World Health Organization

Technical Advisory Group on Polio Eradication for Afghanistan

Meeting Report, 15-16 January 2019

Contents

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	Centre for disease control and prevention
EOC	Emergency operations centre
EPI	Expanded programme on immunization
ES	Environmental surveillance
EU	European Union
FLW	Front-line worker
GAVI	Global alliance for vaccine and immunizations
GPEI	Global Polio Eradication Initiative
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
MOU	Memorandum of understanding
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
OPV	Oral polio vaccine
PEI	Polio Eradication Initiative
PTT	Permanent transit team
RI	Routine Immunization
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 1

Executive Summary

The Afghanistan Technical Advisory Group (TAG) meeting was held on 15-16 January in Dubai, chaired by Dr Jean-Marc Olivé. The objectives of the meeting were:

- Review the status of polio eradication efforts, key challenges and way forward in Northern, Central and Southern corridors.
- Review National Emergency Action Plan (NEAP) 2019 and make recommendations for modifications, if needed.

The TAG reviewed the program through the information presented by National and regional EOCs and made recommendations.

The key conclusions by the TAG were:

- The current status of polio in the AF-PAK epidemiological block is challenging with Kandahar and Peshawar acting as two driving engines. Both countries have shown that interrupting wild poliovirus transmission is possible through past achievement of periods of interruption in a few of the reservoirs (ex. Kandahar, Quetta). However, interrupting transmission across both countries has not been achieved because there's never been a moment when ALL the remaining reservoirs have been able to do it at the same time. Failure to do this in some of the reservoirs leads to reseeding virus in areas that were cleared and the cycle of endemic transmission across the 2 countries is allowed to continue.
- This dynamic is present in Afghanistan. Despite the high number of polio cases in 2018, transmission in Afghanistan is geographically limited to the South and East regions. Kandahar province is the engine for transmission in Southern corridor and transmission in the East region is part of northern corridor transmission with Peshawar the engine of transmission.
- The ban on house to house activity in the Southern Region has not been resolved since May 2018, resulting in more than 800,000 children each round between May and December. This has allowed expansion of WPV circulation throughout the corridor (including Quetta). The TAG appreciates the difficulty and complexity of resolving the situation and the heroic efforts of those involved in trying to identify a solution. This is the most urgent issue to be resolved for the Afghanistan program – children need to start being immunized as soon as possible. The TAG welcomes implementation of the site to site approach as a contingency plan that started in December 2018.
- The Southeast region is an example of an area that has enjoyed recent periods without detection of WPV but at high risk as long as WPV persists in other reservoirs. WPV has now been detected again in central corridor, representing risk of an outbreak and expansion of transmission that must not be allowed to occur.
- Improvement in quality of SIAs in fully accessible areas over the years is appreciated. However, around 5% of children are still being missed even in high risk provinces. In accessible areas, children missed due to absent and refusals form the two largest group of missed children.
- The overall proportion of refusal (in absolute and proportional terms) is very low in Afghanistan. However, where clusters of children missed due to refusal is high, new interventions in NEAP 2019 to address these are welcome. All new interventions should be

rapidly and robustly analysed to demonstrate efficacy in addressing the core problem of missed children (for any reason).

- The TAG notes the recent completion of communication review and looks forward to the recommendations being integrated with the 2019 NEAP. Integration of operations and communications at different levels is still suboptimal.
- There is progress in identifying and vaccinating HRMPs. However, there is evidence of suboptimal reach to nomads, particularly in the South and Southeast regions. HRMPs continue to play an important role in the continuation of transmission particularly in the Northern corridor.
- Sensitive surveillance has been maintained across the different access categories.
- Low EPI coverage in polio high risk areas of the South region is a significant concern. Initiatives such as the 'routine immunization intensification framework' and the EPI/PEI convergence plan for polio high risk areas' are welcome as steps towards improving EPI coverage.
- The country program has identified key remaining challenges and developed a framework of change in response. Interventions outlined in the 'Framework of change' have been incorporated into the National Emergency Action Plan 2019.
- The TAG appreciated the 'bottom up' and 'problem solving' approach used for developing NEAP 2019 and endorsed it with additional recommendations made in this report.
- With a strong NEAP including the 'Framework for change' and the MOU with the BPHS NGOs, the program has a clear path to finish with polio.

TAG made following key recommendations:

- All stakeholders and partners should treat polio as an emergency program
- A 'one team approach' is absolutely critical for programme success, not only among the partners in country but also for the whole epidemiological block, and should be adopted to address the remaining challenges.
- For the next 6 months, the country should focus on stopping transmission in Kandahar which is the engine of transmission in southern corridor. This should include an intensified presence of the best international and national people, a focus on addressing quality gaps in all accessible areas and ensuring maximum reach in inaccessible areas.
- In the Northern corridor, in coordination with Pakistan, the implementation of HRMP strategies should be reviewed by end Q1 to ensure that all such population groups (including long distance travellers, returnees and IDPs) have been identified and reached.
- Continue to focus on reducing all types of missed children in accessible areas. In the Southeast region, identified gaps in HRMP and localised issues of vaccine refusal should be systematically addressed.
- 2 NIDs and 3 SNIDs should be conducted in the low transmission season. The number of campaigns in the high transmission season i.e. July to December should be reduced to 4. The scope of SNIDs should be expanded to include major clusters of HRMPs outside endemic areas.
- For LQAS, program should use 90% as the cut off for pass rather than 80%.
- Disaggregated analysis of data at cluster level for important high risk districts should be an urgent priority. A profile of clusters with high proportion of missed children should be developed to identify and address core issues.

- Children missed for any reason are important and the program should take appropriate actions to address gaps leading to missed children. Particular attention should be paid to newborns and infants during house visits so that they are not missed. The program should focus on improving revisits, both daily revisits and 5th day revisits.
- Process indicators relating to operational quality and frontline workers, like team composition, team performance, supervision, and revisits should be systematised across the programme, analysed, tracked and used for FLW support and improvement. All possible efforts should be made to progressively increase the % of female workers, particularly in Kandahar city.
- In ICN areas, the program should rigorously track all missed children including chronic absentee and refusals, and demonstrate how ICN activities are effective in reducing overall missed children.
- Analysis should be done on the proportion of refusals resolved by different levels (e.g. supervisor, local committee etc) to assess the effectiveness of the triage system and reduce the number of knocks on doors.
- In areas using a site to site approach, efforts should continue to gain access allowing house to house strategies. Wherever site to site is being conducted, there should be enhanced planning, mobilization and monitoring to achieve the maximum quality. For site to site vaccination, the programme should urgently develop supportive communication tools and strategies.
- Operations and communication need to fully integrated, at frontline as well as at strategic planning levels.
- Rapidly implement the 'routine immunization intensification framework' and 'EPI/PEI convergence plan for polio high risk areas' with a focus on Kandahar.

