World Health Organization

Technical Advisory Group on Polio Eradication for Afghanistan

Meeting Report, 26-27th November 2017

Contents

Acronyms

AFP	Acute flaccid paralysis
ARCS	Afghan Red Crescent Society
BMGF	Bill and Melinda Gates Foundation
BPHS	Basic package of health services
EMRO	Eastern Mediterranean Regional Office (WHO)
EOC	Emergency operations centre
EPI	Expanded programme on immunization
ES	Environmental surveillance
FLW	Front-line worker
HQ	Headquarters
HRD	High-risk district
HRMP	High-risk mobile population
ICN	Immunization Communications Network
ICRC	International Committee of the Red Cross
IFRC	International Federation of the Red Cross and Red Crescent Societies
IOM	International Organization for Migration
IPV	Inactivated polio vaccine
LQAS	Lot quality assurance sampling
MoPH	Ministry of Public Health
NCC	National Certification Committee
NEAP	National emergency action plan for polio eradication
NEOC	National Emergency Operations Centre
NGO	Non-governmental organization
NIDs	National immunization days
NPAFP	Non-polio acute flaccid paralysis
OCHA	Office for the Coordination of Humanitarian Affairs
OPV	Oral polio vaccine
PCM	Post-campaign monitoring
PEI	Polio Eradication Initiative
SIA	Supplementary immunization activity
SNIDs	Sub-national immunization days
SOP	Standard operating procedure
TAG	Technical Advisory Group
tOPV	Trivalent oral polio vaccine
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VC	Videoconference
VDPV2	Vaccine-derived poliovirus type 2
VHRD	Very high-risk district
WHO	World Health Organization
WPV1	Wild poliovirus type 1

TAG commends the exceptional levels of commitment, creativity and resilience displayed by the [Afghan/Pakistan] Programme, often under extremely challenging conditions, and encourages all programme leaders and partners to recognise the unique opportunity in the present circumstances, as we enter the final phase of eradication. TAG believes that, given insight from other countries that have interrupted transmission, the Programme is in a very strong position to make the necessary final headway against the virus, but notes that what is needed now is to hold steady, focusing on maximising the quality of core, basic eradication activities, avoiding either complacency or panic in strategy, management and decision-making.'

Executive Summary:

The Afghanistan Technical Advisory Group (TAG) meeting was held on 26-27 November in Kabul, chaired by Dr Jean-Marc Olivé and opened by H.E. Dr Ferozuddin Feroz, Minister of Public Health. The objectives of the meeting were:

- Review the status of polio eradication efforts and implementation of the National Emergency Action Plan 2016-2017 since the last TAG.
- Review the National Emergency Action Plan (NEAP) 2018 and make recommendations for modifications in NEAP, as needed.

The TAG expressed deep regret regarding the unfortunate and tragic incidents, unrelated to the polio program, in which polio workers lost their lives or were seriously injured since the last TAG in April.

There is strong political commitment at the highest level of the government led by HE President, HE CEO and HE Health Minister. TAG also recognizes the strong support and commitment of WHO, UNICEF and whole UN in the Polio Eradication Initiative (PEI). Partnerships between government, UNICEF, WHO and others partners at national and regional levels continue to be strong.

TAG appreciates that 22 of 31 recommendations made during the meeting in April 2017 have been fully implemented and the remaining 9 recommendations have been partially implemented even in the face of the deteriorating security situation which affected at least 4. The partial progress on household based microplanning has been significant with 364 districts completed though more needs to be done to understand reasons for missed children; joint outbreak response along border areas needs to be systematized; new staff selection SOPs to support the engagement of more female FLWs need to be implemented; the new transit strategy SOPs need to be quickly implemented and; the SOP for PEI support to EPI still needs monthly feedback meetings with BPHS NGOs to be initiated. It also noted that NEAP 2016-2017 was fully implemented and appreciates that the program introduced many additional initiatives beyond those mentioned in the NEAP to address emerging challenges.

The quality of campaign activities in VHRDs has improved as evidenced by reduction of failed LQAS lots from 13% in Nov 2016 to 2% in Nov 2017. TAG also notes a reduction in proportion of missed children in PCM particularly children missed due to being absent and poor team performance. However efforts should be made to identify all missed children regardless of the reason, particularly in between campaign phases.

Despite the proportion of missed children decreasing to less than 2% it is concerning that in certain very high risk provinces the proportion of refusals among missed children is as high as 47% in Kandahar for example. Furthermore, pockets in the Southeast and East region show a similar picture.

There are improvements in the overall acceptability of polio vaccination, intention to vaccinate and other social indicators. Evidence-based communication and social mobilization approaches are having positive impact at macro level though there is room for improvement in the use of evidence based tools such as microplans at the local level.

Overall access has improved in Afghanistan with a reduction in the total number of inaccessible children from around 264,000 in Nov 2016 to 60,000 in Nov 2017. Despite these improvements, 23,000 children in Nangarhar and Kunar have remained inaccessible for more than 3 years which is of major concern.

The challenges of on & off bans and limitation of movement and intervention in many high risk districts of Helmand and Kandahar is concerning; however, the current interventions to address these challenges are appropriate. Not accessing all these areas rapidly will compromise the chances of interrupting transmission during the coming low season.

Afghanistan continues to have a sensitive surveillance system including in areas affected by conflict or inaccessible for SIAs. The country continues to expand its reporting network and it's environmental surveillance to cover all regions.

There has been progress in the implementation of PEI support to EPI; however, the response from GCMU/BPHS NGOs needs to be further coordinated and improved.

The key conclusions by TAG were:

- Despite the high number of polio cases and positive environmental samples this year, TAG believes that with full implementation of the NEAP and sustained improved campaign quality in access compromised areas, transmission can be interrupted.
- NEAP 2018, including the '15 district plan-Southern Corridor Action Plan' and HRMP strategy is appropriate to address current challenges and has strategies to keep the program on the right track to achieve the goal of interrupting transmission.
- At the start of this low transmission season, the common epidemiological block is in the best position it has ever been to stop the transmission based on evidence of increased population immunity in high risk areas and improved overall program performance.
- The TAG notes that Afghanistan successfully stopped the outbreaks of 2015-2016 and the robust response to the transmission in Kunduz in February 2017 was successful in an area which had been inaccessible for more than 18 months.
- However, transmission in the South was re-established in 2017 with evidence of internal circulation and transmission in Nangarhar showing orphan linkages across the northern corridor indicates that both the Afghanistan and Pakistan programs have still not been able to identify and address the population group(s) which have harbored transmission for more than three years.
- The quality of campaign activities in VHRDs has improved. However, there are still clusters of unreached children due to suboptimal quality in some access compromised VHRDs of Helmand & Kandahar and clusters of refusals in South, East and Southeast regions.

TAG made following key recommendations:

1. TAG endorses the general focus, priorities, and strategies of the NEAP and urges that it be finalized with appropriate input from Regional and Provincial teams.
2. The National EOC should explore ways to further empower Regional EOCs to take operational decisions. Regional EOC members should focus more time on improving quality of campaigns and addressing challenges in the field.
3. Fully implement the '15 district plan' with strengthened coordination with Pakistan as part of Southern Corridor Action Plan and track from national level.
4. In coordination with Pakistan, urgently conduct an exercise to identify potential population groups which may be harbouring and spreading transmission in the northern corridor. Using information from this exercise, develop a Northern Corridor Action Plan jointly with Pakistan by end of Q1 2018.
5. Urgently implement the new transit strategy SOPs and continue implementation of HRMP strategy for long distance travellers, straddling populations, nomads, and returnees in close coordination between Regions and with Pakistan.
6. Continue efforts to improve selection of FLWs particularly in increasing engagement of females; make efforts to include females in selection committees and take concrete steps to ensure non-interference in selection of FLWs.
7. Program should continue to identify pockets of chronically missed children. The TAG endorses the cluster approach for addressing refusals in South and Southeast and recommends the program look at both geographical and social clustering of refusals, tracking how these are reduced over time.
8. The program should focus on consolidating recent initiatives which are showing results before introducing new initiatives. The impact of these interventions should be presented to next TAG.
9. For VHRDs with access limitations and the probability of on and off bans (particularly in Kandahar), the program should ensure regular dialogue with key authorities at local level to minimize potential disruptions to access. At the same time, efforts should be made to improve quality of campaigns by deploying appropriate national/regional level staff for improving program basics.
10. The TAG endorses the communication approaches which are outlined in the NEAP for 2018. In particular special emphasis should be placed on tailoring approaches (engagement, media, IPC and social mobilisation) to the local context, guided by social and programmatic data.
11. For districts of Eastern Region with chronic inaccessibility, a desk review of surveillance should be conducted together with a third party survey to identify any potential missed cases.
12. Continue to fully implement the new SOPs for PEI support to EPI and make BPHS NGOs accountable for involvement in the program and improvement in EPI coverage. Clear indicators should be developed to monitor progress on a quarterly basis.

