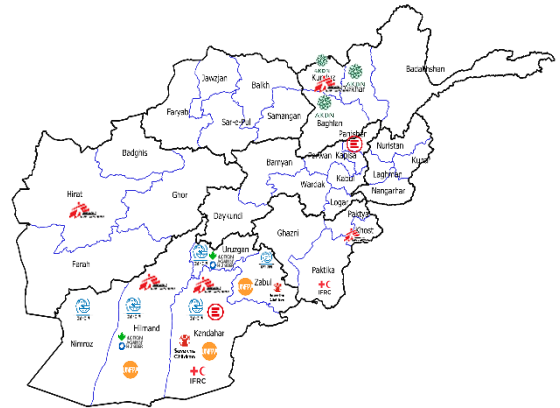
## Humanitarian Response

TAG reiterated its appreciation of polio staff who contributed to the ongoing humanitarian response, the COVID pandemic, multiple disease outbreaks, the earthquake in the Southeast region response, as well as other emergencies, including the period of uncertainty around the transition of government in Afghanistan.

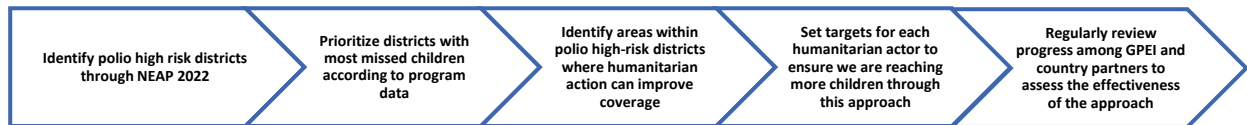
It also acknowledged the programme’s endeavors to collaborate with humanitarian actors, particularly in high-risk areas. This new partnership aims to access unreached children through the engagement of community and health workers to support vaccination efforts and the immediate reporting of paralyzed children.

TAG also appreciated the conference with the humanitarian actors in Afghanistan that was held in Amman and delivered a clear action plan in this regard (see graph below).

Distribution of Humanitarian Actors in Afghanistan



Action Plan for Partnership with Humanitarian Actors



### Recommendations for Humanitarian Partners:

- Continue the initiative to partner with humanitarian actors, especially in the South region.
- Ensure all opportunities to provide immunization services through humanitarian actors are maximized.
- Evaluate and assess the impact of partnership with the humanitarian actors.

## Gender

TAG stressed upon adherence to protocols and conventions to ensure there is gender parity in the programme and observed that the June 2021 TAG recommendations on Gender remain valid.



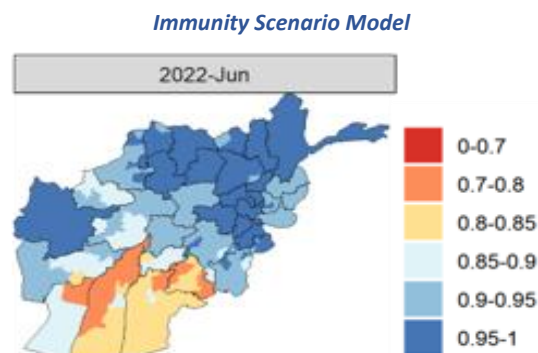
### Recommendations for Gender:

- Implement the prevention of sexual exploitation, abuse, and harassment (PRSEAH) at all levels of the programme fully.
- Benefit from gender analysis done by humanitarian actors (international non-governmental organizations) to understand the different needs of men and women.
- As the recommendations from TAG June 2021 meeting remain valid:

- Develop objectives to overcome gender-related barriers for the programme.
- Integrate women beyond FLW, in a safe and secure environment.
- Develop clear national and regional criteria for recruitment of females.
- Develop partnerships with Women Organizations.
- Integrate sex-disaggregated data to ensure no population is missed.

## Supplementary Immunization Activities (SIAs)

TAG reviewed the epidemiological data, the proposed SIA schedule of the country, modeling of risk and various immunity scenario models. TAG was cognizant of the narrow window of opportunity while advising SIAs schedule to ensure interruption of WPV in 2023.



