POLIO GLOBAL ERADICATION INITIATIVE

Report of the Seventeenth Meeting of the Technical Advisory Group on Poliomyelitis Eradication in Afghanistan

Kabul, Afghanistan

19–20 February 2025

Contents

ACRONYMS

AFP	Acute flaccid paralysis
BCU	Big Catch Up
***b*OPV**	Bivalent Oral Polio Vaccine
CDC	Centers for Disease Control and Prevention
EMR	Eastern Mediterranean Region
EOC	Emergency Operations Center
EPI	Essential Programme on Immunization
ES	Environmental surveillance
ES+	Positive environmental surveillance sample
fIPV	Fractional inactivated polio vaccine
FLW	Frontline worker
GF	Gates Foundation
GPEI	Global Polio Eradication Initiative
H2H	House-to-house
IPV	Inactivated polio vaccine
ISD	Integrated service delivery
LQAS	Lot quality assurance sampling
MMP	Migrant and mobile population
NA	Not available
NEAP	National Emergency Action Plan

NEOC	National Emergency Operations Center
NID	National immunization day
OPV	Oral polio vaccine
PCM	Post-campaign monitoring
PEI	Polio Eradication Initiative
PMC	Persistently missed children
REOC	Regional Emergency Operations Center
RI	Routine immunization
S2S	Site-to-site
SBC	Social Behaviour Change
SBCC	Social Behaviour Change Communication
SIA	Supplementary immunization activity
SMC	Still missed children
SNID	Subnational immunization day
TAG	Technical Advisory Group for Afghanistan and Pakistan
UNICEF	United Nation's Children Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WPV	Wild poliovirus
WPV1	Wild poliovirus type 1
WUENIC	WHO and UNICEF Estimates of the National Immunization Coverage

ACKNOWLEDGEMENTS

The Technical Advisory Group for Polio Eradication in Afghanistan and Pakistan acknowledges the engagement and commitment of the national leadership, the Honourable Minister of Public Health and the provincial governors to the polio eradication drive. The TAG appreciates the efforts of the national and regional emergency operation centers and the relentless commitment of the frontline workers and deeply honours their sacrifices while working to ensure a polio-free world.

The TAG members extend their sincere thanks to the National Emergency Operations Center (NEOC) and the Ministry of Public Health of Afghanistan for facilitating the convening of the TAG meeting in Kabul after a gap of seven years. The TAG notes with great appreciation, the participation of Pakistan's NEOC Coordinator and members of the NEOC Pakistan Core Team, in the TAG meeting for Afghanistan.

The TAG also wishes to acknowledge the support of all national and regional entities to end poliovirus transmission and appreciates the partners and donors of GPEI for their unwavering support for polio eradication, including the Regional Reference Laboratory for Polioviruses in Islamabad, Rotary International, the World Health Organization, the United Nations Children's Fund , the US Centers for Disease Control and Prevention, the Gates Foundation, and Gavi, the Vaccine Alliance. The participation of the Strategy Committee Chair and members in the concluding session is appreciated.

The TAG appreciates the support of the Secretariat for organizing the meeting and compiling the information provided to the TAG for review which enabled the TAG to formulate their recommendations.

EXECUTIVE SUMMARY

The World Health Organization (WHO) Regional Director for the Eastern Mediterranean Region (EMR) convened the Technical Advisory Group meeting on polio eradication in Afghanistan (TAG) on 19 and 20 February in Kabul, Afghanistan. The meeting was held amidst significant developments: a surge in poliovirus transmission in both Afghanistan and Pakistan, a narrowing window to interrupt wild poliovirus type 1 (WPV1) transmission by the end of 2025, and the added challenge posed by the recent shift to site-to-site (S2S) campaign modality in Afghanistan.