I. Preamble[1]

The Afghanistan Technical Advisory Group (TAG) meeting was held on 26-27 November in Kabul, chaired by Dr Jean-Marc Olivé and opened by H.E. Dr Ferozuddin Feroz, Minister of Public Health in presence of the Deputy Special Representative of Secretary General of the United Nations, and WHO and UNICEF Representatives for Afghanistan. The meeting was attended by Dr Stanekzai, Senior Advisor to Minister of Public Health, representative of Presidential Polio Focal Point, members of the Afghanistan Polio Eradication Initiative (PEI) Team from national and regional levels as well as representatives from UNICEF and WHO headquarters and regional offices. The meeting was also attended by representatives from donor partners, notably CDC, USAID, KfW, Rotary and Canadian Embassy, the last representing all bilateral partners. Pakistan EOC Coordinator and polio team leads from UNICEF and WHO also participated. The last Afghanistan TAG meeting was held in 4-5 April 2017 in Kabul, Afghanistan.

Globally there has been significant progress with number of polio cases decreasing from 37 in 2016 to 21 in 2017 for the whole year. No polio cases have been detected in Nigeria in 2017 while Afghanistan and Pakistan have reported 14 and 8 cases respectively.

Afghanistan and Pakistan form one common reservoir for poliovirus transmission and the collaboration between both programmes is getting stronger at all levels while steady progress is made towards stopping transmission.

The Afghanistan national polio eradication programme continues to make significant progress through the consistent and well-tracked implementation of the National Emergency Action Plan for Polio Eradication (NEAP) 2016-2017, guided by strong government leadership and close coordination between partners. The national and the four regional Emergency Operations Centres (EOCs) continue to play a key role in implementation of activities and in coordination within the country and across borders within common reservoirs.

Afghanistan has managed to interrupt the transmission of 2015-2016 in East and South region as well as the new transmission detected in 2016 in East and South east region. Transmission detected in Northeast region in February 2017 has also been stopped after a robust outbreak response mounted by country.

Transmission in the South, particularly in Kandahar, has re-established in 2017 with evidence of internal circulation giving rise to 9 cases from Kandahar, Helmand and Zabul. The key reasons for this are inaccessibility in Shahwalikot and surrounding districts since March 2017 resulting in population immunity gaps, frequent population movement and clustering of refusals.

Genetic sequencing data indicates current transmission in the Southern corridor is ongoing and highlights the importance of coordinated activities with Pakistan. Working together, Afghanistan and Pakistan have developed the Southern corridor action plan to address the remaining issues and stop transmission in Southern Corridor.

Transmission has also been detected in Nangarhar through positive environmental samples and 3 WPV cases. Genetic sequencing data shows orphan linkages across the northern corridor indicating

[1] Having the TAG so close to the end of the year, it was decided include all WPV1 cases with date of onset in 2017

the presence of unreached population group(s) in the Northern corridor across the shared epidemiological block.

Overall access has improved in Afghanistan with a reduction in the total number of inaccessible children from around 264,000 in Nov 2016 to 60,000 in Nov 2017. Despite these improvements, 23,000 children in Nangarhar and Kunar have remained inaccessible for more than 3 years which is of major concern.

Afghanistan introduced many additional initiatives beyond those mentioned in the NEAP to address emerging challenges. Notable initiatives include revised tally sheets to focus on guest and absent children, household based microplanning, expansion of environment sampling, a revised HRMP strategy, formation of selection committees for FLWs, 15 focus district plan and cluster approach to address refusals.

Afghanistan program recognizes following as key challenges for stopping transmission

- Gaining and maintaining access in chronic inaccessible areas
- Areas with access limitations particularly in Kandahar, Helmand and Farah where program faces on & off bans and limited presence for interventions resulting in suboptimal quality of campaigns
- Frequent population movement across the Northern, Central and Southern corridors
- Pockets of refusals particularly in Kandahar, Paktika, Nangarhar and Kunar

Focusing on these challenges and lessons learnt during NEAP 2016-2017 period, Afghanistan has developed NEAP 2018 with the aim to '***stop wild poliovirus transmission in Afghanistan by the end of low transmission season (July 2018), with no WPV1 thereafter***'.

In the context of the continuing transmission in Afghanistan in both the Northern and Southern corridors and the opportunity to interrupt transmission in the coming low transmission season, the Afghanistan TAG meeting was called from 26-27 November 2017 with two key objectives:

- ***Review the status of polio eradication efforts and implementation of the National Emergency Action Plan 2016-2017 since the last TAG.***
- ***Review the National Emergency Action Plan 2018 and make recommendations for modifications in NEAP, as needed.***

II. Observations, Conclusions and Recommendations

1. Observations and conclusions

General conclusions

The TAG expresses deep regret regarding the unfortunate and tragic incidents, unrelated to the polio program, in which polio workers lost their lives or were seriously injured since the last TAG in April.

The TAG acknowledges the extremely challenging situation in Afghanistan, including off and on bans and deteriorating security situation particularly in Southern region. The progress made in addressing inaccessibility is appreciated, particularly gains in the Northeast region and recent successes in Kandahar. Furthermore, the TAG commends the government for maintaining program neutrality as a key factor to reaching every child.

In November this year the TAG meeting was held in the NEOC for the first time, a strong sign of the national ownership of the program. Participation of the national, regional and provincial government, in-country partners, UN RC, other UN agencies-OCHA, UNHCR, IOM and GPEI partners in the TAG meeting is much appreciated. TAG also welcomes the Pakistan NEOC representative's participation in the Afghanistan TAG meeting to facilitate an approach to the common reservoir. In addition, TAG greatly appreciates efforts by Afghanistan and Pakistan to fully coordinate dates of NIDs and SNIDs.

Oversight, coordination and programme management

There is strong political commitment at the highest level of the government led by HE President, HE CEO and HE Health Minister. TAG also recognizes the strong support and commitment of WHO, UNICEF and whole UN in the polio eradication initiative.

Partnerships between government, UNICEF, WHO and others partners at national and regional levels continue to be strong. TAG recognizes that the national and regional EOCs are functioning in a well-coordinated manner; however, also there is scope for further improving coordination and sharing accountability at the regional EOC level.

Improved coordination between Afghanistan and Pakistan at National and regional levels is noted, with regular VC and face to face meetings. However, the two countries have not taken joint, concrete steps to identify and address the population group harboring transmission in the Northern corridor. Significant progress has been made in implementing the accountability framework and action has been taken on the basis of performance at all levels.

Status of recommendations from the last TAG meeting

TAG appreciates that 22 of 31 recommendations made during the meeting in April 2017 have been fully implemented. Despite significant effort and progress, the remaining 9 recommendations have not yet been fully implemented: Analysis of reasons for Missed Children not completed; joint outbreak response planning along border areas needs to be systematized; new FLW selection SOPs need to be implemented; transit strategy SOPs still to be implemented and; SOP of PEI support to EPI still needs monthly feedback meetings with BPHS NGOs to begin.

Epidemiology

Afghanistan has successfully stopped all transmission of 2015-2016 in the East, Southeast and South region. The robust response to the case in Kunduz in February 2017 successfully interrupted transmission in an area which was inaccessible for more than 18 months.

Despite high number of polio cases and positive environmental samples this year, TAG believes, if accessibility does not worsen, that the program is on the right track. Reasons for transmission are understood and a clear plan is in place to address gaps in the program.

Transmission in the South, particularly in Kandahar, has re-established this year with evidence of internal circulation. TAG notes the key reasons for this are inaccessibility in Shahwalikot and surrounding districts since March 2017 resulting in population immunity gaps, frequent population movement and clustering of refusals.