### Recommendations for SIAs 2023:

Ensure synchronization of SIAs between Afghanistan and Pakistan to gain optimum benefits of mass campaigns aimed at interruption of endemic WPV1 transmission in the two remaining active foci of infection, one each across the central and northern corridors of movement of people between the two countries.

- Regarding the 2023 SIA calendar, TAG endorsed the following schedule:

- ❖ **January NID** → Convert to **SNID**
- ❖ **March NID** → As proposed
- ❖ **May NID** → Convert to **SNID**
- ❖ **July SNID** → As proposed
- ❖ **September NID** → Convert to **October SNID**
- ❖ **December SNID** → Convert to **November NID**

- **SIAs Priorities:**

- Interrupt endemic transmission in East region.
- Prepare to respond to any new detection outside the East region.
- Prevent WPV1 circulation from southern KP (Pakistan) endemic zone.
- Close immunity gap in the South region.
- Maintain overall immunity.
- Review SIA calendar in mid-2023.

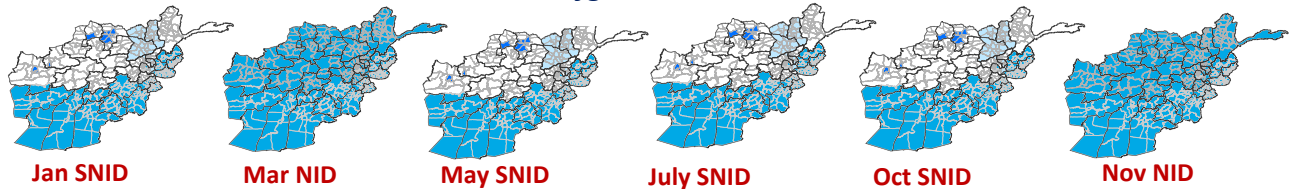
The endorsed SIA calendar for Afghanistan was synchronized with the previously proposed and endorsed SIA calendar for Pakistan (as shown in the graph below). This was made possible by the back-to-back TAGs on poliomyelitis eradication in Pakistan and Afghanistan, and the participation of core NEOC members of each country in both meetings.

## Programme Management

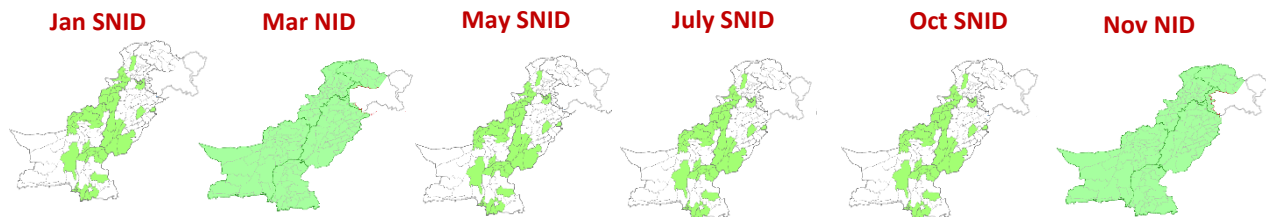
The TAG appreciated the good coordination at the NEOC level between national authorities and partners. At this critical juncture of the programme, it is very important that actors work seamlessly in the EOC under the notion of “one team, one success” to complete eradication of polio in the country, region, and the world.

### Pakistan and Afghanistan Endorsed and Synchronized SIA Calendars for 2023

#### Afghanistan



#### Pakistan



#### Recommendations for Programme Management:

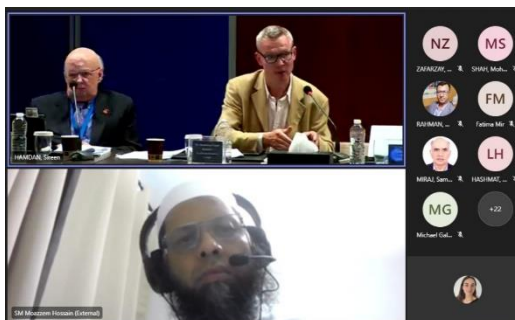
- Reinforce the current dynamic and mindset in EOCs as one team that will finish polio in the next 15-month window with focus on unified decision-making and follow-up of action points, and expansion of efforts to deepen engagement with provincial EOCs on joint analysis of data and response plans.
- Conduct a rapid review of the motivation and concerns of FLWs, with a focus on engaging more women in the programme.
- The TAG requests a report by end of December 2022 on the 'accountability framework' for partners and government responsibilities in ensuring performance.