I. Preamble

The Afghanistan Technical Advisory Group (TAG) meeting was held on 15-16 January in Dubai, chaired by Dr Jean-Marc Olivé and opened by Dr Mojadidi, Presidential Focal Point for Polio in the presence of Dr Stanekzai, National Focal Point for Polio, and the WHO and UNICEF representatives for Afghanistan. The meeting was attended by 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 CDC, BMGF, USAID, Rotary, GAVI, EU and the Canadian Embassy, the last representing all bilateral partners. Following the meeting, the TAG presented feedback to all participants and gave a telephonic briefing to H.E. Dr Ferozuddin Feroz, Minister of Public Health.

Afghanistan and Pakistan form one common reservoir for poliovirus transmission and the collaboration between both programmes is getting stronger at all levels with progress being made in both countries towards stopping transmission. Both the country programs have collaborated to develop and implement Northern and Southern corridor action plans to overcome remaining challenges.

Afghanistan and Pakistan reported 21 and 12 polio cases in 2018 respectively. Despite efforts by both the countries, the numbers are 50% higher than in 2017 (14 and 8).

Polio transmission in Afghanistan is limited to the South and East regions with most cases from Kandahar province. Both of these areas have unique challenges. Of the 21 polio cases in 2018, 15 are from the South region. In the South region, Kandahar is the engine of transmission with 9 polio cases and repeated positive environmental samples. The East region has notified 5 polio cases, all genetically linked to ongoing transmission in the Northern corridor spanning both Afghanistan and Pakistan.

In the South region, the program has not been able to reach more than 800,000 children since May 2018. The situation is further compounded by small but clustered incidence of vaccine refusals in accessible areas. This is the most important issue for the Afghanistan program to address. Interruption of transmission cannot be achieved with such a large unreached population over such a long period of time. Solutions to re-start immunization of children must be found.

In the East region, transmission is part of Northern corridor, which spans both Afghanistan and Pakistan. Key issues there are small pockets of chronically inaccessible children and high population movement between Afghanistan and Pakistan. Whilst the urban amplifiers at either end of the corridors are key to the overall eradication effort, continued, localised analysis of population movement dynamics along the corridors is important in understanding and responding to currently unknown or poorly understood risk groups.

The country program was able to detect and rapidly respond to transmission detected outside endemic zones. Transmission detected in the Southeast, West and Central regions was responded to effectively with no further transmission detected in these areas.

The program identified following key challenges:

- The most significant risk facing the program remains the continued ban on the house-to-house strategy in major parts of the Southern region.
- In the Eastern region there are still small pockets of chronically inaccessible children and ongoing challenges with high population mobility between Afghanistan and Pakistan.

- Sub-optimal campaign quality in some key areas under control of AGE, due to management issues as well as difficulties in undertaking independent monitoring.
- Pockets of refusals particularly in and around Kandahar as well as in the Eastern and South east regions continue to be a concern.
- Campaign quality is also of concern in some accessible areas particularly in Kandahar City and surrounding areas.
- Low EPI coverage in high risk polio areas.

Taking note of the situation and to address remaining challenges in the South and East regions, the Afghanistan polio team has developed a 'Framework of Change' for fast tracking interruption of transmission. This also includes a contingency plan for inaccessible areas of the South region which includes the provision of OPV along with Measles, firewalling around inaccessible areas with permanent transit teams and site-to-site vaccination where it is the only approach acceptable to those controlling access.

Afghanistan drafted its National Emergency Action Plan (NEAP) 2019 using a bottom up approach after extensive consultation with field staff. This NEAP, which incorporates the 'Framework of Change', is solution oriented and focussed on interventions to address remaining challenges through approaches which are suitable to the local context.

In the context of the continuing transmission in Afghanistan in both the Northern and Southern corridors and the opportunity to interrupt transmission, the Afghanistan TAG meeting was called from 15-16 January 2019 with two key objectives:

- ***Review the status of polio eradication efforts, key challenges and way forward in Northern, Central and Southern corridors.***
- ***Review NEAP 2019 and make recommendations for modifications, if needed.***

II. Conclusions and Recommendations

General

The TAG expresses deep regret regarding the unfortunate and tragic incidents in which polio workers lost their lives, were arrested, seriously injured or tortured in 2018.

This TAG meeting was held in Dubai as Afghanistan is at critical stage and all partners need to be on same page to provide the support needed. Polio eradication is a global priority; the TAG urges all stakeholders and partners to treat polio as an emergency program and focus all efforts on what is needed to ensure eradication.

With a strong NEAP including the Framework for change, the MOU with the BPHS NGOs, the program has a clear path to eradication. This path underscores the importance of following the basics, plugging the remaining gaps and remaining open to innovation where needed to address new challenges. There is no need to change the whole strategy. The focus should be to support the field, particularly Kandahar.

It is crucial to have a 'one team' approach, not only among the partners in country but also for the whole epidemiological block, to address the remaining challenges.

Recommendations:

- All stakeholders and partners to treat polio as an emergency program.
- Polio should be raised to Programme criticality 1 (PC1) for the UN system (currently PC2).
- A 'one team' approach, not only among the partners in country but also for the whole epidemiological block, should be fully adopted to address the remaining challenges.

Ownership, governance and management

The highest level of the government remains committed, led by HE the President, HE the CEO and HE the Minister of Health. WHO, UNICEF and the wider UN are fully committed and provide strong support to the polio eradication initiative.

The TAG appreciated the government ownership of the program at national, regional and provincial levels. It believes that the new initiative from H.E. the President on monthly feedback from H.E. the Minister of Public Health and WHO & UNICEF representatives will further strengthen the program. The TAG noted that the Government has established a Polio executive committee, however expressed concern that it has not met since the last TAG.