In 2024, Afghanistan reported 25 WPV1 cases—up from just six in 2023—with transmission re-established in the South region and persistent, albeit reduced, transmission in the East region. Epidemiological data confirms ongoing shared circulation along both the northern and southern -cross-border corridors. The reduced funding and technical support by the US government, coupled with the challenge of sustaining international financing without clear evidence of progress, makes a strategic reset imperative. Only by demonstrating tangible gains can the programme maintain the confidence of both national and global stakeholders in our collective goal of eradicating polio. Therefore, the pressure to demonstrate progress and achieve results is now greater than ever.

Nonetheless, recognising current realities, TAG endorsed the strategic reset plans developed by the programme to maximize reach through S2S vaccination and urged a step-change in ownership, leadership and political commitment without delay. This includes clear government and administrative support at all provincial and district levels to ensure the smooth implementation of the new strategy, and to prevent further incidents of programme obstruction by local authorities. This is especially important now amidst the challenges of declining international funding.

The next five months till June are crucial for making progress and putting the programme back on track to interrupt all WPV1 transmission by the next low season. Progress in the East region provides an opportunity to finally interrupt endemic transmission there. The re-established transmission in South region risks continued spread of virus to other areas and across the southern cross-border corridor. To meet these targets, it is imperative that the new reset strategy results in reducing the large number of children being missed due to S2S modality. The reset strategy must be fully implemented immediately in the South and East regions to ensure that its impact begins to be realized from the next vaccination campaign in April and onwards.

TAG recommended three epidemiological milestones to be accomplished by June 2025 to demonstrate the impact of the reset:

1	East region: • No new WPV1 cases. • No persistent WPV1 lineages detected in environmental samples.
2	South region: • No new WPV1 cases. • A clear decline in the number of WPV1 detections in environmental samples.
3	No local transmission is established elsewhere in the country.

To this end, TAG also recommended specific benchmarks for the programme quality in the two regions. These should result in an evident decline in the number of missed children recorded, specifically through the assistance of locally identified, locally selected and locally accepted individuals operating as enablers. Moreover, lot quality assurance sampling LQAS pass rates should be enhanced by June 2025 to meet a threshold of >80% in the South region and a threshold of >95% in the East region.

The TAG endorsed the supplementary immunization activities calendar for the first half of 2025 (one national immunization days in April and one subnational immunization days in May), which have now been fully synchronized with the Pakistan programme. Continued cross-border coordination should continue and deepen to overcome operational challenges, with more active cross-border engagement and coordination at the local level in the bordering areas. The TAG recommended renewed coordination between EPI and PEI to ensure synergy, setting clearly measurable and practical approaches of integration and specific vaccination coverage targets in selected areas.

Despite challenges, Afghanistan has the capacity, resources, and demographic and topographic conditions to interrupt WPV1 transmission in 2025. However, this is contingent upon strong leadership at national and provincial levels to rigorously implement the TAG recommendations, in synchronicity with the new strategic quality drive in Pakistan, ensuring joint success in this epidemiological bloc. The next TAG consultation will be convened in June 2025.

INTRODUCTION

The Technical Advisory Group meeting on Eradication of Poliomyelitis in Afghanistan (TAG) was convened in Kabul, Afghanistan, on 19 and 20 February 2025, under the auspices of the Regional Director of the World Health Organization (WHO) Eastern Mediterranean Region (EMR) on behalf of EMR Member States and the Global Polio Eradication Initiative (GPEI) partnership. The TAG is an independent body that advises and makes recommendations to the relevant authorities in Afghanistan and Pakistan (as one epidemiological bloc) and to the GPEI partner organizations on national polio eradication programme policies, strategies and operations.

Preamble

The TAG meeting was convened at a critical juncture, amid significant national, regional, and global developments that warrant close attention given their implications for interrupting the remaining wild poliovirus type 1 (WPV1) transmission in Afghanistan and Pakistan, ultimately paving the way for global polio eradication.

In Afghanistan, the shift from the globally proven house-to-house (H2H) vaccination strategy to a site-to-site (S2S) modality in September 2024 presents a significant risk to progress, particularly in the South region, undermining efforts to stop the ongoing WPV1 transmission in the South region.