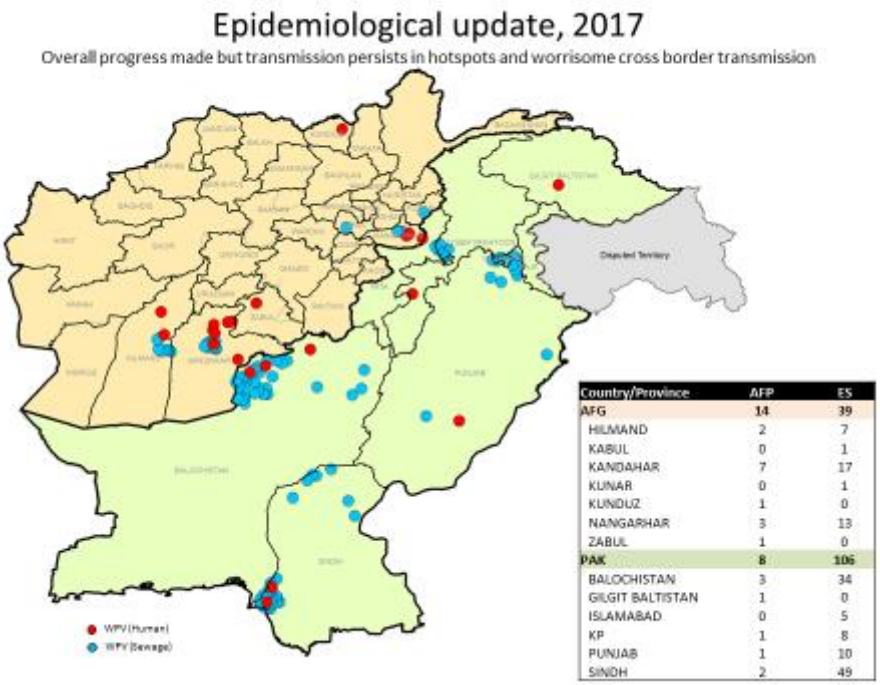


Figure 1: Distribution of WPV1, Afghanistan/Pakistan 2017

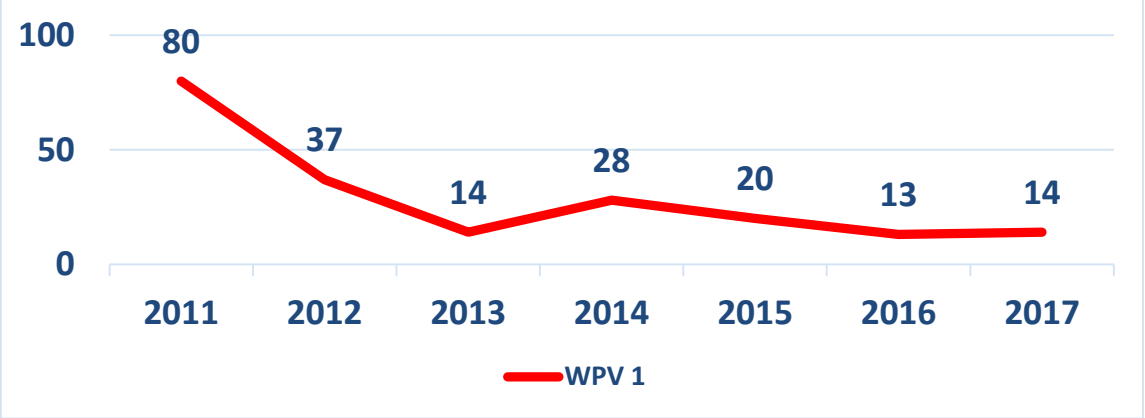


Figure 2: Number of WPV1 cases, Afghanistan 2011-2017

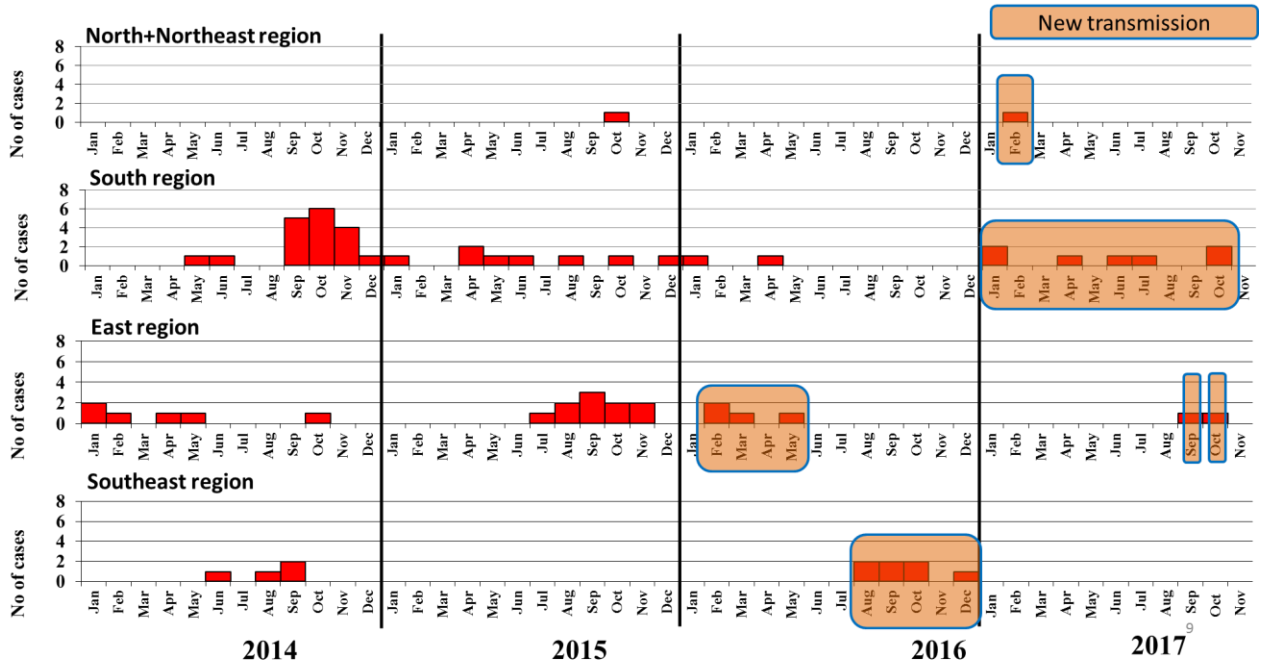


Figure 3: Epidemiological zones in Afghanistan

Genetic sequencing data indicates current transmission in the Southern corridor is going on and highlights the importance of coordinated activities with Pakistan.

Transmission is also currently occurring in Nangarhar where positive environmental samples as well as polio cases have been detected. Genetic sequencing data shows orphan linkages across the northern corridor indicating that both Afghanistan and Pakistan programs have not been able to identify and address the population group harboring transmission for more than three years.

TAG notes that in 2017 up to week 47 there have been 24 positive environmental samples from the East, South and Kabul which demonstrates intense internal transmission and the importance of high risk mobile population. TAG is happy to note that the program takes positive environmental samples as seriously as AFP polio cases and responds aggressively to such events.

Population immunity

TAG observes evidence of improved vaccination status in NPAFP cases, particularly in Helmand, Kunar and Farah provinces. Although significant progress has been made, the proportion of under immunized NPAFP cases remains high in Kandahar.

Despite limitations of the convenience sampling used for a seroprevalence study conducted in Kandahar in July 2017, TAG is encouraged to see that more than 97% of surveyed children had immunity against P1. TAG is looking forward to the results from 2nd phase of study which will cover 14 provinces. Mathematical modelling using AFP data done at Imperial College London also shows a significant reduction in susceptible children in 2017 as compared to 2016.