# Conclusions

TAG concluded that Afghanistan is well-positioned to succeed in interrupting WPV transmission in 2023 if the programme acts swiftly on its recommendations with vigorous focus on priority actions. This conclusion is based on significant developments after the government transition in August 2021, whereby remarkable improvement in programme access and progressive increase in house-to-house campaign modality has been attained, leading to the largest number of children reached in the last several years.

However, the programme must urgently move to stop transmission in the East region before the end of 2022, while preventing and preparing for the possibility for an explosive outbreak in the South region. The focus also needs to be on preventing spread from southern KP into Southeastern or Eastern region border areas; addressing SIA quality issues that continue to exist in the house-to-house campaign areas; and acknowledging missed transmission as an imminent risk.

Emphasizing the importance of instituting a systematic mechanism to track the implementation of TAG recommendations by the GPEI Hub and NEOC, the next meeting has been scheduled in 6 months' time (late April or early May 2023) so that the TAG can provide timely advice based on the progress achieved hereafter.



# Annex A – List of Participants

## Meeting of the Technical Advisory Group (TAG) on Poliomyelitis Eradication in Afghanistan

7<sup>th</sup>-9<sup>th</sup> October 2022

Muscat, Oman

### List of Participants

#### TAG Chair and Members

Dr. Jean Marc Olivé, TAG Chair  
 Dr. Chris Wolff, TAG Member  
 Dr. Fatima Mir, TAG Member  
 Dr. Mark Pallansch, TAG Member  
 Dr. Mohammad-Mehdi Gouya, TAG Member  
 Dr. Sebastian Taylor, TAG Member  
 Dr. Sussan Mahmoodi, TAG Member

#### TAG Secretariat

Dr. Fazal Ather, Team Leader WHO EMRO  
 Ms. Sireen Hamdan, WHO Administrative Assistant  
 Mrs. Mais Ghawi, WHO Program Assistant

#### National Emergency Operations Centre Afghanistan

Mr. Molvi Muhammad Ishaq Sahibzada, Deputy Minister - MoPH  
 Dr. Nek Wali Shah Momin, National Coordinator  
 Dr. Wahidullah Gulabiyar, EPI Manager  
 Mr. Asif Ahmadzai, Secretary  
 Mr. Noor Mohammad Noori, M&E Officer  
 Mr. Bakht Mohammad Pason, Data Analyst  
 Dr. Asad Ullah Safi, Senior Technical Advisor  
 Dr. Wasiullah Hasam, Integrated Services Officer  
 Dr. Ahmad Gul Iqbal, SIAs Operation Officer  
 Dr. Abdul Hakeem Himat, EPI Advisor to MoPH  
 Mr. Enayatullah Enayat, Advisor to DM MoPH  
 Mr. Abdul Ali Ghani, Team Assistant Secretary

#### Regional Emergency Operations Centre Afghanistan

Dr. Ahmad Gul - Coordinator - SouthEast  
 Dr. Mohammad Asef Kabir - Coordinator – West

#### National Emergency Operations Centre Pakistan

Dr. Shahzad Bai, National Coordinator - EOC  
 Mr. Hamish Young, Team Leader Polio - UNICEF  
 Dr. Zainul Abedin, Team Leader Polio – WHO

