Global Polio Eradication Initiative

Technical Advisory Group on Polio Eradication for Afghanistan

Meeting Report, 25-26 August 2019

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Acronyms

AFP	Acute flaccid paralysis
AF-PAK	Afghanistan-Pakistan
BMGF	Bill and Melinda Gates Foundation
BPHS	Basic package of health services
bOPV	Bivalent oral polio vaccine
CDC	Center for Disease Control and Prevention
EOC	Emergency operations center
EPI	Expanded program on immunization
ES	Environmental surveillance
EU	European Union
FLW	Front-line worker
GAVI	Global alliance for vaccine and immunizations
GPEI	Global Polio Eradication Initiative
H2H	House-to-house
HR	High risk
HRMP	High-risk mobile population
ICN	Immunization Communications Network
IPV	Inactivated polio vaccine
LQAS	Lot quality assurance sampling
MOPH	Ministry of Public Health
mOPV1	Monovalent polio vaccine, type one
MOU	Memorandum of understanding
NEAP	National emergency action plan for polio eradication
NEOC	National Emergency Operations Center
NGO	Non-governmental organization
NIDs	National immunization days
NPAFP	Non-polio acute flaccid paralysis
OPV	Oral polio vaccine
PEI	Polio Eradication Initiative
PTT	Permanent transit team
RI	Routine Immunization
S2S	Site-to-site
SIA	Supplementary immunization activity
SNIDs	Sub-national immunization days
SOP	Standard operating procedure
TAG	Technical Advisory Group
USAID	United States Agency for International Development
UN	United Nations
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WPV1	Wild poliovirus type one

I. Introduction

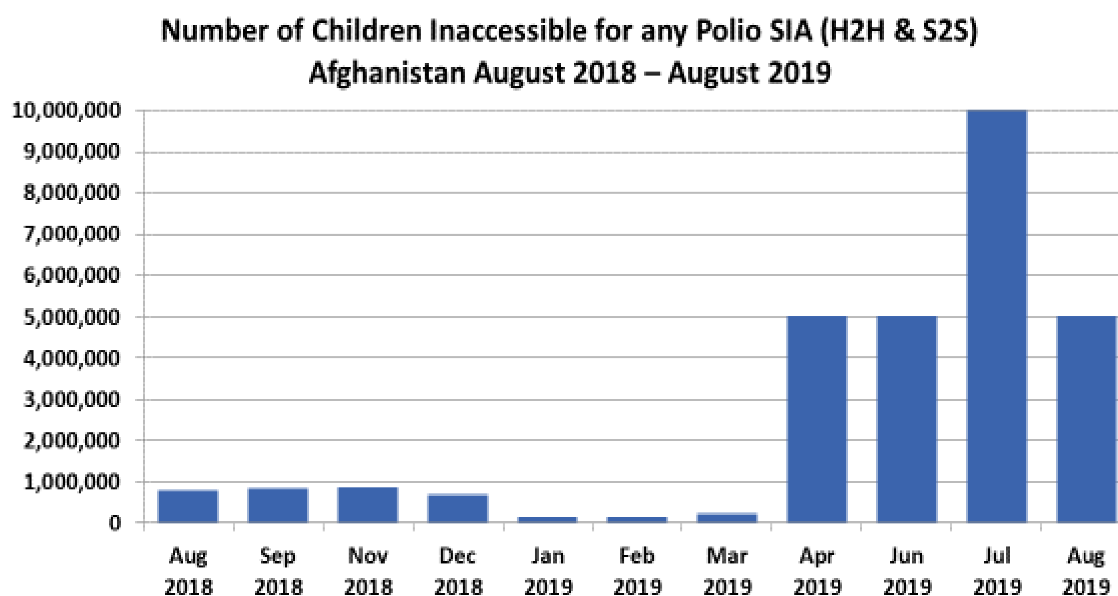
The Afghanistan Technical Advisory Group (TAG) meeting was held on 25-26 August 2019 in Dubai, chaired by Dr. Jean-Marc Olivé and opened by His Excellency Dr. Feroz - Minister of Public Health in the presence of Dr. Mojadidi - Presidential Focal Point for Polio, Dr. Stanekzai - National Focal Point for Polio, and the WHO and UNICEF country representatives for Afghanistan as well as senior staff from regional offices and headquarters of the two agencies. The meeting was attended by members of the National and Regional EOC teams, as well as representatives from two BPHS NGOs. Also attending were representatives from GPEI core partners (BMGF, CDC, Rotary International), EU, GAVI, USAID, and the Canadian Embassy.