The TAG regretted that HE the Minister of Public Health was not able to attend the meeting and the Presidential focal point for Polio had to leave after the opening session. Given the critical importance of polio eradication as public health emergency of international concern, it is important that the Minister of Public Health and the Presidential focal point for polio receive the recommendations and assure full implementation.

Engagement of other line ministries has become more systematic with specific MoUs being signed between MOPH and other line ministries. The TAG noted the change in EOC leadership and appreciated the smooth transition and also the increased engagement of EPI. The National EOC should be the main nodal point for coordinating all polio related activities, reports and information sharing.

The TAG was informed that TORs and SOPs within National and Regional EOCs are being revised to ensure that EOCs become more nimble and the efforts of partners at all levels are better coordinated.

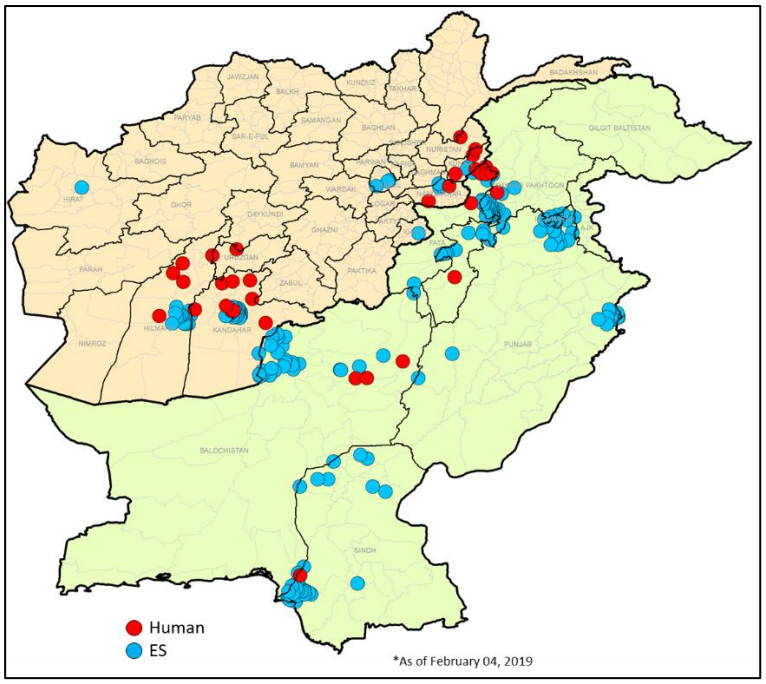
Recommendations:

- The Polio Executive Committee should meet monthly for first 6 months of 2019.
- Document and present concrete outcome from the engagements of line ministries in the next TAG meeting.
- The National EOC should be the main nodal point for coordinating all polio related activities, reports and information sharing. However, in keeping with the 'bottom-up' process of NEAP 2019 development, close consultation between National and Regional EOCs, and Regional and Provincial teams will help in ensuring timely two-way communication allowing localised needs to be recognised and acted on in an agile manner.
- Finalize revision of TORs and SOPs of EOCs before Mid Feb 2019.

Overarching

The TAG notes that the current status of polio in the AF-PAK epidemiological block is challenging with Kandahar and Peshawar as its two main driving engines. It is worth noting that both countries have had periods of months where wild poliovirus transmission was not detected in one or more endemic zone, however, neither country has been able to achieve that across all the zones and, most importantly, both Pakistan and Afghanistan have not done that together at the same time. Both countries need to address remaining challenges in a coordinated manner to interrupt transmission in this block.

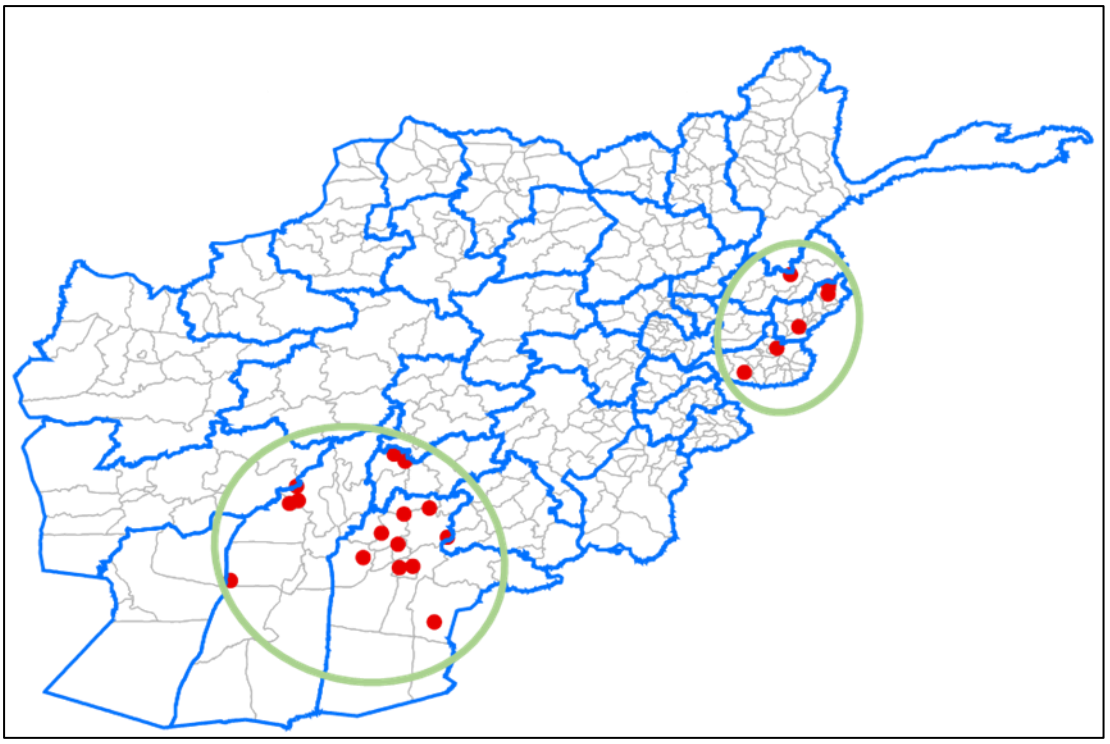
Figure 1: WPV isolates, Afghanistan/Pakistan, 2018



Despite the high number of polio cases in 2018, the transmission in Afghanistan is geographically limited to South and East region. Kandahar province is the engine for transmission in the Southern corridor, furthermore, detection of transmission in Helmand and Uruzgan poses a strong risk as seen

in past. Transmission in the East region is part of northern corridor transmission with Peshawar as its engine of transmission.