#### WHO Afghanistan Country Office

Dr. Dapeng Lou, WHO Representative

Dr. Irfan Elahi Akbar, Polio Team Leader  
 Dr. Mandeep Rathee, Deputy Team Leader  
 Dr. Khushhaal Khan Zaman, Medical Officer  
 Dr. Samiullah Miraj, National Professional Officer  
 Dr. Sumangala Chaudhary, Medical Officer  
 Dr. Akram Hussain, Medical Officer  
 Dr. Ali Ahmad Zahed, National Professional Officer  
 Dr. Rohullah Habib, National Professional Officer  
 Dr. Sajjad Rasool, Medical Officer  
 Dr. Adnan Akbar Khan, Medical Officer  
 Dr. Deborah Bettels, EPI Team Leader  
 Mr. Mohammad Amin Masroor, Travel Protocol Assistant  
 Ms. Sally Cooper, Communications Officer

#### **UNICEF Afghanistan Country Office**

Dr. Shamsheer Khan, Polio Team Leader  
 Dr. Godwin Mindra, Polio Deputy Team Lead, Senior Immunization Specialist  
 Dr. Ahmad Shah Ahmadi, SBC Officer Herat  
 Rajeev Gera, Immunization Manager  
 Dr. Andre Yameogo, SBC Manager Jalalabad  
 Mr. Pa Ousman, SBC Manager Kandahar

#### **GPEI Hub**

Dr. Ana Maria Guzman, Team Leader BMGF  
 Mr. Richard Duncan, Team Leader UNICEF ROSA  
 Dr. Hashim Elmoussaad, Team Leader CDC  
 Dr. Sahar Hegazi, Senior Social and Behavior Change Specialist UNICEF  
 Dr. Muhammad Obaid-ul Islam Butt, Technical Officer  
 Dr. Alakyaz Assadorian, Technical Officer

#### **WHO Eastern Mediterranean Regional Office for Polio Eradication**

Dr. Hamid Jafari, Director Polio Eradication  
 Dr. Ashraf Wahdan, Medical Officer Surveillance  
 Mr. Fadi Touma, Gender Specialist  
 Mrs. Sara Al-Naqshabandi, Program Support Officer  
 Mrs. Areej Al-Omari, ICT Assistant

#### **WHO Headquarters**

Mr. Aidan O'Leary, Director, Polio Eradication

#### **US CDC**

Maureen Martinez, Team Leader for EM Region  
 Colleen Hardy, Afghanistan PoC for EM Region

#### **Bill and Melinda Gates Foundation**

Mr. Michael Galway, Deputy Director, Polio for Afghanistan and Pakistan



Mr. Apoorva Mallya, Senior Programme Officer for Afghanistan

### **Rotary**

Mohammad Ishaq Niazmand, Rotary Representative

## **Virtual Participants**

### **TAG Members**

Ms. Sherine Guirguis, TAG Member

### **National and Regional Emergency Operations Centers Afghanistan**

Dr. Najeeb Kamawal

Sadiqullah

Farid Ahmed Seil

Farooq Aesakhil

Iqbalzada Ali Reza

Kaisar Mahfuzul Islam

Shah Mahmmd Daud

Akhtar Ali

Habib Sefatullah

### **WHO Afghanistan Country Office**

Dr. Asadullah Naimi, Technical Officer

Dr. Hakim Jan Adeel, Technical officer

Dr. Abdul Shakoor Rahman Abdul Ghafoor, National Professional Officer

Dr. Abdul Shakoor, National Professional Officer

Dr. Sailani Wardak

Dr. Najeeb Zafarzay, Central PEI Officer

Dr. Mohammad Akhtar, PEI

Dr. Mohammad Daud Shah, PEI

Dr. Esmail Saddiqi

Dr. Ali Reza Iqbalzada

Dr. Mahfuzul Islam Kaisar

Mr. Saddam Hussein

Mr. Adeel Jan Hakim

Mr. Merza Mohammad Farooq, Assistant Regional Polio Officer

Dr Ataiye

### **WHO Eastern Mediterranean Regional Office for Polio Eradication**

Dr. Humayun Asghar, Coordinator - Polio SLD Unit

Lubna Hashmat, Gender Consultant

Emma Sykes, Communication Officer

Meaza Tadesse, Finance and Administrative Officer

Suneel Raja, STOP Program Consultant – GPEI Hub

### **WHO Headquarters**

Dr. Arshad Quddus, Coordinator - Polio  
Dr. Zubair Wadood, Technical Officer – Polio