The objectives of the meeting were:

- Review the status of polio eradication efforts, key challenges and the way forward in Afghanistan – particularly in the Southern, Eastern, and South-eastern Regions
- Provide strategic and technical recommendations to the Afghanistan polio program

Afghanistan has reported 15 polio cases in 2019, after reporting a total of 21 in 2018. Of the 15 polio cases in 2019, 14 were from the Southern region.

There has been a ban on H2H campaigns in large parts of Helmand, Kandahar, and Urozgan since May 2018. Subsequently, a ban was announced on polio campaigns throughout the country starting in April 2019. This is the most important issue for the Afghanistan program to address. Polio transmission cannot be stopped with such a large unreached population over such a long period of time. Solutions to re-start immunization of children must be found.



Since the last TAG meeting in January 2019, this TAG meeting provided an opportunity to review progress to assess the current situation, to determine the potential for the program to stop transmission, and to develop recommendations for the Afghanistan polio program to get back on track to success.

The TAG appreciated the efforts of the Afghanistan polio program since the last TAG meeting, particularly in the face of exceptionally difficult circumstances highlighted by the current ban on polio campaigns. The TAG especially noted:

- The deep engagement of senior leaders of the Afghanistan Government and partners in the polio program reflected in the active participation of the Minister, the Presidential Focal Point, WHO and UNICEF representatives and senior staff of GPEI partners in the TAG meeting
- The continuing high-quality poliovirus surveillance program being maintained throughout the country even in heavily conflict-affected areas
- The efforts to boost campaign quality in Kandahar City following the recommendations from the last TAG meeting
- The epidemiologic progress in the East with only a single case reported in 2019 and no environmental positives since March 2019
- The creativity and tenacity of program staff to tackle problems, especially to gain access to children by utilizing alternative approaches

However, the TAG emphasized that the program is not on track to stop transmission. The TAG identified eight thematic areas where improvements are needed to get the program back on track to stopping transmission. These include:

- Addressing Inaccessibility
- SIA Quality: Planning and Preparation
- Moving Towards Gender Balance
- One Team Approach
- Geographic Prioritization
- Optimizing Communication Strategies
- Improving Routine Immunization
- Complementary Approaches

For each thematic area, the TAG has provided observations and recommendations.

II. Observations and Recommendations

Addressing Inaccessibility

Access is the biggest challenge for the Afghanistan polio program and has significantly deteriorated since the last TAG Meeting in January 2019. Given the large numbers of inaccessible children for extended time periods, the TAG emphasized that a major outbreak is imminent.

There has been a ban on H2H campaigns in large parts of Helmand, Kandahar, and Urozgan since May 2018. Subsequently, a ban was announced on ICRC and WHO activities in Afghanistan starting in April 2019. With other WHO activities continuing, the announcement was interpreted as indicating a ban on polio campaigns throughout the country. In response to the more recent ban, planned polio NIDs/SNIDs campaigns in April, June, and July were not conducted. In August, the NEOC moved forward with an NID, leaving it up to provincial teams to decide if a polio campaign could be conducted safely in their province. The campaign covered approximately 50% of the total target population, mostly in lower risk areas. Only a very small percentage of the Southern Region was covered, and the campaign did not occur in several high-priority government-controlled areas, such as Kandahar City, while being conducted in the majority of Kunar and Nangarhar in the East. There was large variation in access related to interpretations of what the ban entailed, and the various strategies used by the polio program (e.g., H2H, S2S, PTTs, EPI outreach, etc.) across the country to maintain vaccination. The TAG noted the lack of a clear policy on activities to be conducted in different parts of the country. The TAG felt that the current approach was too ad hoc to sufficiently guide the program to optimize access in relation to the ban.

The TAG applauds the program's efforts to address inaccessibility, noting the well-established connections to negotiate access and the continued positioning of polio eradication as a neutral, humanitarian initiative. The TAG recognizes that the current ban is different and more complicated in nature than previous bans as it is more closely connected with broader geopolitical events such as the peace negotiations. In a closed session of the TAG, there was a review of the high-level approaches for lifting the ban. The TAG concludes that the approach is comprehensive, based on an in-depth understanding of the actors involved, and seems to be reaching the right levels for discussions on lifting the ban. However, the TAG also notes that these approaches have not yet resulted in a change in the situation that would allow important immunization activities to restart in all areas. The ban is severely impeding immunization activities and making it very difficult, if not impossible, to achieve interruption of transmission in Afghanistan while also putting global polio eradication at risk. Meanwhile, local access negotiation initiatives continue to demonstrate some efficacy and will likely continue to be needed beyond the lifting of the general ban.