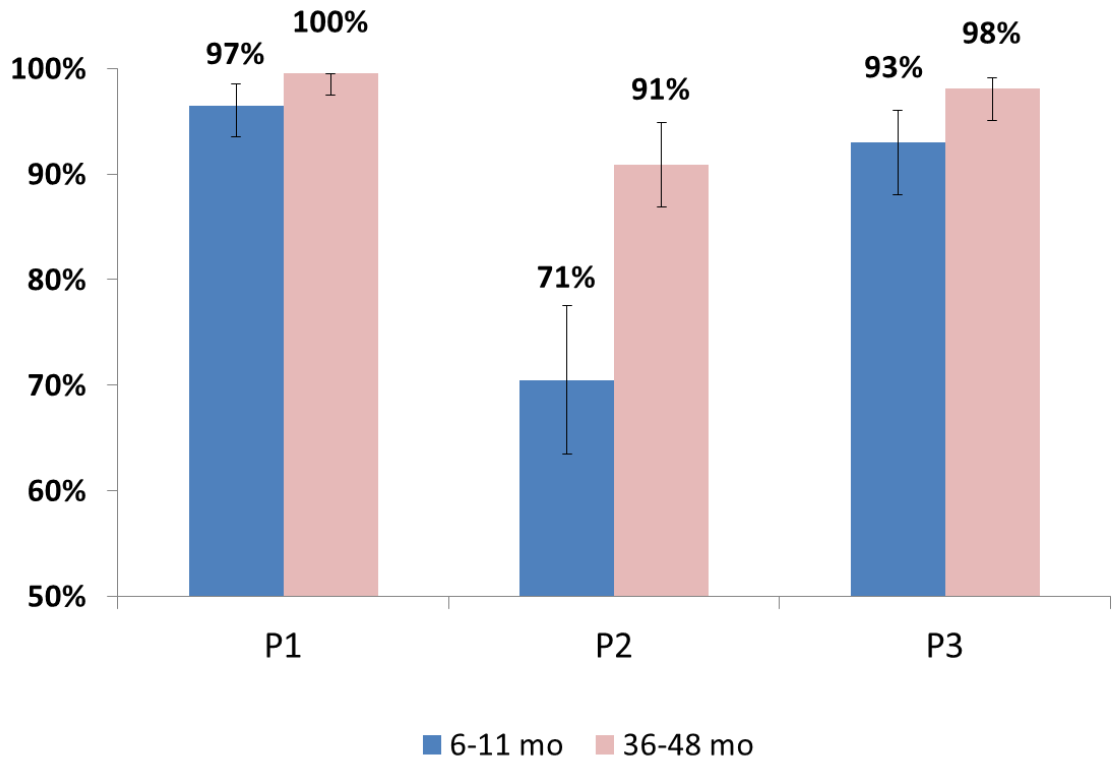


Figure 4: Results from seroprevalence survey, Kandahar, 2017

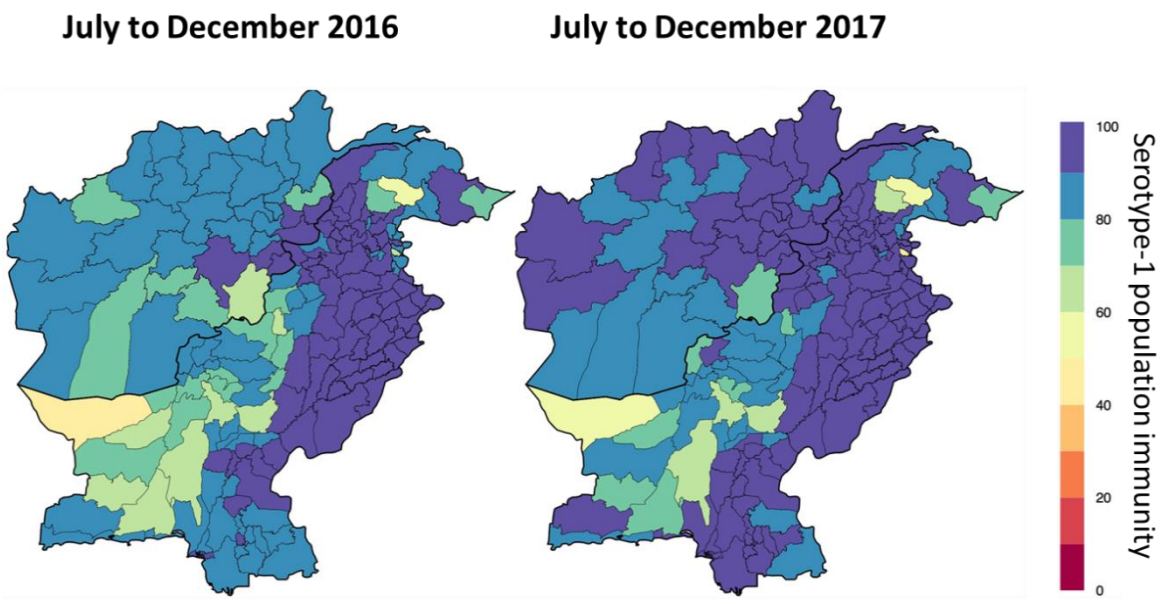


Figure 5: Serotype-1 population immunity - comparison between 2016 and 2017, Afghanistan/Pakistan

Outbreak response

Afghanistan has a robust outbreak response plan which is followed after every positive environmental sample or polio case. Coordination between Pakistan and Afghanistan has improved joint outbreak response; however, documentation of joint response needs to be further strengthened.

It is noted that the transmission in Shahwalikot was not responded to in a timely fashion due to access challenges, however, TAG appreciates the efforts of program to gain access in Shahwalikot and surrounding districts by strong and persistent advocacy and dialogue at all levels.

TAG also notes that country has preparedness in place to respond to any VDPV2 transmission within 14 days of notification.

Surveillance

Afghanistan continues to have a sensitive surveillance system including in areas affected by conflict or inaccessible for SIAs. Country continues to expand its reporting network and it's environmental surveillance to cover all regions.

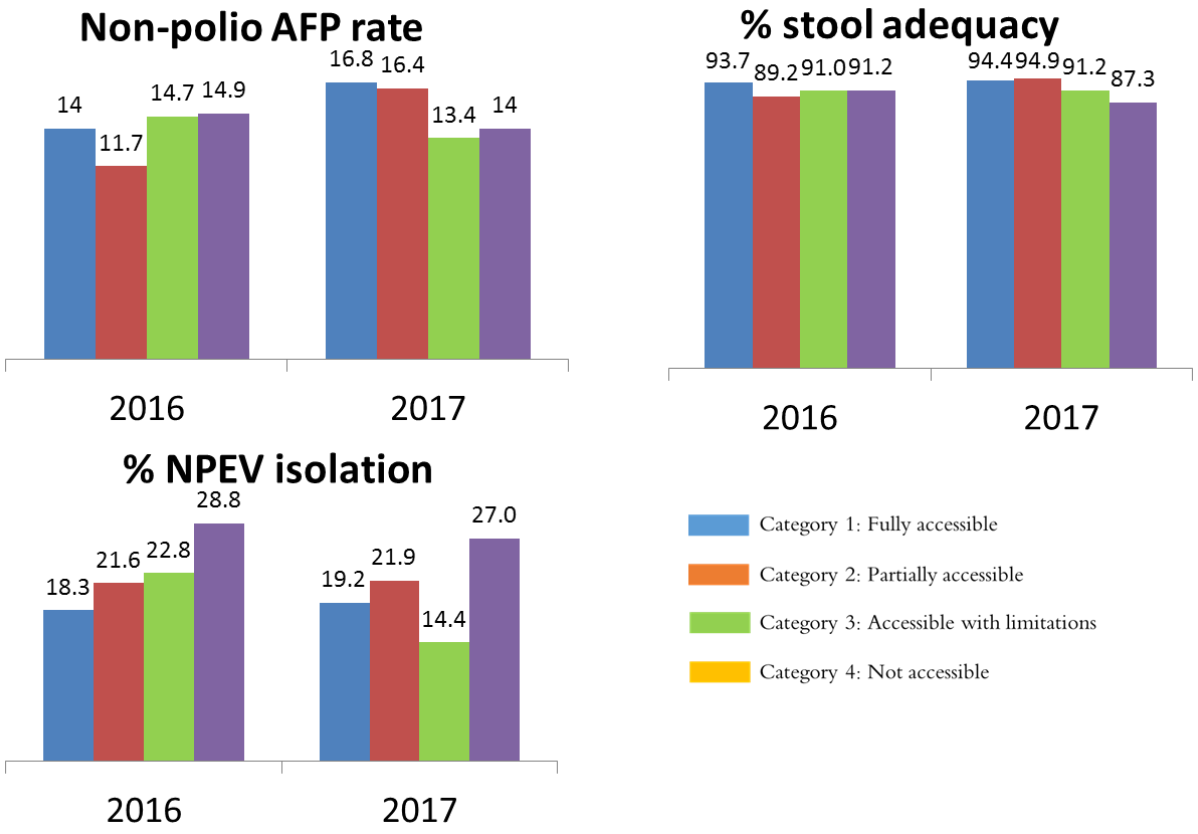


Figure 6: Surveillance indicators across access categories

Notwithstanding low under 15 populations and hence low number of expected AFP cases per year, TAG notes that there are 19 districts accounting for 154,000 under 5 years old children, which have not reported any AFP case in 2017

NEAP

TAG notes that NEAP 2016-2017 was fully implemented and appreciates that the program introduced many additional initiatives beyond those mentioned in the NEAP to address emerging challenges. Notable initiatives include revised tally sheets to focus on guest and absent children,

household based microplanning, expansion of environment sampling, HRMP strategy, formation of selection committees, 15 focus district plan and cluster approach to address refusals.

Of the NEAP 2016-2017 objectives, those related to interruption of transmission in South and East (Objective 1 & 2) and sustaining high quality of surveillance (Obj. 5) were fully achieved. Population immunity in high risk districts increased, however gaps in Kandahar still remain (Obj. 3). All but the transmission of Shahwalikot responded aggressively in coordination with Pakistan (obj. 4).