Figure 2: Polio cases, Afghanistan, 2018



The TAG noted that there is an increased risk of transmission in the Southeast region, in view of recent virus detection in the central corridor, the history of the large 2016 outbreak, high population movement across the borders and the high proportion of refusals in the region.

The TAG also noted that ES positives outside endemic zones were not sustained and did not give any secondary infection indicating high population immunity and a good program response capacity.

It is noted that the country program has identified the key remaining challenges and developed the Framework of change to address those. Interventions outlined in the Framework of change are incorporated in National Emergency Action Plan 2019 which has been presented to TAG.

The TAG appreciated the data presented on reasons for under immunized AFP cases as well as findings from detailed investigation of polio cases. The TAG encourages the country program to continue and further fine tune this analysis and use the findings for corrective actions in a documented manner.

Recommendations:

For next 6 months, the country should focus on stopping transmission in Kandahar which is the engine of transmission in southern corridor. Strong effort should be put on:

- Intensified field presence of the best international and national people (with capacity to work in field)
- Addressing quality gaps in all ***accessible areas***
    - Analyze the missed children (due to absent or refusals) to identify geographical pockets and reasons and take corrective action.

    - Prepare Cluster profiles including all elements of the program: remaining missed children, SIA, Surveillance, communication efforts and EPI to reduce missed children...
- Ensuring maximum reach in ***inaccessible area***
    - Along with implementing and strengthening alternate strategies (i.e. site to site, PTT and IPV+OPV) for inaccessible areas, the efforts to gain access should be intensified including raising this at highest level, even up to UN Security Council.
    - Conduct SIADs (3 passages) of H2H/S2S campaign in areas where allowed.

While recognizing that the transmission in Eastern region is a shared one with Pakistan in Northern corridor, the program should focus on:

- In coordination with Pakistan, review implementation of HRMP strategies by the end of Q1 to ensure, that all such population groups (including long distance travellers, returnees and IDPs) have been identified and reached. Face to face meeting of northern corridor field level staff should be held to review and update the Northern corridor action plan.
- Fully implement the three identified alternate strategies in ***chronic inaccessible areas*** and present the progress in next TAG meeting.
- Continue to focus on reducing missed children in ***accessible areas***.

For areas outside South and East regions, TAG recommends that:

- In the Southeast region, identified gaps in HRMP and vaccine acceptance should be systematically addressed and progress reported in next TAG meeting.
- In non SNID areas, the program should maintain high population immunity through quality SIAs and improving EPI.

Surveillance

The TAG notes that sensitive surveillance has been maintained across the different access categories. It also recognizes the initiative of conducting healthy children sampling from chronically inaccessible areas as well as internal surveillance review conducted by national level.

Recommendations:

- Targeted healthy children sampling from chronically inaccessible areas should be repeated in every quarter.

National Emergency Action Plan

The TAG appreciated the 'bottom up approach' and 'problem solving approach' used for developing NEAP 2019. TAG endorsed the NEAP presented, provided the recommendations from this TAG meeting are incorporated.

It also noted that the risk categorization of districts by the program is still valid. Cases outside the identified high risk areas do not warrant expansion of the high risk district list. Further expansion of HR areas may dilute the efforts in existing high risk areas.

The TAG also reviewed the options for the SIA calendar and scope presented and appreciated the efforts of both Afghanistan and Pakistan to synchronize their SIA schedules. For Pakistan, the TAG has

recommended assessing the impact of expanding the age group for SIAs (<10 years) in persistent transmission areas of Peshawar. Results of this will have implications for the whole northern corridor.

Recommendations:

- Incorporate the recommendations from the TAG in NEAP 2019. All relevant sections of the NEAP (including but not limited to communication) need to be revised to ensure that the consistent focus of all strategic directives is on overall missed children rather than just refusal.
- Continue the focus on identified VHRDs and HRDs with flexibility to include additional districts, if new and significant risk factors emerge.
- SIAs plan for 2019
    - First half of 2019, which is the low transmission season, should be used to build immunity. The recommendation is to conduct 2 NIDs and 3 SNIDs in this period. The number of campaigns in the high transmission season i.e. July to Dec should be reduced to 4.
    - The scope of SNIDs should be expanded to include major clusters of HRMPs outside endemic areas. The country team is expected to assess the additional resource requirement and share with the GPEI.
- Use of mOPV1 and IPV
    - TAG endorses the plan presented by the country for IPV use.
    - TAG endorses use of mOPV1 in January and March SIAs, even in the context of a site-to-site approach.
- Expanded age:
    - The TAG recommends Afghanistan conduct preliminary analysis of the communication and operational implications of conducting expanded age campaigns.

Addressing missed children

TAG appreciated the analysis of data by accessible and inaccessible areas and encourages this to continue with further fine tuning. The program collects and impressive amount of data on SIAs, HRMP and missed children, however, TAG is not confident that the data is used optimally for improving program performance at sub-national level.

Improvement in the quality of SIAs in fully accessible areas over the years is appreciated. However, around 5% children are still being missed even in the high risk provinces. While LQAS in the East region shows good progress, 80% of lots failed in Southern region at 90%. In accessible areas, children missed due to absent and refusals form the two largest groups of missed children.