Recommendations:

- Program to continue high level discussions on gaining access and, at the same time, urgently expand efforts to utilize all approaches to gain access including involving local community and religious influencers. Partner agencies engaged in high level or local negotiations should ensure a mutually agreed upon approach to avoid duplication and inconsistency
- H2H campaigns to restart in as many areas as is safely possible with a special focus by REOC/NEOC to restart safely in Kandahar City
- Decision making on whether or not an SIA should be conducted and which approach to use (e.g., H2H, S2S, PTT, RI outreach, etc.) should be a joint process that includes the NEOC and Regional and Provincial program levels in a transparent process with shared responsibility

SIA Quality: Planning and Preparation

The NEOC presented an SIA calendar through March 2020 along with an IPV plan through June 2020 (see Annex 1). The plan includes an intense SIA schedule for the coming nine months, but the scope and timing of these campaigns is, of course, dependent on access.

Although the overarching ban on polio activities continues, it may be lifted at any point with or without restrictions. Preparation for implementing high-quality campaigns at short notice under a range of possible modalities is critically important.

The TAG appreciates the work of the polio program to improve the quality of campaigns since the last TAG. In particular, the TAG notes the efforts to improve campaign quality in Kandahar City and other high-priority districts of Kandahar. This includes replacing poor performers, increasing the number of female teams, establishing refusal oversight committees, and significant, sustained support from the NEOC.

However, the TAG highlights that much more can be done to improve campaign quality. In particular, the TAG notes the poor quality of S2S campaigns that were conducted in Q1 2019 in large parts of Helmand, Kandahar, and Urozgan. Coverage estimates ranged from 30% to 70%, well below target performance levels. S2S campaigns may be the only option for the foreseeable future in many key high-risk areas, and such low coverage is insufficient to impact population immunity and interrupt poliovirus transmission.

Recommendations:

- SIA calendar and contingency plans endorsed
    - Limit mOPV1 use to supplies currently in-country
    - Rationalize IPV campaigns against the proposed multi-antigen campaign
- During the ban, focus on preparation to conduct the best quality campaign possible once access is gained, including:
    - Refining microplans
    - Identifying the best performing teams, removing poor performers, enhancing training, and limiting interference in team selection
    - Increasing the number of female FLWs and supervisors
    - In areas where only S2S may be allowed: defining a S2S communication strategy, designing social mobilization approaches to get all children to come to the sites, optimizing access to newborns, and enhancing metrics for performance monitoring to better understand S2S coverage
- Teams in the highest risk areas to prepare to implement a high-quality campaign within 10 days of the ban being lifted

One Team Approach

In such a difficult environment, within an emergency program, and with multiple recent polio leadership transitions, working as one team at all levels is more important than ever. Any gaps in cohesion will distract from core program strategies.

The TAG appreciates the efforts of the NEOC and REOCs to continue to foster a collaborative environment. In particular, the TAG recognizes the recent joint field missions of NEOC partners. The One Team approach is not simply a slogan. It is a deliberate operating culture where the norms of decision-making, respect,

transparency, trust, and reliance on one another are explicit and understood by all partners to the endeavor.

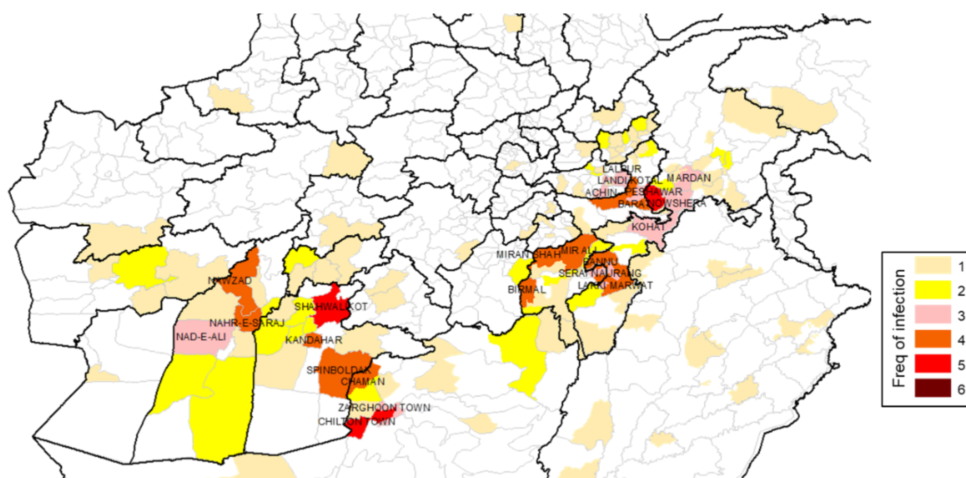
Recommendations:

- NEOC to continue to strengthen a culture of trust, to work inclusively, and to make major decisions together as one team under the leadership of the EOC coordinator. As part of this, the TAG highlights:
    1. WHO and UNICEF must work together and solve problems in-country – avoiding escalation to regional/global levels
    2. The NEOC partners should draft explicit, written norms for communication and decision-making that clarify how people work together, the venues for decision-making (e.g., task teams) across various program areas, and which people should be responsible, accountable, supporting, consulted, and informed (RASCI) in each of these
    3. Data collection must be rationalised and tailored to support national monitoring and decision making as well as regional, provincial, district and cluster level planning and SIA course correction
    4. Ensure that critical surveillance and campaign data are readily available to all partners in a timely manner to foster shared analysis and cohesive decision-making
    5. Consider a review of NEOC/REOCs structure and functions in follow-up to CDC EOC training in November 2018
- A high priority for NEOC and REOC staff should be on getting to the field regularly and conducting joint field missions

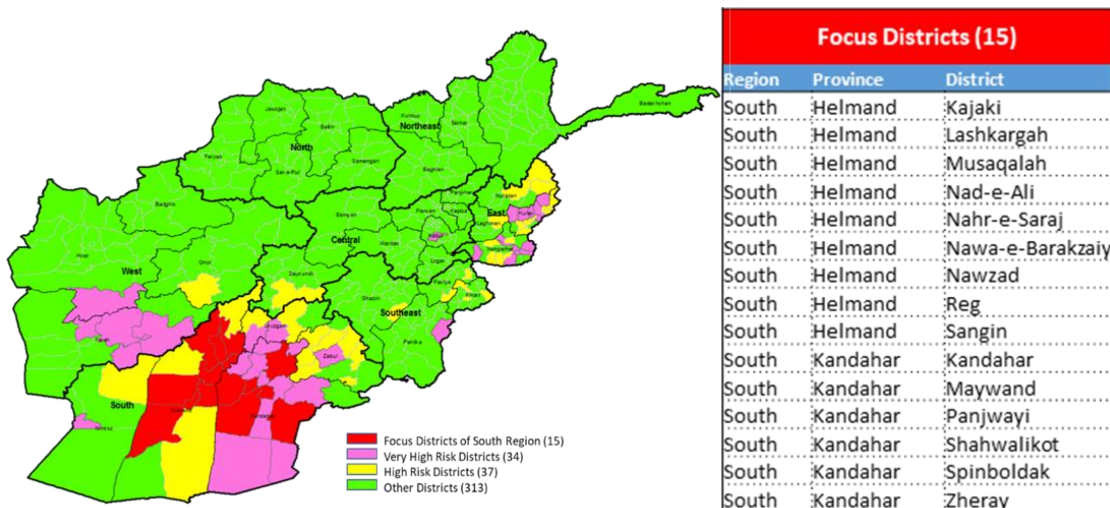
Geographic Prioritization

Polio has circulated in very specific areas of Afghanistan. The map below shows the number of years each district in Afghanistan has been infected between 2012 and 2019. All districts with more than 3 years of infection in that time period are in Helmand or Kandahar.

Persistent Polio Infected areas across the Epidemiological Blocks of Afghanistan and Pakistan



Based on historical polio trends, the program has prioritized specific districts in the South, East, and Southeast Regions. In particular, the program has designated 15 districts in Helmand and Kandahar as highest priority 'Focus Districts' as shown below in red, representing the persistent polio endemic reservoir in Afghanistan.



Focus Districts (15)		
Region	Province	District
South	Helmand	Kajaki
South	Helmand	Lashkargah
South	Helmand	Musaqalah
South	Helmand	Nad-e-Ali
South	Helmand	Nahr-e-Saraj
South	Helmand	Nawa-e-Barakzaiy
South	Helmand	Nawzad
South	Helmand	Reg
South	Helmand	Sangin
South	Kandahar	Kandahar
South	Kandahar	Maywand
South	Kandahar	Panjwayi
South	Kandahar	Shahwalikot
South	Kandahar	Spinboldak
South	Kandahar	Zheray

In line with this risk categorization the TAG observes that:

1. Kandahar City continues to be the main engine of transmission, driving the vast majority of transmission in Afghanistan over the past decade
2. The remaining 14 focus districts of Helmand and Kandahar represent the main polio reservoir in Afghanistan. The infected districts of Urozgan indicate extension of transmission from the adjacent endemic reservoirs
3. Kunar and Nangarhar have reduced transmission but may still be infected and are at a constant threat given the major outbreak in Khyber-Pakhtunkhwa province of Pakistan
4. The Southeast Region, particularly Paktika and specific areas such as Bermel, which receive many people from infected areas of Pakistan and have experienced outbreaks in the past, are at high-risk of importation and spread

Recommendations:

Kandahar City:

- NEOC to work with the Kandahar team to urgently restart H2H campaigns as soon as safe and feasible
- Start preparations now to ensure a high-quality polio campaign is conducted as soon as access is gained. This means using the intervening time while the ban remains in place to ensure the previous TAG recommendation on increasing staff is fully implemented, to pre-identify vaccinator teams and to address the vaccinator selection interference issues. The TAG felt there is an invaluable opportunity – now – to invest much more substantively and genuinely in vaccinator training so that the workforce for campaigns is identified, fit for purpose, knows their areas of responsibility, and are trained so that they are ready to conduct high quality campaigns both in the short term and in the longer run

Remaining 14 focus districts of Helmand and Kandahar and infected districts of Urozgan:

- Focus on preparations to achieve the best quality polio campaign as soon as access is gained – paying special attention to enhancing quality of S2S campaigns, if that is the only option
- Continue expansion/rationalization of PTTs and intensive monitoring to ensure that infants are well vaccinated

- The TAG supports the introduction of mandatory all age vaccination at Friendship Gate and encourages the development of a feasible plan for implementation in consultation with Pakistan

Kunar, Nangarhar, and Southeast Region:

- Maintain all-age vaccination at Torkham border
- Strengthen program methods and tools for tracking specific geographies, particularly Bermel, where incoming populations from Pakistan are going/settling (utilizing recently completed analysis) and taking aggressive actions to vaccinate and intensify surveillance in those areas
- Develop and implement plans to reduce the high number of missed children in Paktika

Optimizing Communication Strategies

The TAG notes the ICN is a large and important resource for the polio program with ICN staff playing a variety of roles depending on the region. It is critical to ensure ICN staff are being optimally utilized to reduce missed children, regardless of reason, as the number of missed children remains high in polio priority areas.

Reflecting on the "Peshawar Incident" in Pakistan in April 2019 and the VOA issue in Kandahar in September 2018, the spread of propaganda and misinformation through social media may be emerging as a serious threat which, if so, needs to be thoroughly understood in order to determine an effective responsive strategy. The polio program is not adequately resourced to address and mitigate the threat of social media misinformation.

Recommendations:

- Review the role and distribution of ICN staff and modalities to ensure they are being optimally utilized to reduce missed children
- Conduct a risk assessment in order, as necessary, to develop a social media plan with the guidance of a social media expert

Moving Towards Gender Balance

Gaining access to mothers and female care-givers in the household in order to reach their children remains a significant program challenge. Efforts to increase the number of female FLWs have been minimally successful. Whilst recognizing the contextual challenges in recruiting women, the persistent underperformance in improving the proportion of women in program roles – acutely at the doorstep but equally at all levels of communication and operational planning, management and monitoring behind that doorstep moment – is a fundamental weakness in the national program.

The TAG notes that not one Afghan woman was present at the meeting and no Afghan women hold leadership positions within the country program. GPEI and the TAG are also disproportionately led by men, a significant impediment when insight is desperately needed to develop strategies to access and communicate with mothers and female caretakers.

Recommendations:

- Efforts to increase female presence in the program should start at the top where cultural barriers are less significant than in rural areas. Progress should be presented at the next TAG

- WHO Regional Office should identify and induct female TAG Members with recognized and program applicable expertise for the next TAG