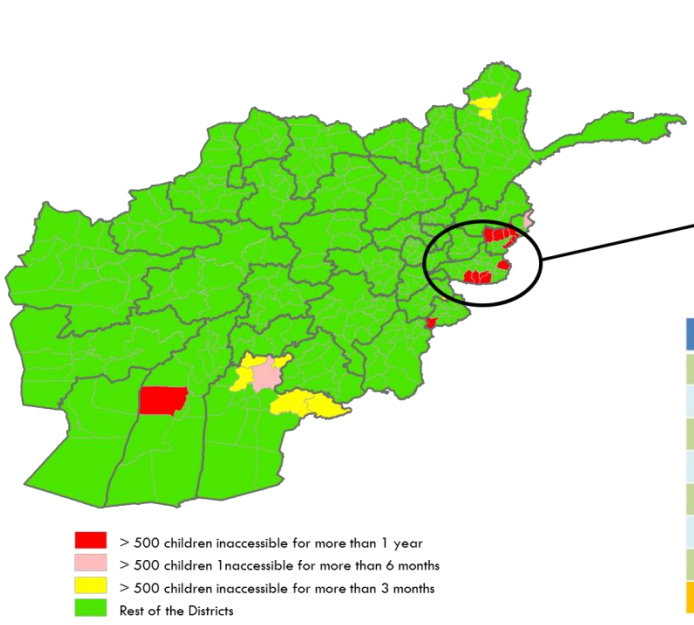
NEAP 2018 has been developed and presented to TAG for review and input. TAG considers the strategies outlined in NEAP 2018 are appropriate to address current challenges and achieve the goal of interrupting transmission. NEAP 2018 will be finalized at a national workshop where comments from the TAG Regional and Provincial teams will be included.

TAG appreciates the 15 district plan which focuses on particularly important VHRDs of northern Helmand and Kandahar provinces. If implemented fully and in coordination with Pakistan this plan could be key to interrupt transmission in Afghanistan.

Access

Overall access has improved in Afghanistan with a reduction in the total number of inaccessible children from around 264,000 in Nov 2016 to 60,000 in Nov 2017. Despite these improvements, 23,000 children in Nangarhar and Kunar have remained inaccessible for more than 3 years which is of major concern.

TAG acknowledges and is concerned with the challenges of on and off bans and limitation of movement and intervention in many high risk districts of Helmand and Kandahar; however, it believes that the current interventions to address these challenges are appropriate. Not accessing all these areas rapidly will compromise the chances of interrupting transmission during the coming low season.



Province	>12 mth	>6 mth	> 3 mth
Kandahar		24,713	58,878
Nangarhar	13,468		
Kunar	8,422	813	
Helmand	941		
Khost	1,650		
Paktia			1,976
Badakshan			4,823
Total	**24,481**	**25,526**	**65,677**

Figure 7: Chronicity of inaccessibility, 24,000 children inaccessible for more than 1 year

Quality of SIAs

The quality of campaign activities in VHRDs has improved as evidenced by reduction of failed LQAS lots from 13% in Nov 2016 to 2% in Nov 2017. TAG also notes a reduction in proportion of missed children in PCM particularly children missed due to being absent and poor team performance.

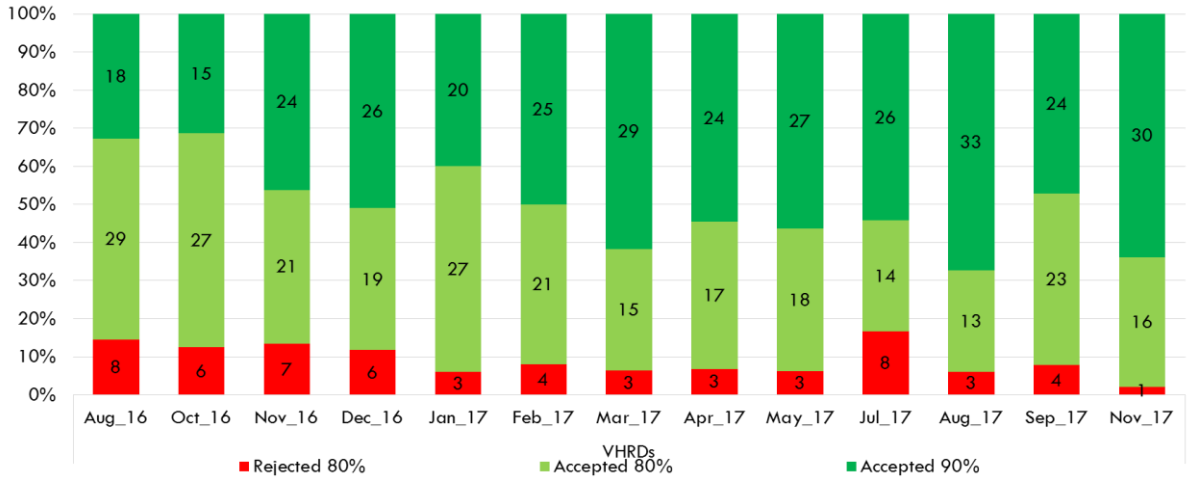


Figure 8: LQAS results, HRDs, 2016-2017

In addition, remote monitoring data from VHRDs including security compromised indicate that > 90% houses are being reached by vaccination teams.

However, TAG is concerned that there are still clusters of unreached children due to suboptimal campaign quality in some access compromised VHRDs of Helmand & Kandahar.

Despite the proportion of missed children decreasing to less than 2% it is concerning that in certain very high risk provinces the proportion of refusals among missed children is as high as 47% in Kandahar for example. Furthermore, pockets in the Southeast and East region show a similar picture.

There have been improvements in reaching absent children but notes that as per survey results in Kandahar, 36% of remaining missed children due to absent at the end of 5 days could be reached during the campaign if quality of revisits is improved. TAG also notes that recording of missed children by the vaccination teams remains suboptimal.

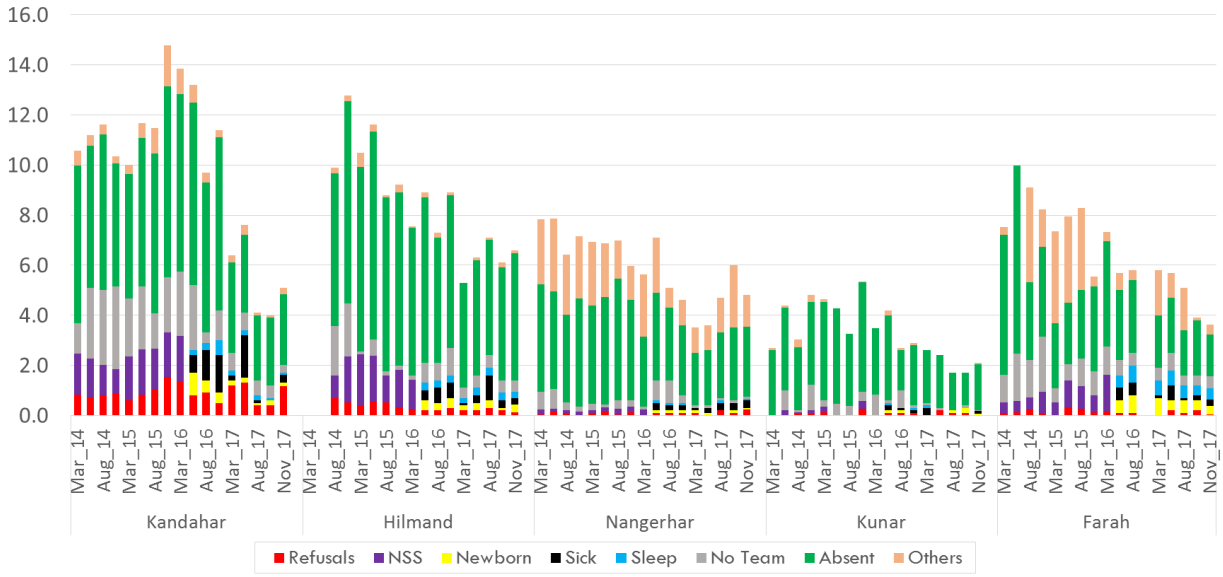


Figure 9: Missed children, PCM

TAG acknowledges the initiatives of revised tally sheets, house-based microplanning, deployment of national staff to poor performing high risk districts, triangulation & validation of data and remote/third party monitoring in security compromised areas.

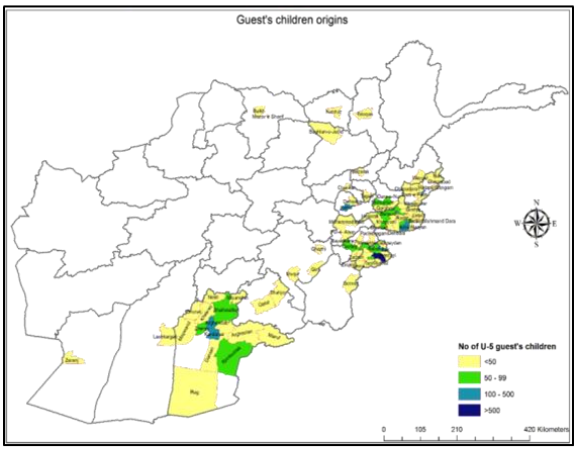
The TAG recognises the importance of female FLWs in the program. Newly formed selection committees are helping to engage appropriate FLWs and increase the proportion of female FLWs. Despite gains in urban areas where up to 40% of FLWs are female and notwithstanding challenges in engaging females as FLWs in rural areas, it is concerning that the proportion of female vaccinators in rural areas is still less than 10%.