This challenge is further exacerbated by the loss of wider international funding for Afghanistan's health and social sectors, which has negatively impacted essential health services, including the Essential Programme on Immunization (EPI) and with direct and indirect adverse impacts on the Polio Eradication Initiative (PEI).

The deterioration in cross-border dynamics between Afghanistan and Pakistan add another layer of complexity. Given that Afghanistan and Pakistan form a single epidemiological bloc for polio, sustaining strong cross-border coordination remains crucial to ensuring progress towards eradication.

At the regional level, governments across the Eastern Mediterranean have increased engagement and financial support to accelerate polio eradication in Afghanistan and Pakistan. Notably, the Kingdom of Saudi Arabia has pledged US $500 million to the GPEI, marking a significant contribution to the programme's efforts in the Region, but also increasing expectations on the programme to demonstrate real, credible progress towards the goal.

Globally, GPEI is under unprecedented pressure from the international community to meet its eradication targets within the revised timelines of the extended GPEI Strategy. The updated plan aims to interrupt all WPV1 transmission by the end of 2025 and certify eradication of WPV1 by

the end of 2027. Additionally, it seeks to stop vaccine-derived poliovirus transmission by the end of 2026 and certify its elimination by the end of 2029.

However, recent decisions by the US Government have resulted in a substantial loss of funding and technical support, significantly impacting not only the GPEI, but also broader health and humanitarian aid efforts. Given these challenges, demonstrating tangible progress in the next six months is imperative to maintaining donor confidence and securing continued international funding towards ending polio.

The TAG was convened at this critical time to ensure the programme in Afghanistan sets a positive trajectory for polio eradication in 2025 despite the challenges posed by the shift to S2S vaccination, funding constraints and evolving cross-border coordination dynamics, ensuring the GPEI remains on track to achieve a polio-free world for future generations.

The objectives of the meeting were to review the implementation status of the May 2024 TAG recommendations and assess the epidemiology of WPV1 transmission, the operating environment and risks to the national programme given the evolving political, security and social dynamics, the proposed reset strategy to enhance the quality of S2S campaigns and review the proposed supplementary immunization activities (SIAs) calendar for 2025.

The meeting resulted in the TAG articulating clear epidemiological milestones and establishing programmatic benchmarks for the two key poliovirus reservoirs, the East and South regions, as pathways to interrupt all WPV1 transmission in Afghanistan within the global timelines.

Meeting Proceedings

The TAG meeting was held at the National Emergency Operations Centre (NEOC) for Polio Eradication in Kabul, Afghanistan, on the 19th and 20th of February 2025. *P*lease see the list of meeting participants and the two-day agenda in the annexures.

Leadership from Afghanistan's national and regional polio eradication programme participated in the meeting, along with representatives from the GPEI partnership. The Honourable Minister of Public Health of Afghanistan attended the first day of the meeting, reaffirming his support and commitment to polio eradication. He emphasized the importance of ensuring high-quality campaign implementation to effectively interrupt WPV1 transmission in Afghanistan.

A delegation from Pakistan's national team, led by the NEOC Coordinator, attended the meeting. Both NEOC leads in Afghanistan and Pakistan acknowledged the interdependence of the two countries' polio eradication programmes and committed to supporting cross-border coordination at the national and subnational levels. The physical presence of the two

coordinators in Kabul emphasized the substantial value of regular face-to-face coordination at the national and local levels across the two programmes.

The technical sessions commenced with a regional update presented by the team leader of WHO EMR's Polio Endemics Unit, focusing on the epidemiological situation in Afghanistan and Pakistan, along with key takeaways from the recent TAG meeting in Pakistan. This was followed by a comprehensive presentation by the NEOC, which provided a historical review of epidemiology over the past decade, the current risk categorization and operating environment, challenges and key aspects of the Strategic Reset aimed at optimizing the S2S campaign strategy. It is important to highlight that the Strategic Reset was devised through an extensive deliberation over two days among Core Team members from Afghanistan's NEOC and the subnational staff prior, to the TAG meeting.