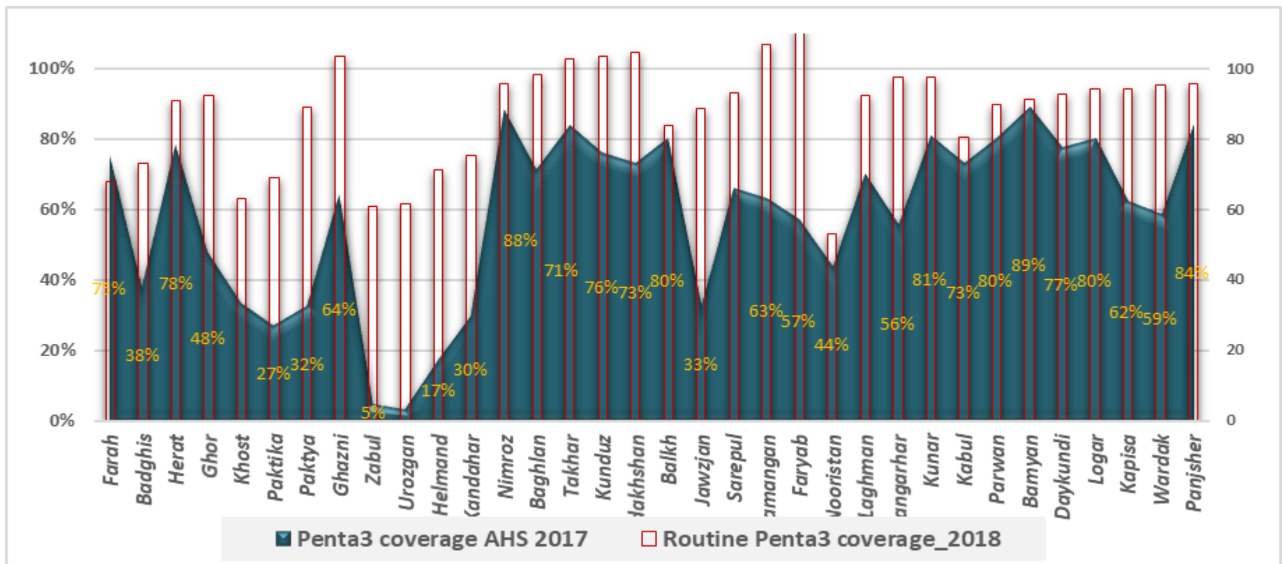
Improving Routine Immunization

The TAG appreciates the efforts being made by EPI and polio teams to work together. For example, polio staff providing supportive supervision for and monitoring of EPI work is an excellent initiative, particularly during campaign bans. The addition of OPV to the recent measles SIA and the planning for a multi-antigen campaign starting in September 2019 with significant support of polio staff is a positive step towards improving routine immunization while leveraging polio assets.

BPHS NGOs are receiving feedback from several sources by the polio program (e.g., zero dose reporting from AFP cases, monitoring checklists, etc.), but it is unclear what actions the NGOs are taking in response to this data or if there is a system in place for tracking follow-up.

The TAG appreciates the participation of the donor community at the TAG meeting and their contributions to polio and RI. There are many activities that are ongoing in Afghanistan to improve RI, supported by a variety of donors that also provide support to polio eradication (GAVI, World Bank, Japan, USAID, BMGF, CDC, Canada, EU, etc.). There remains a need for significant improvement in RI performance, modes of accountability, and oversight in polio priority areas.

Differences between reported and survey Penta-3 coverage (AHS 2018) by province, 2018



Biggest gaps in highest priority polio provinces, especially Kandahar, Helmand, and Urozgan – this is a huge opportunity for the polio and EPI teams to take corrective measures

Recommendations:

- The polio program should view RI strengthening as a core polio strategy and continue efforts to support RI improvement. In areas not conducting campaigns due to the ban, improving RI should be a priority activity that should leverage polio strengths such as:
    - Supportive supervision of RI activities

    - RI microplanning
    - The polio program should be fully engaged in in the planning, implementation, and monitoring of the upcoming multi-antigen campaign utilizing lessons from measles/S2S campaigns. This activity could be the primary channel for delivering polio vaccine in many areas affected by the ban

- NEOC/EPI/and NGOs to report to TAG at their next meeting on efforts to strengthen RI with a focus on high-risk polio areas:
    - RI monitoring results by polio staff and actions informed/undertaken by the Review Committee
    - Identification and vaccination of zero-dose children
    - Creation of new RI centers and progress in addressing 'white areas'

- Donors should aggressively prioritize support to RI strengthening in highest risk polio areas with close scrutiny on performance and accountability. As important financial contributors, donors should pay specific attention to strengthening modes of accountability

Complementary Approaches

The TAG appreciates the efforts of the polio partners to identify complementary strategies to help boost polio vaccine coverage (e.g., plusses, community development, etc.). However, the specific strategies, scope, rationale, and implications for the polio program remain unclear.