The pilot project of using an ICN member as part of a 2 person vaccination team has shown mixed results thus far. Whilst there is evidence of improved data collection, coordination and administrative streamlining between the social mobilization and operations team, there is also evidence that overall coverage has decreased. It is noted however, that it may be premature to draw conclusions about effectiveness of this intervention at this early stage.

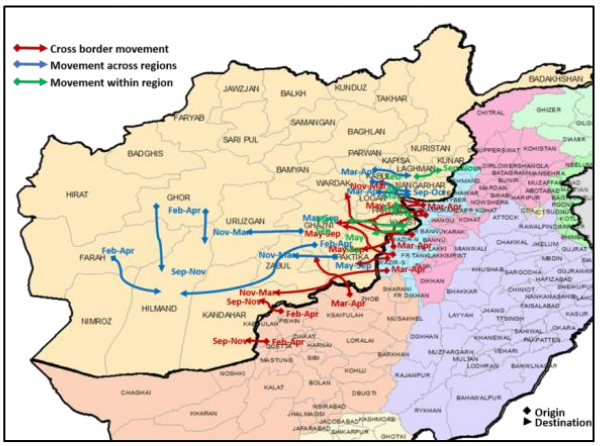
High-risk mobile populations

TAG is pleased to note that the country has identified and mapped high risk mobile populations and is implementing specific strategies for these groups in coordination with the Pakistan program as well as UNHCR, IOM and OCHA.

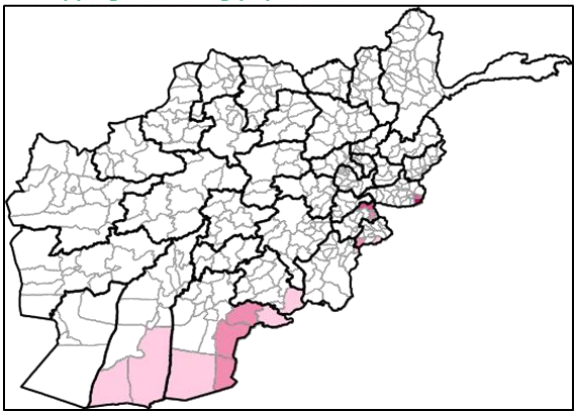
ICN survey for identifying guests & travelers



Mapping nomads' movement patterns



Mapping straddling populations



Tracking returnees origin/destination – UNHCR & IOM data

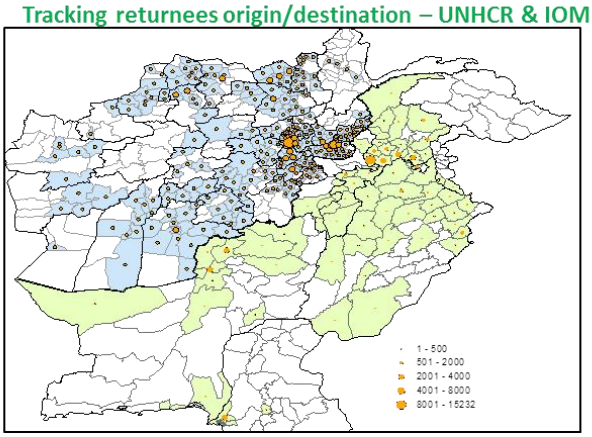


Figure 10: Mapping of high risk mobile populations

Communication

The TAG acknowledges recent improvement in the overall acceptability of polio vaccination, intention to vaccinate and other social indicators. At macro-level, there are indications that communications and social mobilisation activities are having some positive impact. However, more can still be done to track impact of such activities on campaign quality, attitudes at household and community level to GPEI, and related rates of missed/still missed/chronically-missed children and refusal clusters. All local social mobilisation approaches should be evidence-based, and focused on addressing issues identified through regular microplanning and between-campaign interventions. It remains to be seen how new social data sources such as revised tally sheets will be utilised for social mobilisation work on refusals, catch-up and between-campaign work.

TAG appreciates the analysis and more in-depth focus on missed children at the micro-level. It is clear however that gaps still exist and more emphasis must be placed on further understanding the reasons for missed children not only at the geographical cluster level, but also among social clusters. The approach that the programme is taking to assess the reasons for missed children to inform better planning at the cluster level should be the priority in the upcoming NEAP, working in full alignment with the overall campaign operations and guided by both qualitative and quantitative data.

Routine Immunization

TAG expresses serious concern regarding the high proportion of children with zero OPV doses in EPI, particularly in Kandahar. It also notes that the nearest health facility to the last 3 cases from Kandahar is more than 18 KM away.

TAG notes that there has been progress in implementation of PEI support to EPI; however, the response from GCMU/BPHS NGOs needs to be further coordinated and improved.

The TAG concludes

- ***Despite the high number of polio cases and positive environmental samples this year, TAG believes that with further implementation of NEAP, and provided campaign quality issues in access compromised areas can be resolved, transmission can be interrupted. Afghanistan has successfully stopped all outbreaks of 2015-2016. The robust response to the transmission in Kunduz in February 2017 was successful in an area which was inaccessible for more than 18 months.***

- ***Transmission in the South is re-established in 2017 with evidence of internal circulation. Transmission in Nangarhar showing orphan linkages across the northern corridor indicates that both the Afghanistan and Pakistan programs have still not been able to identify and address the population group which is harboring transmission for more than three years.***

- ***Quality of campaign activities in VHRDs has improved. However, there are still clusters of unreached children due to suboptimal quality in some access compromised VHRDs of Helmand & Kandahar and clusters of refusals in South, East and Southeast regions.***

- ***NEAP 2018, including the '15 district plan-Southern Corridor Action Plan' and HRMP strategy is appropriate to address current challenges and has strategies to keep the program on the right track to achieve the goal of interrupting transmission.***

- ***At the start of this low transmission season, the common epidemiological block is in the best position to stop the transmission based on evidence of increased population immunity in high risk areas and improved overall program performance.***

2. Recommendations

NEAP

1. TAG appreciates the efforts made to develop a focussed and strategic NEAP for 2018; TAG endorses the general focus, priorities, and strategies of the NEAP and urges that it be finalized by end-2017, with appropriate input from Regional and Provincial teams. TAG suggests that operational recommendations made by the TAG be incorporated in the NEAP before it is finalized.

2. TAG endorses the SIA plan presented, noting the close synchronization of rounds by Afghanistan and Pakistan through the coming low transmission season, and urges both programs to ensure that the dates of SIAs beyond May 2018 should also be synchronized before the end of Q1 2018.

3. Depending on vaccine availability, TAG endorses the plan of conducting IPV-OPV campaign in chronically inaccessible areas, as and when access is gained.

Oversight, coordination and programme management

4. The NEOC should explore ways to further empower Regional EOCs to take operational decisions. Regional EOC members should focus more time on improving quality of campaigns and addressing challenges in the field.

5. Continue to fully implement the new SOPs for PEI support to EPI and make BPHS NGOs accountable for involvement in the program and improvement in EPI coverage. Clear indicators should be developed to monitor progress on a quarterly basis.

Priorities -Common Reservoirs and Endemic Zones

6. Fully implement the '15 district plan' with strengthened coordination with Pakistan as part of Southern Corridor Action Plan and track from national level.

7. In coordination with Pakistan, urgently conduct an exercise to identify potential population groups which may be harbouring and spreading transmission in the northern corridor. Using information from this exercise, develop a Northern Corridor Action Plan jointly with Pakistan by end of Q1 2018.

8. Epidemiology in 2017 clearly shows the accuracy of risk categorization of VHRDs. The program must continue to focus efforts on VHRDs, while maintaining good quality activity in HRDs and Non HRDs.

Priorities - High Risk Mobile Populations

9. Continue implementation of HRMP strategy for long distance travellers, straddling populations, nomads, and returnees in close coordination between Regions and with Pakistan. Continue close coordination with UNHCR, IOM and OCHA.

Reducing missed children- SIA Quality

10. Continue implementing the accountability framework at all levels with focus on motivating and capacity building rather than removing.

11. Continue efforts to improve selection of FLWs particularly in increasing engagement of females; illiteracy should not be taken as barrier in selection of females as FLWs. Make efforts to include females in selection committees and take concrete steps to ensure non-interference in selection of FLWs.

12. Fast track strengthening of the 'in-campaign transit strategy' to reach children on the move during campaign dates.

13. Program should continue to identify pockets of chronically missed children. The TAG endorses the cluster approach for addressing refusals in South and Southeast and recommends the program to look both at geographical and social clustering of chronically missed children, including explicit refusals.

14. The trial of incorporating ICNs as team vaccinators should be expanded to an additional four districts in South and East (HRDs with challenges), making full use of any lessons learnt in the original two district trial; after 3 campaigns results should be reviewed to inform further decisions on expansion.