**Partners**

Moazzem Hossain, Deputy Director - UNICEF HQ  
Tommi Laulajainen - UNICEF  
Athanas Makundi - UNICEF  
Arie Voorman, Senior Research Scientist -BMGF  
Hil Lyons, BMGF

**Donors and Stakeholders**

Rebecca Niezen - Global Affairs Canada  
Luke Myers - Global Affairs Canada  
Tracie Henriksen - Global Affairs Canada  
Agnes Warren - Global Affairs Canada  
Berenice Guimont Fitz - Global Affairs Canada  
Genevieve Frizzell - Global Affairs Canada  
Ellyn Ogden – USAID  
Kendra Chittenden - USAID  
Sarah Illingworth – USAID

# Annex B – Meeting Agenda

## Meeting of the Technical Advisory Group (TAG) on Poliomyelitis Eradication in Afghanistan

7<sup>th</sup>- 9<sup>th</sup> October 2022

Muscat, Oman

### Agenda

#### Meeting Objectives:

- Review status of polio eradication efforts, key challenges, and programmatic gaps in Afghanistan.
- Provide technical guidance on program priorities and required interventions for 2023 including guidance on SIA calendar for 2023.

| Day 1 – October 7, 2022<br>Ball Room No 3, Sheraton Oman Hotel<br>National and sub-national polio eradication program review |   |   |
|--|---|---|
| Time (GMT+4)   | Session   | Presenter/Facilitator   |
| <b>Opening Session</b>   |   |   |
| 08:30-09:00  | Registration/ joining of virtual participants   |   |
| 09:00-9:30   | Introductions and opening remarks   |   |
| 09:00 – 09:05  | <i>Recitation of Holy Quran</i>   | Mr. Molavi Habibullah Akhundzada                                  |
| 9:05 – 09:10   | <i>Welcome Note by Deputy WR Oman</i>   | Dr Mohammed Al Abri, WHO Oman                                     |
| 9:10-9:15  | <i>Opening Remarks by TAG Chair</i>   | Dr. Jean-Marc Olivé, TAG Chair                                    |
| 9:15-9:20  | <i>Remarks by Deputy Minister of Public Health</i>  | Mr. Molvi Muhammad Ishaq Sahibzada                                |
| 9:20-9:25  | <i>Remarks by WHO Country Representative</i>  | Dr. Luo Dapeng, WHO Representative, Afghanistan                   |
| 9:25-9:30  | <i>Remarks by Director Polio</i>  | Dr. Hamid Jafari, Regional Director, WHO EMRO                     |
| 9:30-10:00   | Global Update on Polio Eradication: Progress, Challenges and What Would it Take to Finish Polio<br><i>(15' Presentation, 15' Discussion)</i>                    | Aidan O'Leary, Director POL, WHO HQ                               |
| 10:00-10:15  | <i>Tea Break</i>  |   |
| <b>National Presentation</b>   |   |   |
| 10:15-11:15  | “Interrupting Polio Circulation in Afghanistan: Progress, Remaining Challenges and Strategic Priorities for 2023”<br><i>(25' Presentation, 35' Discussion)</i>  | Dr. Nek Wali Shah Momin, NEOC Coordinator, Afghanistan            |
| 11:15 – 11:45  | “Strengthening EPI services”<br><i>Interventions in 2022 to improve EPI coverage</i><br><i>EPI strengthening plan in FPP (focus on polio endemic provinces)</i> | Dr. Wahidullah Gulabiyar<br>Dr. Deborah Bettels<br>Dr. Rajiv Gera |