Polio circulates in the most deprived communities which lack basic services. Often polio vaccination is the only health service these communities receive. This can lead to community frustration towards polio workers when they do not address other urgent health needs. Delivering additional health services could improve community perception of the polio program and reduce the number of refusals. This may also be a platform to deliver polio vaccine in areas with campaign bans. The polio program may play a role in offering complementary services but there are risks to this approach – in particular, expending program resources on activities which may not be directly contributory to the PEI goals, duplicating work which can be better done by other local, national and international development/community development agencies and, perhaps most problematically, persuading communities that withholding compliance in polio vaccination campaigns is a viable way of leveraging wider investment in their development and welfare.

The TAG notes that there are various levels of complementary approaches. Small additional health items may be offered along with OPV to increase acceptance (hygiene kits, soap, albendazole, Vit A, etc.). Larger community development projects are also an option, such as the wells that UNICEF has been constructing in areas of Kandahar City where there are high levels of refusals or the Mobile Health Teams that offer various services in remote areas in addition to OPV. Additionally, there is a more holistic development approach where partners outside of GPEI could accelerate their traditional activities in polio priority areas.

Recommendations:

<u>Polio Plus</u>

- Review and evaluate polio plus activities to ensure focus is on improving OPV uptake (e.g. in S2S)
    - Small-scale health items are preferred, which are practical and desirable for the community

- Direct distribution of larger goods (e.g. cash payments, conditional non-cash offers) alongside OPV is not advisable

Community Development

- Polio program to assist in identifying most marginalized communities and their greatest needs in polio high-risk areas
- Polio donors to convene forum with NEOC and development partners seeking to direct the range of existing or planned development initiatives towards polio high-risk areas, to create an enabling environment for eradication and to address basic needs in those most marginalised communities, without exacerbating the perception that polio vaccination (or RI more generally) is transactional such that community refusal to vaccinate can be used to gain other development benefits

Overall

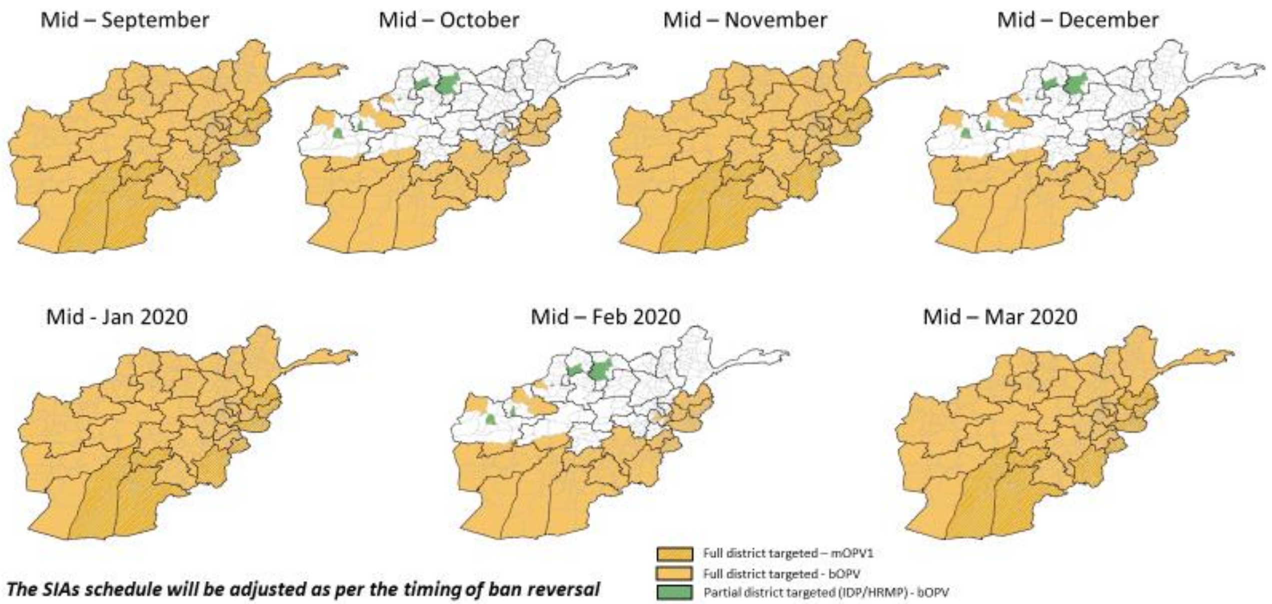
- NEOC should draft a clear, comprehensive plan covering complementary approaches and send to TAG within 30 days for review and recommendations
- The below table, developed by NEOC, should be followed depending on the access scenario