15. The program, to its credit, has undertaken many new initiatives in the past 12 months to reduce missed children. The impact of these initiatives should be assessed and documented, using all available data, to inform program decisions on which initiatives should be retained or expanded. The program should focus on consolidating recent initiatives which are showing results before introducing new initiatives. The impact of these interventions should be presented to next TAG.

Reducing missed children –Access

16. For VHRDs with access limitations and the probability of on and off bans (particularly in Kandahar), the program should ensure regular dialogue with key authorities at local level to minimize potential disruptions to access. At the same time, efforts should be made to improve quality of campaigns by deploying appropriate national/regional level staff for improving program basics.

17. In areas with access challenges, the program should maintain a flexible approach to ensure reach the maximum proportion of children. The TAG emphasizes that any potential access should be exploited with the aim of reaching as many children as possible with vaccine.

18. For areas with continued chronic inaccessibility (particularly in Eastern region), continue PTT strategy, health camps through IFRC/ARCS/Others and other interventions apart from continuing dialogue with key authorities for gaining access.

Communication

19. The TAG endorses the communication approaches outlined in the NEAP for 2018. In particular special emphasis should be placed on tailoring approaches (engagement, media, IPC and social mobilisation) to the local context, guided by social and programmatic data. The programme should continue to focus on understanding the reasons for missed children at the lowest level to inform programmatic response.

Surveillance

20. TAG recommends detailed internal surveillance reviews in all districts which have not reported AFP cases in 2017.

21. For districts of Eastern Region with chronic inaccessibility, conduct desk review and also survey using third party to identify any potential missed cases.

Outbreak response

22. TAG endorses the outbreak response plans presented in NEAP 2018 but suggests to include specific response activities for positive environmental samples.

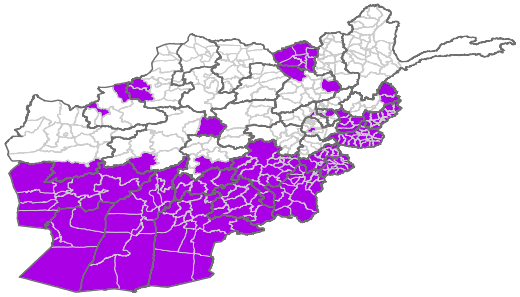
23. Joint outbreak response should continue to be planned, conducted, and documented with the Pakistan program for any transmission in border areas.

24. TAG request Afghanistan to inform partner agency HQs as soon as possible of estimated IPV needs for second half of 2018, to ensure that supply is managed such that the SOPs for IPV utilization are not affected by any shortage.

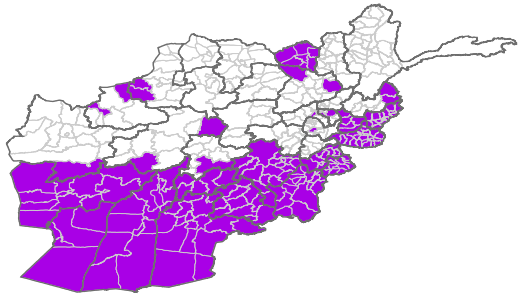
Annex I

Afghanistan SIA schedule for OPV (2018)