|   |   |   |
|---|---|---|
|   | Health systems transformation & alignment with polio eradication<br>(20' Presentation, 20' Discussion)  |   |
| <b>Regional Presentations</b>   |   |   |
| 11:45-13:50   | Friday Prayers and Lunch  |   |
| 13:50-14:30   | "Polio Eradication Program Regional Overview: East"<br>(20' Presentation, 20' Discussion)   | Dr. Najibullah Kamawal<br>Dr. Mohammad Akram Hussain                |
| 14:30-14:50   | Tea Break   |   |
| 14:50-15:40   | "Polio Eradication Program Regional Overview: South"<br>(20' Presentation, 20' Discussion)  | Dr. Sajjad Rasool<br>Mr. Pa Ousman                                  |
| 15:40-16:20   | "Polio Eradication Program Regional Overview: Southeast"<br>(20' Presentation, 20' Discussion)  | Dr. Ahmadgul Iqbal<br>Dr. Adnan Akbar Khan                          |
| 16:20-16:40   | Wrap-Up Session   | Dr. Jean-Marc Olivé, TAG Chair                                      |
| <b>Closed Session</b><br>Salala Meeting Hall, Sheraton Oman Hotel   |   |   |
| 18:00-21:00   | TAG members   | TAG Members and Secretariat   |
| <b>Day 2 – October 8, 2022</b><br>Ball Room No 3, Sheraton Oman Hotel<br>Thematic Area Discussions and Focus on Country Questions |   |   |
| <b>Time (GMT+4)</b>   | <b>Item</b>   | <b>Presenter/Facilitator</b>  |
| <b>Opening Session</b>  |   |   |
| 8:30-9:00   | "Polio Eradication Program Regional Overview: West"<br>(15' Presentation, 15' Discussion)   | Dr. Asif Kabir<br>Dr. Ahmadi  |
| 09:00-9:40  | Risk Assessment<br>(20' Presentation, 20' Discussion)   | Arie Voorman, Hil Lyons, IDM, BMGF                                  |
| 9:40-10:00  | Strategic overview of epidemiologic data (Field and Molecular)  | Dr. Mark Pallansch  |
| 10:00-10:20   | Afghanistan Way Forward<br>(20' Presentation)   | Dr. Nek Wali Shah Momin<br>Dr. Irfan Akbar<br>Dr. Shamsher Ali Khan |
| 10:20-10:40   | Tea Break   |   |
| <b>Thematic Area Discussions</b>  |   |   |
| 10:40-11:20   | Question 1: SIA Quality, Campaign Modalities and Calendar for 2023<br><b>Strategic / Overall</b> <ul style="list-style-type: none"> <li>Afghanistan programme has progressively increased the campaign implementation to 76% using the "best modality".</li> <li>South, West and Northeast remain on alternate implementations modality (including Kandahar City)</li> <li>Vaccination coverage inadequate for reaching zero polio</li> </ul> | Moderator: Chris Wolff  |