Contingency Planning as per Access Scenarios, "+" Intervention Priority

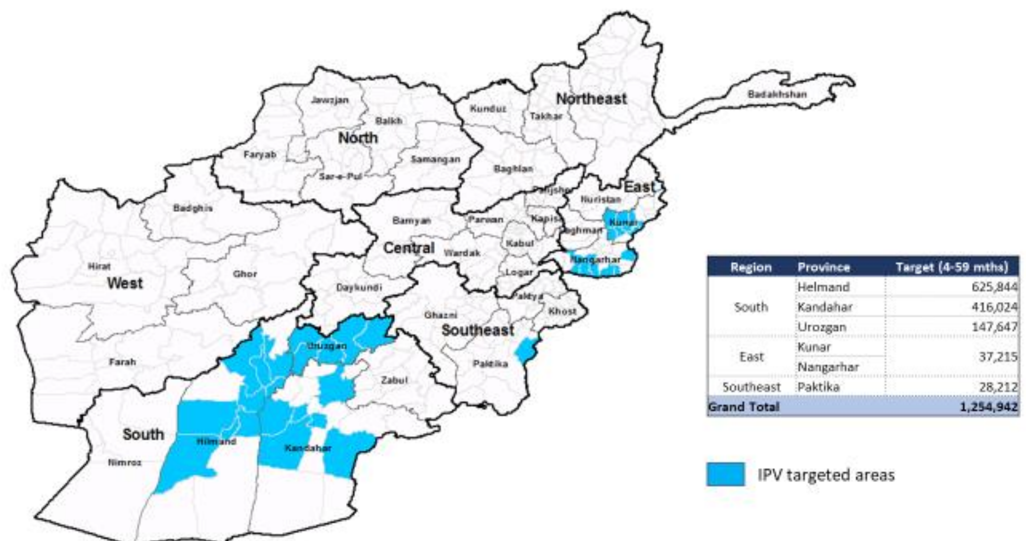
Strategies	Scenario-1; H2H ban Lifts	Scenario-2; Site to site Strategy	Scenario-3; Ban Persists
OPV SIAs	+++	+++	
IPV / OPV SIAs	+	+	+
Permanent transit teams (PTTs)*	+	++	+++
Enhanced EPI in HR areas + expanded age group for OPV/IPV + Integrated outreach	+	++	+++
Multi antigen EPI campaign including OPV/IPV (4 phases)**	++	++	+++
Polio Plus / incentivized community engagement	+	++	+++
Boosting Surveillance	+++	+++	+++

Annex I

SIA Schedule, September 2019 to March 2020



IPV Plan, January 2020 to June 2020



Region	Province	Target (4-59 mths)
South	Helmand	625,844
	Kandahar	416,024
	Urozgan	147,647
East	Kunar	37,215
	Nangarhar	
Southeast	Paktika	28,212
Grand Total		1,254,942

IPV will be used in conjunction with bOPV to maximally utilize it for stopping transmission

Annex II

List of Participants

Technical Advisory Group Members

1. Jean Marc Olivé TAG Chairman
2. Nasr El Sayed, TAG Member
3. Sebastian Taylor, TAG Member
4. Chris Morry, TAG Member
5. Christopher Wolff, TAG Member
6. Majeed Siddiqi, TAG Member
7. Salah Al-Awaidy, TAG Member

Government of Islamic Republic of Afghanistan

8. Ferozuddin Feroz, Minister of Public Health
9. Najibullah Mojaddidi, President's Focal Point for Polio Eradication
10. Hedayatullah Stanekzai, Senior Advisor to Minister

UNICEF and WHO Afghanistan Representatives

11. Aboubacar Kampo, UNICEF
12. Richard Peeperkorn, WHO

National EOC

13. Wahidullah Zaheer, National EOC Director
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42. Maureen Martinez, CDC
43. Almea Matanock, CDC
44. John Vertefeuille, CDC
45. Ajmal Pardis, CDC
46. Abdul Qahar Momand, CDC
47. Mohammad Ishaq, Rotary
48. Mike McGovern, Rotary
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50. Chelsea Sayers, Canadian Embassy
51. Abdul Nasir Ikram, USAID
52. Steve Sosler, GAVI

Regional Polio Teams (MoPH, WHO, UNICEF)

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62. Lal Mohammad Tokhi, Provincial Health Director, Zabul
63. Noor Ahmad Banda, PEMT Manager, Zabul
64. Noah Matauruse, Polio Specialist, UNICEF
65. Habibullah Ismat, Immunization Specialist UNICEF
66. Irfan Akbar Elahi, Medical Officer, WHO

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