Figure 3: LQAS results, South and East regions

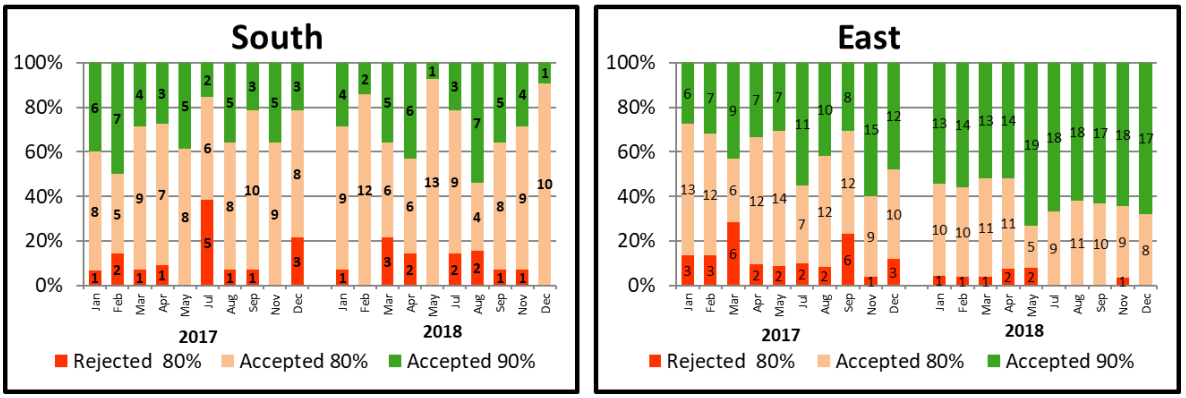
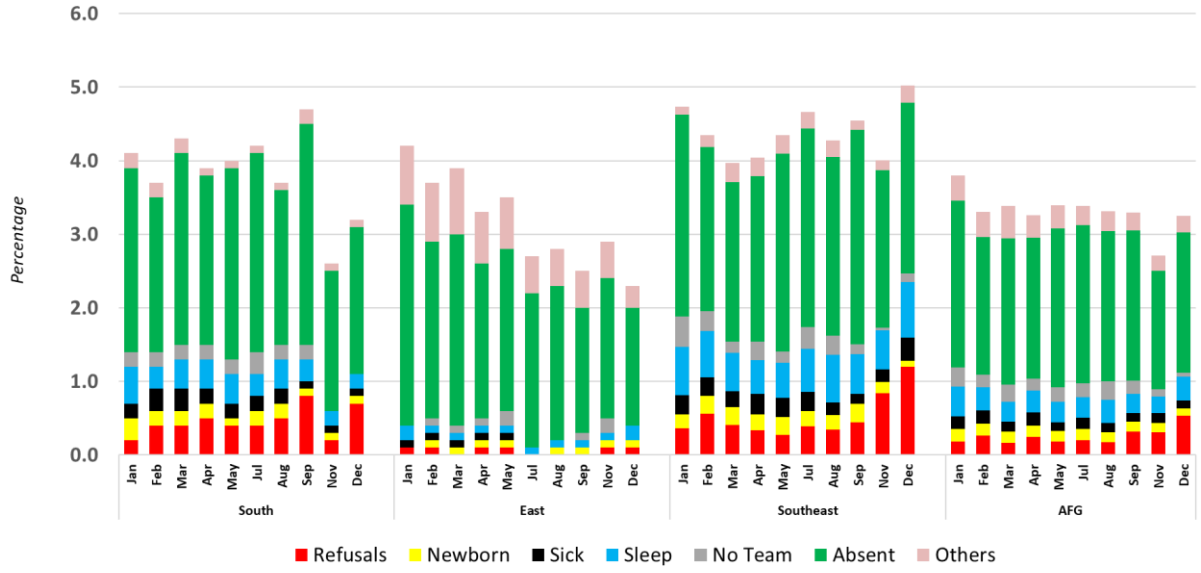


Figure 4: Missed children in accessible areas, Jan to Dec 2018



Scope of Dec SNID was smaller than other SNIDs

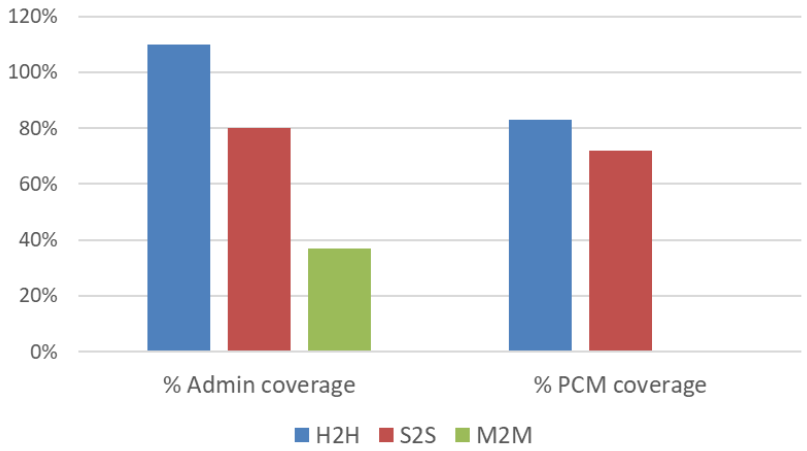
Source: PCA data

Although overall proportion of refusal is very low in Afghanistan, it is noted that in certain clusters, the proportion of refusals as reason of missed children is relatively high. The program has planned some new interventions in NEAP 2019 including formation of refusal oversight committees, an integrated refusal resolution plans, strengthening influencer's engagement and enhanced engagement of religious leaders and medical fraternity.

The TAG acknowledges that the cultural environment does not facilitate the recruitment of female frontline workers in some areas, but notes that, along the corridor impressive progress has been made on the Pakistan side.

It is noted that inaccessibility in South has not been resolved since May 2018 and the region is missing more than 800,000 children. The country has come up with a stop-gap approach of using a site-to-site strategy which has already started in Kandahar along with other efforts for reaching children in areas with a ban on house to house activities like OPV along with Measles SIAs, enhancing PTT and EPI. However, the TAG notes that the coverage using a site-to-site approach, although better than a mosque-to-mosque approach, ranges from 30 to 90% in different districts. For chronic inaccessibility in the East region, local negotiations seems to be giving results.

Figure 5: comparison of coverage in H2H, S2S and Measles SIA



Recommendations:

Data utilization

- The capacity of regional and provincial teams in the South and East regions should be built for analysis and use of the data for intervention.
- The program should review the data streams being collected and modify them to ensure efficient and effective use of data.

Addressing missed children in accessible areas

- For LQAS, the program should use 90% as cut off for pass rather than 80%
- The critical target for the program as a whole should be to reduce and sustain the proportion of missed children to less than 5% at district and cluster level in high risk areas.
- Disaggregated analysis of data at cluster level for important high risk districts should be done to identify the clusters with issues and be able to see trends, reasons, and the impact of interventions at local level. The program is encouraged to develop profiles of clusters with a high proportion of missed children to identify the core issues and address.
- In ICN areas, the program should track all missed children including chronic absentees and refusals.
- The program should not be obsessed with refusals where it is not a significant problem. Children missed for any reason are important and the program should take appropriate actions to cover as many missed children as possible regardless of the reason. Particular attention should be paid to newborn and infants during house visit so that they are not missed.
- The program should focus on improving revisits, both daily revisits and 5th day revisits. Analyse the monitoring and coverage data of revisits in a disaggregated manner to identify and address gaps.