|             |   |  |
|-------------|---|--|
|             | <ul style="list-style-type: none"> <li>Is the quality of SIAs in the “best modality campaign” areas sufficient to protect the gains in Afghanistan?</li> <li>What additional strategies could be implemented to address immunity gap in areas with alternate campaign modalities?</li> </ul> <p><b>Proposed SIAs Schedule / Outbreak Response 2021, Afghanistan</b></p> <ul style="list-style-type: none"> <li>Four bOPV NIDs and three bOPV SNIDs.</li> <li>Does the TAG endorse the SIA plan?</li> <li>What factors should guide the selection of scope of SNID?</li> </ul> <p><i>(10' Presentation, 30' Discussion)</i></p>  |  |
| 11:20-12:00 | <p>Setting the Context</p> <ul style="list-style-type: none"> <li>Impact of communications and social mobilization activities</li> <li>National and regional communications plan</li> </ul> <p><i>(10' Presentation, 30' Discussion)</i></p> <p>Question 2: Social and Behavioural Change Communication Strategies</p> <ul style="list-style-type: none"> <li>Does the TAG endorse the proposed community engagement and communication plan?</li> <li>Does the plan address vaccine acceptance issues particularly in South, East and Southeast regions adequately?</li> <li>Does the current communication plan for areas with alternate campaign modalities address the critical challenges needed for success? What additional interventions does TAG suggest?</li> </ul>                          | <p>Moderators: Sebastian Taylor</p> <p>Presenters:<br/>Dr Nek Wali Shah Momin<br/>Dr Shamsher Ali Khan</p>                 |
| 12:00-12:40 | <p>Setting the Context</p> <ul style="list-style-type: none"> <li>Integrated Services Plan</li> <li>Enhancing EPI in polio endemic areas</li> <li>Leveraging other humanitarian agencies</li> </ul> <p><i>(15' Presentation, 30' Discussion)</i></p> <p>Question 3: Strengthening Immunization Activities through Integrated Services and Humanitarian Response</p> <p><b>EPI</b></p> <ul style="list-style-type: none"> <li>What interventions should be done to address resultant immunity gaps through the EPI system?</li> <li>What additional measures should be taken to rapidly enhance population immunity in polio endemic areas with alternate campaign modalities: multi antigen campaigns? Pluses in multi-antigen campaigns? Resource mobilization for enhanced EPI strategy?</li> </ul> | <p>Moderator: Sussan Mahmoudi</p> <p>Presenter:<br/>Dr Godwin Mindra<br/>Dr Khushhal Zaman Khan<br/>Dr Wasiullah Hasam</p> |

|  | <ul style="list-style-type: none"> <li>How should the programme leverage Polio Pluses in enhancing EPI in South and Southeast regions given the risk associated of pluses during polio campaigns?</li> </ul> <p><b>Integrated services</b></p> <ul style="list-style-type: none"> <li>Given the changes in the political and security situation in the country, what changes in the overall integrated service delivery plan does the TAG suggest in terms of scope and target populations?</li> </ul> |  |
|--|--|--|
| 12:40-13:10                                | <p>Question 4: Research Question: Sero-Survey and Surveillance</p> <p>Question 6: Sero-survey</p> <p>The country plans to conduct a Sero-survey to identify areas and population groups with low population immunity. Does TAG endorse the plan?</p> <p>Can TAG provide recommendations on continued WPV1 transmission in the eastern Afghanistan, and virus reservoirs? Does the TAG endorse current program's strategic approach in the Eastern Afghanistan or advises additional advice?</p>        | Moderator: Mark Pallansch                    |
| 13:10-13:30                                | Wrap Up Session  | Dr. Jean-Marc Olivé, TAG Chair               |
| 13:30-14:30                                | <i>Lunch Break</i>   |  |
| <b>Closed Session</b>                      |  |  |
| 16:00-18:00                                | Closed Session   | TAG Members and Secretariat                  |
| <b>Day 3 – October 9, 2022</b>             |  |  |
| <b>Ball Room No 3, Sheraton Oman Hotel</b> |  |  |
| <b>Recommendations by TAG</b>              |  |  |
| <i>Time (GMT+4)</i>                        | <i>Item</i>  | <i>Presenter/Facilitator</i>                 |
| <b>Closed Session</b>                      |  |  |
| 08:00-10:00                                | Closed Session   | TAG Members and Secretariat/ NEOC Core group |
| 10:00-10:20                                | <i>Tea Break</i>   |  |
| <b>Recommendations by TAG</b>              |  |  |
| 10:20-12:20                                | Recommendations  | TAG Chair/<br>TAG Secretariat                |
| <b>Closing Session</b>                     |  |  |
| 12:20-13:00                                | Closing Remarks  |  |
|  | Remarks from donors/partners   | Donors Representatives                       |
|  | <i>Remarks by Deputy Minister of Public Health</i>   | Mr. Molvi Muhammad Ishaq Sahibzada           |
|  | Remarks from Director Polio EMRO   | Dr. Hamid Jafari                             |
|  | Closing remarks and adjournment  | Dr. Jean-Marc Olivé, TAG Chair               |