There were two exclusive sessions on presentations by the East and South regions followed by a session comprising a presentation by the South-east, Central, West, North-east, and North regions. Each session featured thorough and open discussion to understand the situation and thus arrive at recommendations for improvements, where needed.

The TAG recommendations were presented on the second day, followed by remarks from the national leadership of the programme, the Chair, and members of the GPEI Strategy Committee and the GPEI partners. The NEOC Director assured the TAG of the full implementation of the recommendations. This report presents a summary of the TAG meeting deliberations, including two closed sessions, totalling 12 hours.

SITUATION ANALYSIS

As of 19 February 2025, Afghanistan has reported one WPV1 case in 2025 and nine WPV1 positive environmental samples (ES+). There were 25 polio cases and 113 WPV1 ES+ in 2024 compared with six polio cases and 62 ES+ in 2023. A subnational review illustrates that the marked increase is due to the intense transmission in the South region following the introduction of poliovirus from the East region, and subsequent bi-directional cross-border transmission along the southern corridor.

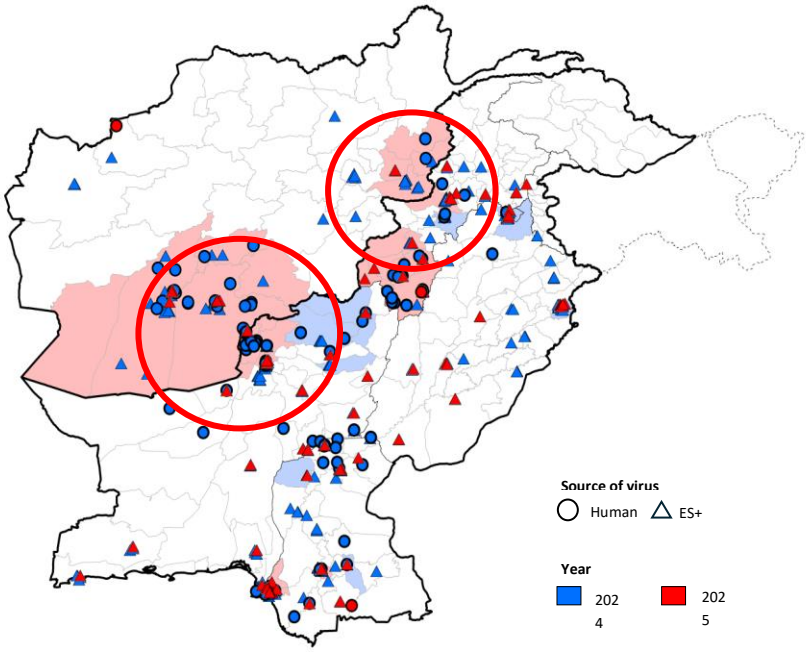
The field and molecular epidemiological data demonstrate that there is endemic circulation in the two historic core reservoirs, South and East regions, as shown in Figure 1, though transmission is markedly reduced in the latter, denoting clear progress needs to be maintained.

There is spread of poliovirus from both endemic regions in Afghanistan to other areas within the country: from the East region to Central and North-east region, and from the South region to the

West region. It is important to note that all WPV1 detections in Afghanistan in 2024 have been from the genetic cluster YB3A4A except for two sporadic isolates of YB3A4B, one each in Herat (March 2024, ES+) and Kandahar (June 2024, ES+).

The cluster YB3A4B is dominantly circulating in Sindh province of Pakistan, while YB3A4A is circulating extensively in both countries. Notably, there are no areas of re-established transmission in Afghanistan outside the two endemic regions. However, there is an emerging vulnerability to outbreaks all over the country (with significant concerns of potential blind spots in the South-east region), and especially in large population centres due to increasing numbers of missed children under the S2S modality.