- The TAG appreciates the focus on training being given and suggests that training modality should be reviewed to strengthen it further.
- Process indicators like team composition, team performance, supervision indicators, and revisits should be analysed, tracked and used for improvement.
- All possible efforts should be made to progressively increase the % of female worker, particularly in Kandahar City.
- Explore options for engaging qualified third parties for monitoring in some areas as a pilot and present the experience to the next TAG.
- For refusals, the mapping of geographical and subsequent analysis of reasons for clustering should guide prioritization and resolution strategies.
- Results of activities for addressing refusals should be closely tracked. The programme at local (provincial and sub-provincial) level should aim to be able to demonstrate where clustered refusal has been converted to vaccine acceptance over multiple SIAs (as well as whether a converted cluster remains vaccine-accepting in subsequent SIAs).
- Analysis should be done on the proportion of refusals resolved by different levels to assess the effectiveness of the triage system and reduce the number of knocks on the doors. ICN-SM should not be held responsible for resolution of chronic refusals.

Addressing missed children in inaccessible areas

- Areas with ban on house to house activity
    - Site to site is just a contingency plan and should not be taken as replacement of the required house to house strategy. Efforts should continue to gain access for house to house strategy.
    - For site to site campaigns, wherever they are conducted, there should be enhanced planning, mobilization and monitoring to achieve the maximum quality. The SOP for site to site should be further strengthened using the lessons learnt from Kandahar.
    - Any site to site campaign should disaggregate data by total children vaccinated and infants. Careful analysis of the campaign data should be conducted to learn about the approach, baseline performance, and drive evidence informed ways to improve it.
    - The program should consider developing a matrix for decision making for using site to site approach.
- Areas with chronic inaccessibility
    - TAG encourages the program to increase emphasis on local negotiations along with implementing alternate strategies like PTT.

Communication

The TAG notes the recent completion of a communication review and looks forward to the recommendations being integrated with the 2019 NEAP, in particular those focusing on missed children. TAG also notes the work done towards rebranding the program but feels the main emphasis should be on the structuring and coherence of messages.

TAG recognizes the ICN as a valuable resource for polio which should stay focused on reduction of missed children during campaigns and in catch-up activities. At this time, it is not feasible to retrain and repurpose ICN to deliver RI antigens.

TAG believes that integration of operations and communications at different levels is still suboptimal.

Recommendations:

- Operations and communication need to be fully integrated, particularly at the frontline level (ICN and vaccinator teams) but also at strategic planning levels, using a common dataset to identify, analyse and address gaps (missed children), and monitor change SIA by SIA.
- For emerging and critical needs such as site-to-site vaccination, the programme should urgently develop supportive communication tools and strategies.
- ICN should stay focused on, and be measured on the reduction of missed children during campaigns and in catch-up activities, based on robust analysis of all reasons for missed children, including but not limited to refusal.

High risk mobile populations

The TAG appreciated progress in identifying and vaccinating HRMPs. However, it noted the continued importance of HRMP overall and in particular in the Northern corridor and evidence of suboptimal reach to nomads, particularly in the South and Southeast regions.

Recommendations:

- Conduct a HRMP survey in Kandahar city.
- Focus on new IDPs, particularly those coming from and/or residing in endemic zones.
- Urgently review implementation of nomadic strategy in the South and Southeast.
- Expand vaccination at Torkham border to all ages. TAG recognizes the challenges of expanding the age at Friendship gate and as of now does not recommend expanding the age group there.
- HRMP in non-endemic zone with linkage to endemic zones should be included as part of SNIDs.

Routine immunization

The TAG expressed concern over low EPI coverage in polio high risk areas of the South region and appreciated the initiative of developing a 'routine immunization intensification framework' as well as EPI/PEI convergence plan for polio high risk areas'.

The TAG urged the global community to support mobilization of financial resources to implement the 'routine immunization intensification framework' and urges the EPI program to prioritize Kandahar province for EPI interventions.

The MOU and Accountability framework for NGO, EPI and PEI collaboration is a welcome initiative.

Recommendations:

- Kandahar should be prioritized for EPI interventions including in the 'routine immunization intensification framework' as well as the EPI/PEI convergence plan for polio high risk areas'.
- These interventions should be led by the EPI team in coordination with EOC, without diverting resources from polio.