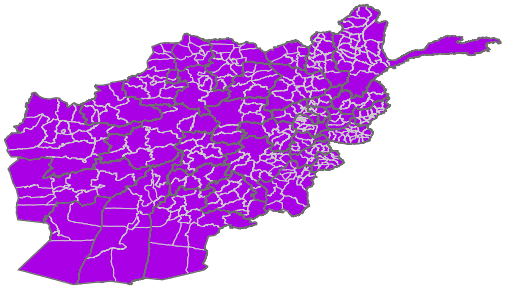
15-19 January SNID



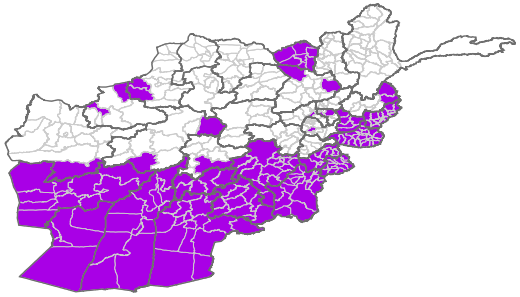
12-16 February SNID



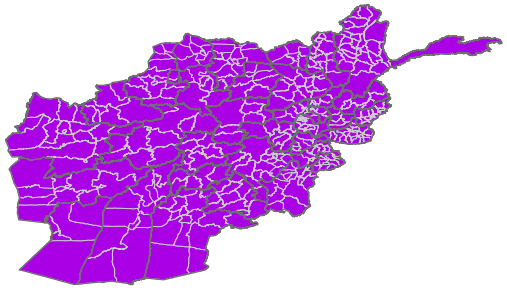
12-16 March NID



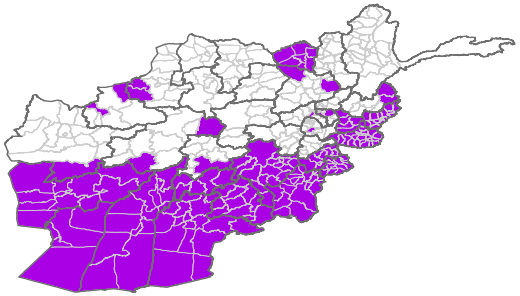
April SNID



May NID

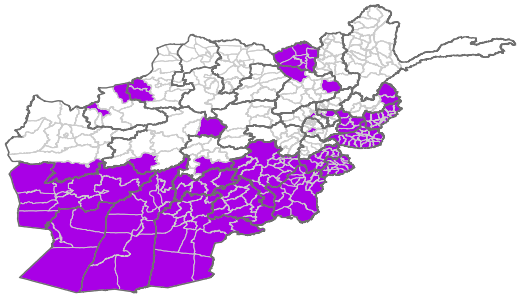


July SNID

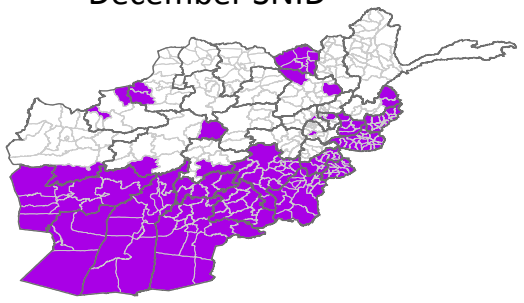


September NID

November SNID

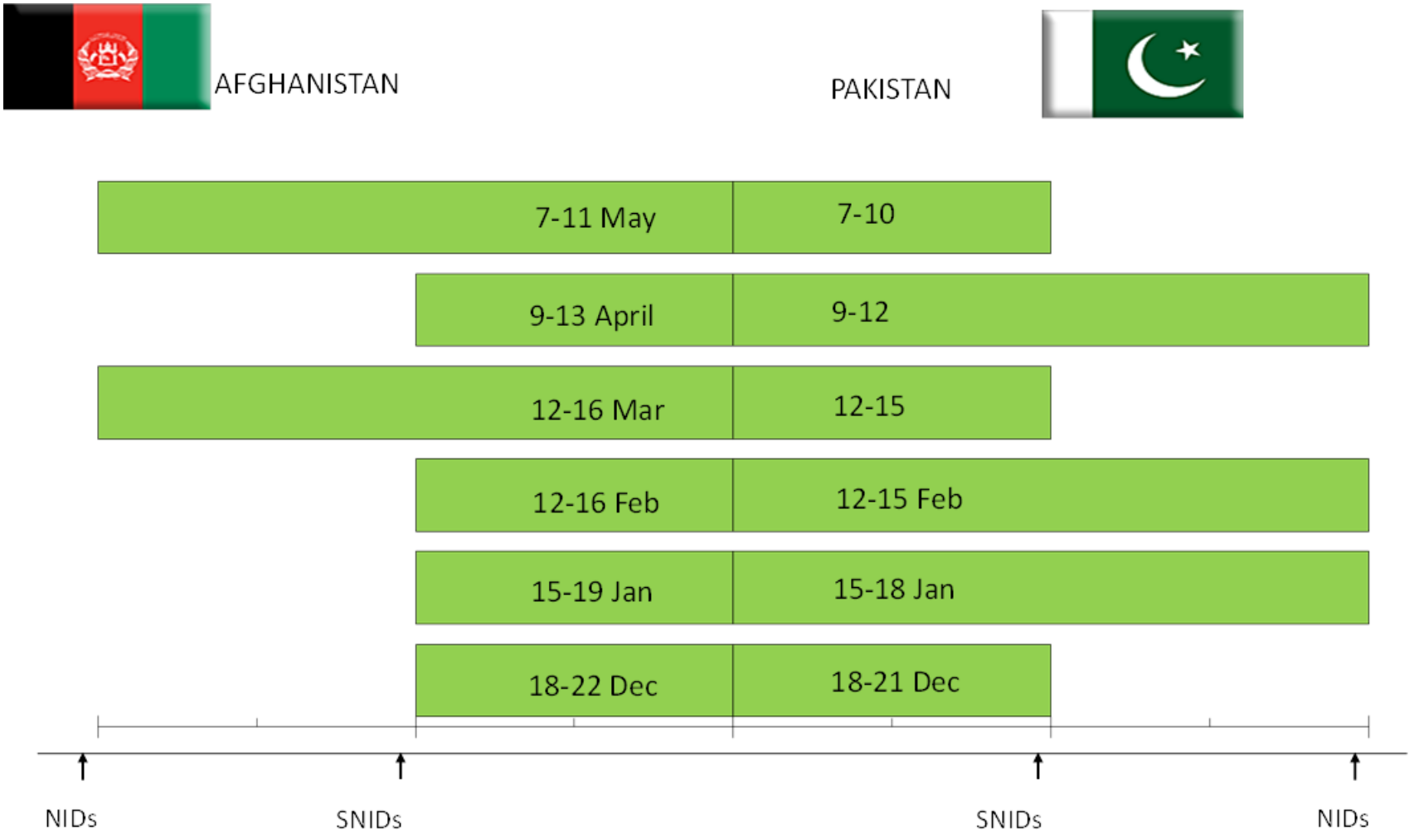


December SNID



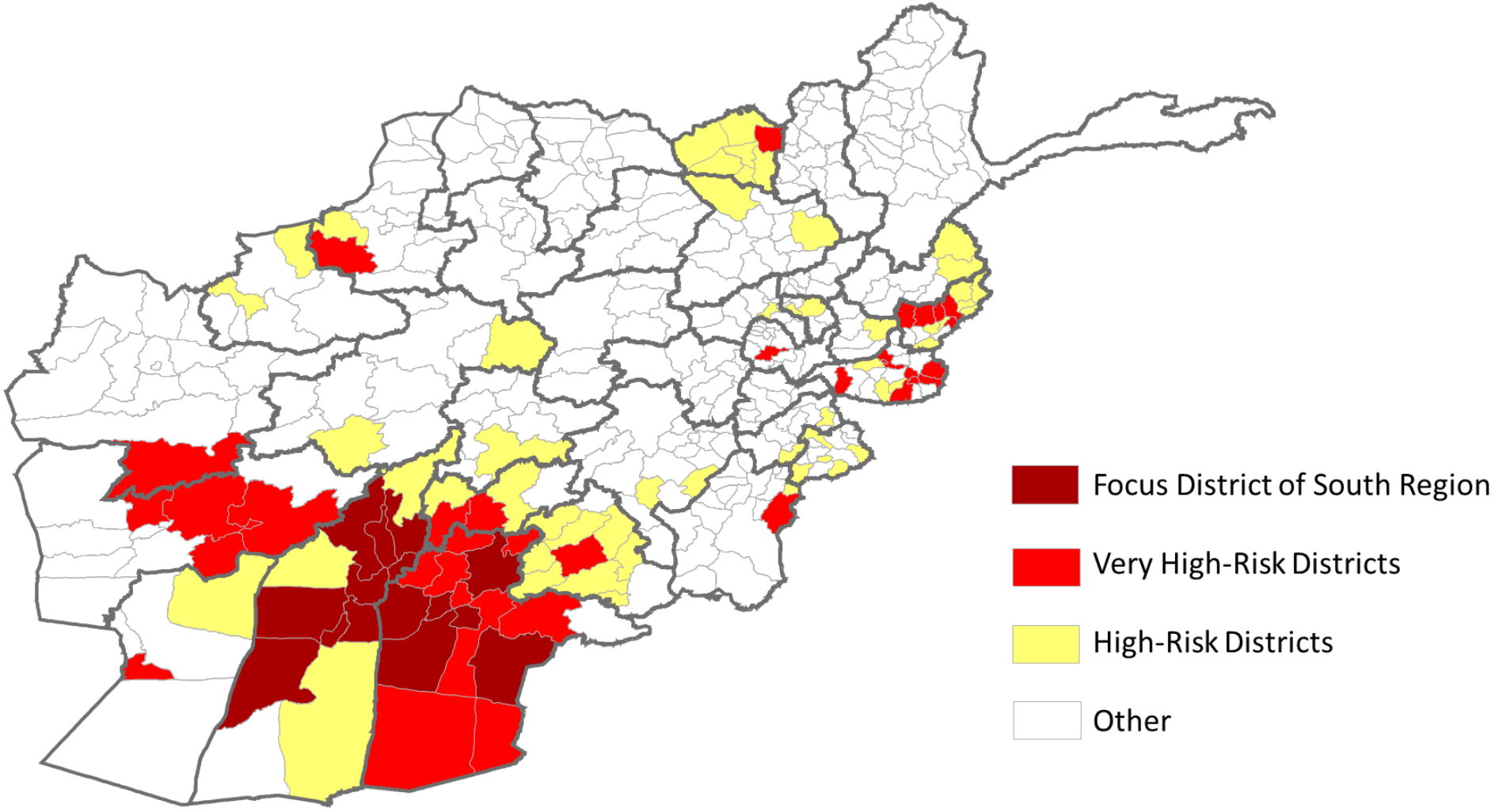
Annex II

SIA schedule AFG & PAK, Dec 2017 to May 2018



Annex III

Map of focus districts, very high-risk districts and high-risk districts, December 2017



Annex IV

List of focus, very high-risk and high-risk districts, December 2017

Focus Districts of South Region (15)

Province	District
Kandahar	Kandahar
Kandahar	Maywand
Kandahar	Zheray
Kandahar	Shahwalikot
Kandahar	Spinboldak
Kandahar	Panjwayi
Hilmand	Nad-e-Ali
Hilmand	Nahr-e-Saraj
Hilmand	Musaqalah
Hilmand	Lashkargah
Hilmand	Sangin
Hilmand	Kajaki
Hilmand	Nawzad
Hilmand	Nawa-e-Barakzaiy
Hilmand	Reg

Very High-Risk Districts (35)

Province	District
Farah	Bakwa
Farah	Balabuluk
Farah	Gulestan
Farah	Khak-e-Safed
Faryab	Qaysar
Hirat	Shindand
Kabul	Kabul
Kandahar	Arghandab
Kandahar	Arghestan
Kandahar	Daman
Kandahar	Ghorak
Kandahar	Khakrez
Kandahar	Miyanshin
Kandahar	Nesh
Kandahar	Reg
Kandahar	Shorabak
Kunar	Chapadara
Kunar	Dara-e-Pech
Kunar	Marawara
Kunar	Watapur
Kunar	Sheegal
Kunduz	Dast-e-Archi
Nangarhar	Achin
Nangarhar	Batikot
Nangarhar	Behsud
Nangarhar	Jalalabad
Nangarhar	Lalpur
Nangarhar	Muhmand Dara
Nangarhar	Sherzad
Nangarhar	Shinwar
Nimroz	Zaranj
Paktika	Bermel
Uruzgan	Dehrawud
Uruzgan	Tirinkot
Zabul	Qalat

High-Risk Districts (53)

Province	District
Badghis	Ghormach
Badghis	Muqur
Baghlan	Baghlan-e-Jadid
Baghlan	Khost Wa Fereng
Daykundi	Gizab
Faryab	Almar
Ghazni	Giro
Ghor	Lal Wa Sarjangal
Ghor	Taywarah
Hilmand	Baghran
Hilmand	Garmser
Hilmand	Washer
Kapisa	Mahmud-e- Raqi
Kapisa	Nejrab
Khost	Gurbuz
Khost	Mandozayi
Khost	Musakhel
Khost	Spera
Khost	Terezayi
Kunar	Asadabad
Kunar	Barkunar
Kunar	Dangam
Kunar	Ghaziabad
Kunar	Khaskunar
Kunar	Narang
Kunar	Nari
Kunduz	Aliabad
Kunduz	Chardarah
Kunduz	Emamsaheb
Kunduz	Kunduz
Kunduz	Khanabad
Kunduz	Qala-e-Zal
Laghman	Alingar
Nangarhar	Dehbala
Nangarhar	Kot
Nangarhar	Surkhrod
Nimroz	Khashrod
Nuristan	Barg-e- Matal
Nuristan	Kamdesh
Paktya	Chamkani
Paktya	Zadran
Paktika	Gyan
Parwan	Charikar
Uruzgan	Chora
Uruzgan	Shahid-e-Hassas
Zabul	Arghandab
Zabul	Atghar
Zabul	Daychopan
Zabul	Mizan
Zabul	Nawbahar
Zabul	Shahjoy
Zabul	Shinkay
Zabul	Tarnak Wa Jaldak

Annex V

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