Figure 1. WPV1 Epidemiology in Afghanistan and Pakistan in areas of concern



Areas of concern

Established transmission (>12M)

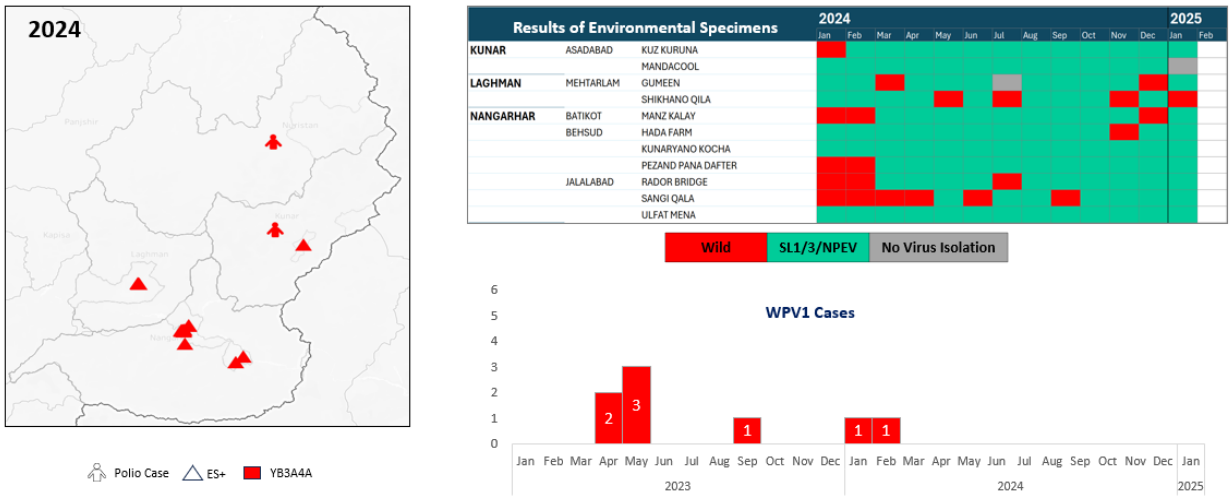
- **East Region**: Nangarhar, Kunar
- **South Region**: Kandahar, Hilmand
- **Southern KP, Pakistan**
- **Peshawar Bloc:** Peshawar
- **Karachi Bloc:** Karachi districts, Hyderabad
- **Quetta Bloc:** Quetta, Pishin, Chaman, Killa Abdullah

Re-established transmission (6-11M)

- **East Region**: Laghman
- **KP:** Kohat
- **Punjab:** Rawalpindi, Lahore, Islamabad
- **Sindh:** Mirpur Khas, Kambar
- **Balochistan:** Zhob, Dukki, Killa Saifullah

In the East region, there has been notable progress, marked by a decline in polio cases and environmental detections. In the northern corridor – comprising the eastern provinces of Afghanistan and central Khyber Pakhtunkhwa in Pakistan – there has been a 35% reduction in WPV1 detections in 2024 compared to the previous year (88 detections in 2023 vs 57 in 2024). However, there is frequent reporting of long-chain and orphan viruses in the corridor outlining potential gaps in surveillance among population groups on both sides of the border. Overall, transmission continues as shown in Figure2, and the recent shift to S2S modality poses a risk of reversing these gains.

Figure 2. East Region WPV1 Epidemiology



In the South region, WPV1 transmission remains intense within, as shown in Figure 3, and across the southern corridor, raising concerns about the virus spreading to other parts of Afghanistan and Pakistan. The southern corridor– comprising the southern provinces of Afghanistan and Quetta bloc in Pakistan – has reported a sharp increase of 600% in WPV1 detections in 2024 compared to the previous year (30 detections in 2023 versus 180 in 2024). As of 19 February, there has been no evidence of cross-border transmission in the central corridor – comprising the South-easte region of Afghanistan and southern KP in Pakistan – which has had a 472% rise in WPV1 detections in 2024, compared with 2023 (11 detections in 2023 versus 52 in 2024).