Residual Risks

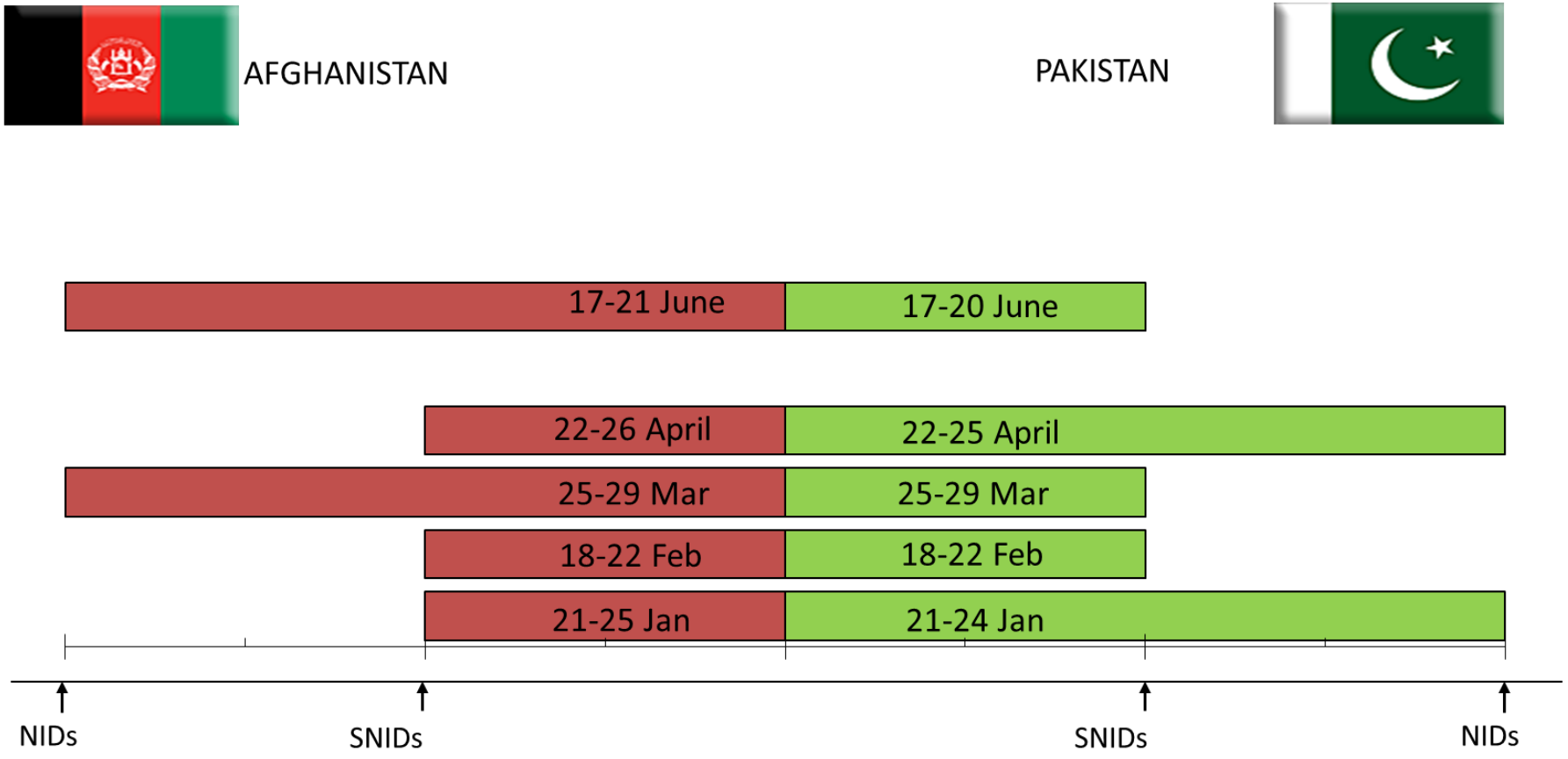
Looking at dynamic security and access situation, the TAG cautions that any deterioration in the access situation will pose serious limitations on the ability to eradicate. Afghanistan and Pakistan are one epidemiological block; both countries need to finish together.

Focus on

- POLIO IS AN EMERGENCY AND WE ARE IN A CRITICAL PHASE
- KANDAHAR SHOULD BE THE FOCUS FOR THE NEXT 6 MONTHS
- EFFORTS SHOULD BE CONTINUED TO GAIN ACCESS TO ALL AREAS FOR HOUSE TO HOUSE CAMPAIGNS
- MISSED CHILDREN, DUE TO ANY REASON, SHOULD BE THE TOP PRIORITY
- ENSURE APPROPRIATE AND TRAINED FRONT LINE WORKERS
- ONE TEAM APPROACH FOR THE WHOLE EPIDEMIOLOGICAL BLOCK

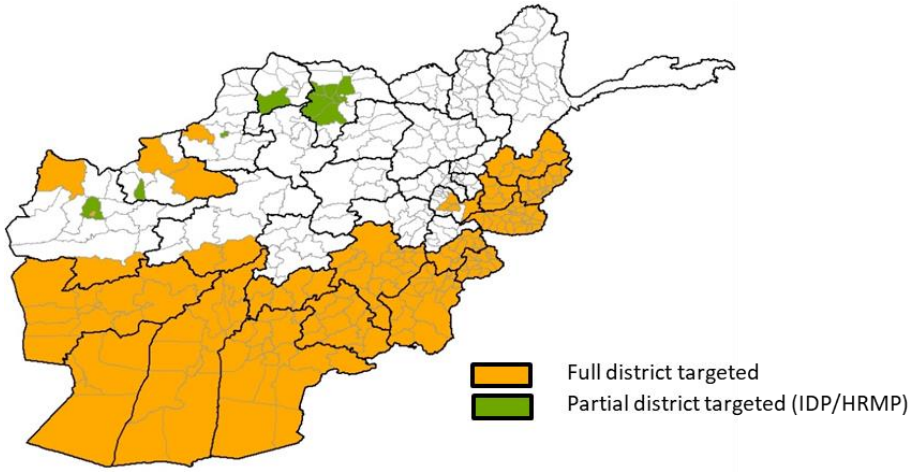
Annex I

SIA schedule AFG & PAK, Jan to June 2019

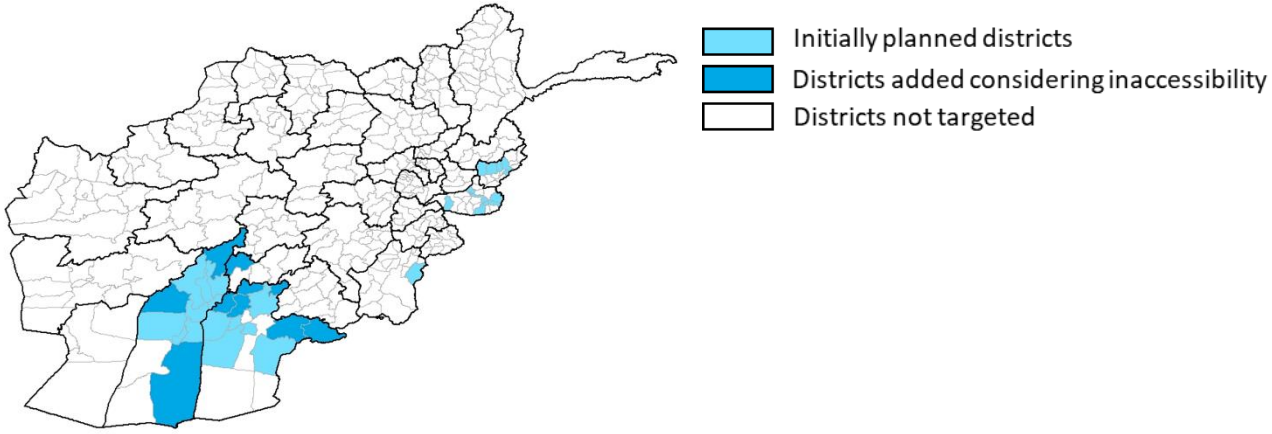


Annex II

Scope of SNID (Feb 2019 onwards): Target: 5.82 million



IPV Plan 2019



Annex III

List of participants

Technical Advisory Group Members

1. Jean Marc Olivé TGA Chairman
2. Nasr El Sayed, TAG Member
3. Sebastian Taylor, TAG Member
4. Chris Morry, TAG Member
5. Christopher Wolf, TAG Member
6. Majeed Siddiqi, TAG Member