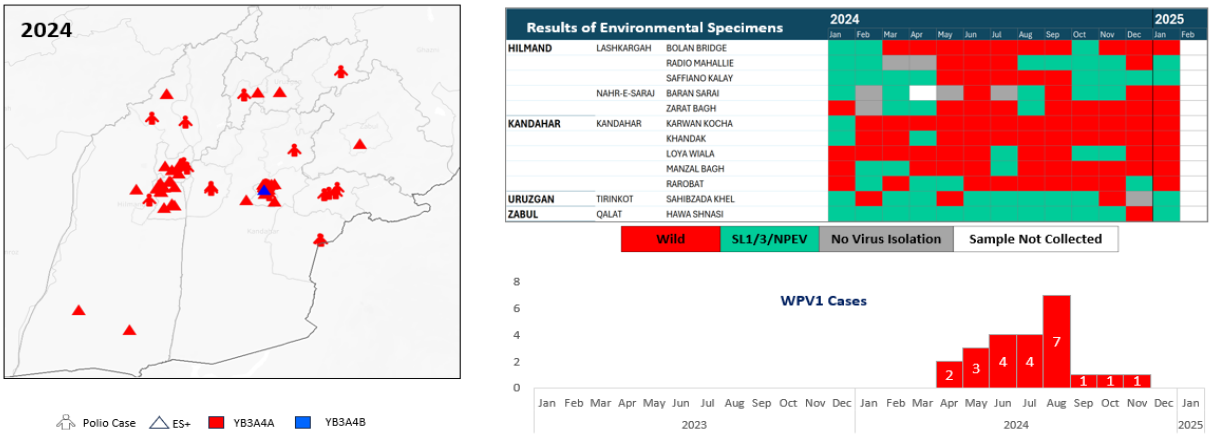


Figure 3. South Region WPV1 Epidemiology

Strategic Reset to optimize S2S modality.

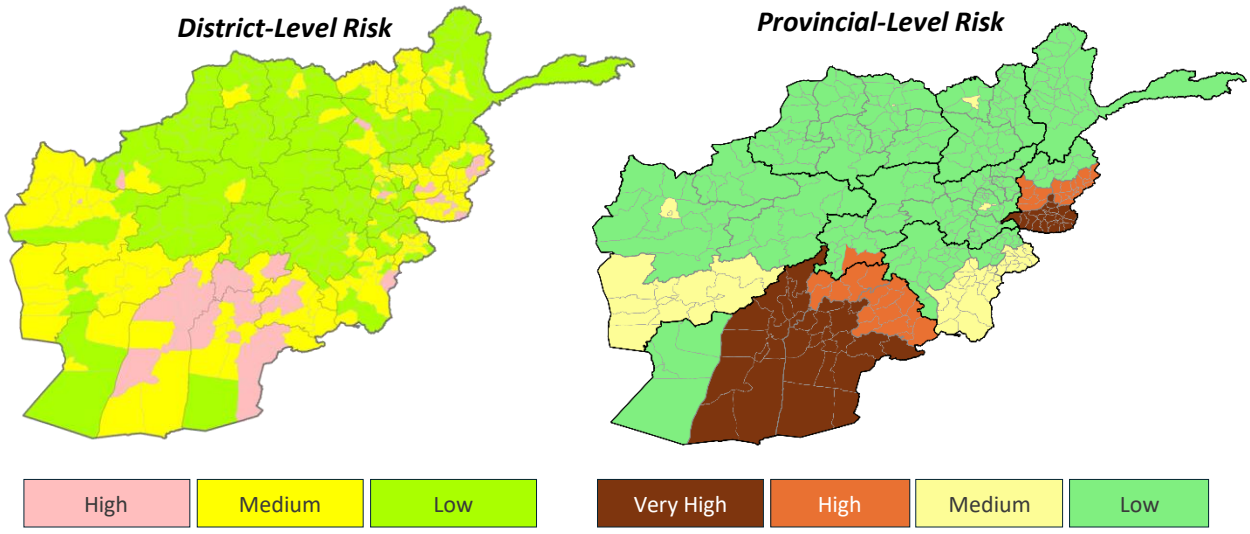
Afghanistan's polio eradication programme has designed a thoughtful and risk-based strategy to optimize the S2S vaccination modality, despite it being a less effective programme model, to maximize reach to all eligible children.