Technical Advisors

7. Akhyl Iyer, UNICEF/HQ
8. Jalaa' Abdul Wahab, Deputy Team Leader, Polio UNICEF/HQ
9. Shamsher Ali Khan, Regional Advisor UNICEF/ROSA
10. Paul Rutter, Regional Advisor UNICEF/ROSA
11. Karen Greiner, C4D Specialist, UNICEF/HQ
12. Christopher Maher, WHO/EMRO
13. Arshad Quddus, WHO/HQ
14. Ahmad Jamal, WHO/HQ
15. Joanna Nikulin, WHO/EMRO
16. Sara Al-Naqshabandi, Assistant to Manager, WHO/EMRO
17. Lyan Alkendi,

Government of Islamic Republic of Afghanistan

18. H. E. Dr Najibullah Mojaddidi, President's Focal Point for polio eradication
19. Hedayatullah Stanikzai, Senior Advisor to Minister
20. Wahidullah Zaheer, Director, Emergency Operation Center
21. Bashir Ahmad Hamid, DGPM
22. Shafiq Shahim, HSS Director
23. Hasan Hasan, Deputy Head, GCMU
24. Ghulam Dastagir Nazary, National EPI Manager
25. Mirwais Bakhshi, National EOC Member
26. Kamel Frozanfar, National EOC Member
27. Sadiq Musadiq, Data Manager, National EOC
28. Abdul Malik Mehraban, National SIAs Coordinator, National EOC
29. Abdul Wali Ghayor, NGOs Coordinator, National EOC
30. Asadullah Taqdeer, Program Coordinator Office of President's Focal Point for polio
31. Wrishmeen Sabawoon, Epidemiologist, Office of President's Focal Point for Polio,

UNICEF and WHO Afghanistan Representatives

32. Adele Khodr, UNICEF
33. Richard Peeperkorn, WHO

Partner Representatives

34. Asmatullah Arab, Polio Consultant Bill & Melinda Gates Foundation
35. Timothy John Peterson, Deputy Director Polio, Bill & Melinda Gates Foundation
36. Apoorva Mallya, Bill & Melinda Gates Foundation
37. Maureen Martinez EMRO Polio Deputy Team Lead, CDC
38. John Vertefeuille, Polio Branch Chief, CDC and Chair, EOMG
39. Ajmal Pardis, PEI/EPI National Consultant AVRAM/CDC
40. Abdul Qahar Momand. PEI/EPI consultant/Project Manager CDC
41. Mohammad Ishaq, POLIO Plus Committee Rotary International
42. Nasir Ebrahimkhail, Senior Development Officer, Canadian Embassy
43. Chelsea Sayers, First Secretary Development, Canadian Embassy
44. John Eyres, Office Director, Health & Nutrition, USAID
45. Ellyn Ogden, Global Polio Advisor, USAID
46. Abdul Nasir Ikram, Project Management Specialist USAID
47. Ricard Lacort, Senior Country Manager for Afghanistan, GAVI
48. Harry Jeene, Consultant, GAVI
49. Fazal Mohammad Zameer, Program Manager Health-Nutirtion & AUP, European Union

Regional PEI Teams (MoPH, WHO, UNICEF)

Eastern Region

50. Najibullah Kamawal Provincial Health Director and Emergency Operation Center Manager Eastern Region
51. Zakiullah Storey, Provincial Health Director Nuristan
52. Mohammad Ishaq, Provincial EPI Manager, Kunar
53. Panchanan Achari, Polio Specialist, UNICEF
54. Mohammad Akram Hussain, Medical Officer, WHO

Southern Region

55. Abdul Qayum Pukhla, PHD Kandahar
56. Abdul Shakoor Nasrat, EOC Manager Southern Region
57. Esmatullah Hemat, Provincial EPI Manager, Helmand
58. Khan Agha Myakhel, Provincial Health Director, Urozgan
59. Lal Mohammad Tokhi, Provincial Health Director, Zabul
60. Noor Ahmad Banda, PEMT Manager, Zabul
61. Noah Matauruse, Polio Specialist, UNICEF
62. Habibullah Ismat, Immunization Specialist UNICEF
63. Irfan Akbar Elahi, Medical Officer, WHO

South-Eastern Region

64. Habib Mohammad, Manager, Regional EPI Management Team Manager, Paktia
65. Painda Mohammad Khairkhwah, Polio Officer, UNICEF
66. Daud Shah, Regional PEI Coordinator

Western Region

67. Mohammad Asif Kabir, PPHD Herat and REOC Manager, Western Region

68. Abdul Jabar Shaiq, PPHD Farah
69. Ahmad Ahmadi, Social Mobilization Specialist, Herat, UNICEF
70. Hassan Khan, Medical Officer, Herat, WHO

UNICEF and WHO Secretariat

71. Melissa Corkum Team Lead Polio, UNICEF
72. Hemant Shuklah, Team Lead Polio, WHO
73. Laurence Chabirand, Deputy Team Lead, UNICEF
74. Mandeep Rathee, Deputiy Team Lead, WHO
75. Philip Smith, Medical Officer, WHO
76. Khuhhal Khan Zaman, Medical Officer, WHO
77. Dennis Chimenya Social Mobilization Specialist, UNICEF
78. Ahmad Wali Walizadah, EPI Officer, UNICEF
79. Sayed Kamal Shah, Communication Specialist, UNICEF
80. Chinara Aidyralieva, Medical Officer, WHO
81. Jin Ni, Communication Officer, WHO
82. Samiullah Miraj, National Professional Officer, WHO
83. Naeeb Zafarzai, National PEI Coordinator, WHO