Based on a historic review of the epidemiological data, population density, key drivers of epidemiology and observed best practices in the past three nationwide S2S campaigns, the programme categorized provinces into four categories: very high-risk provinces (Hilmand, Kandahar and Nangarhar); high-risk provinces (Kunar, Laghman, Uruzgan and Zabul); medium-risk provinces (Farah, Khost and Paktia) and low risk provinces (Badghis, Baghlan, Herat, Kabul and the rest of the country), as shown in Figure 4. The categorization also includes district-level prioritization.

Epidemiological data spanning more than a decade establishes relationships of long duration of virus transmission in the East and South regions' densely populated provinces, namely, Hilmand, Kunar, Kandahar and Nangarhar. However, transmission does not continue for long durations outside of these areas.

Moreover, key contextual challenges are considered in developing the new strategy, including the differential performance of the regions through S2S modality, risks of losing gains in the East region, imminent threat of spread of transmission from South region, and increasingly difficult funding situation in the absence of significant progress towards polio eradication.

Figure 4. Prioritization of Interventions based on Highest Risk Provinces and Districts



The programme highlighted the best practices through which the S2S modality can be optimized to enhance its reach to as many eligible children as possible. These are: focusing the programme's resources in these key areas, optimizing the stewardship of the political leadership, recruiting socio-culturally appropriate frontline workers (FLWs), engaging true influencers in each locality

and street, continuing to identify, understand, engage with and vaccinate all migrant and mobile populations (MMPs), and rigorously validating independent monitoring data.

Therefore, the strategy is devised around four thematic areas:

Maximizing Push	On the supply element, placing vaccination service as close to beneficiaries as possible and enabling programme to quantify and track missed children.
Maximizing Pull	On the demand element, implementing interventions to get the beneficiaries to access vaccination sites because houses cannot be accessed.
Advocacy	Improving the ownership of the programme at all levels and developing targeted messaging to achieve that.
EPI	Providing operational support to EPI programme in strategically prioritized geographies.

Each thematic area considers operational feasibility, recorded best practices, and socio-cultural variances.

FINDINGS

The Strategic Reset

The TAG reiterated unequivocally that H2H vaccination campaigns remain the globally proven strategy for success, as demonstrated in India and Nigeria. At the same time, it recognized Afghanistan's current realities and the urgent need to commit to and optimize the S2S vaccination modality.

Under these circumstances, the TAG endorsed the Strategic Reset and its four thematic areas to maximize reach through S2S vaccination using the provincial and district-level risk categorization. TAG endorsed the planned interventions, which are graded based on highest priority accorded to the dense urban and peri-urban areas of known high risk provinces, followed by dense rural or infected areas and bordering districts. These include 37 high-risk districts in key provinces and 42 high-risk districts across the country, summarized in Table 1.

Table 1. List of high-risk districts based on the risk categorization.

Provincial Risk	Province	High Risk Districts	Total Districts
Very High	**Hilmand**	**9**	13
	Kandahar	**8**	16
	Nangarhar	**7**	22

High	**Kunar**	**5**	15
	Laghman	**1**	5
	Uruzgan	**4**	6
	Zabul	**3**	11
Total (Very High and High Risk)		**37**	**88**
Medium	**Farah**	0	11
	Khost	0	13
	Paktika	1	19
Low	**Kabul**	1	15
	Hirat	1	16
	Badghis	1	7
	Baghlan	1	15
	Rest of Country	0	215
Total (Country)		**42**	**399**

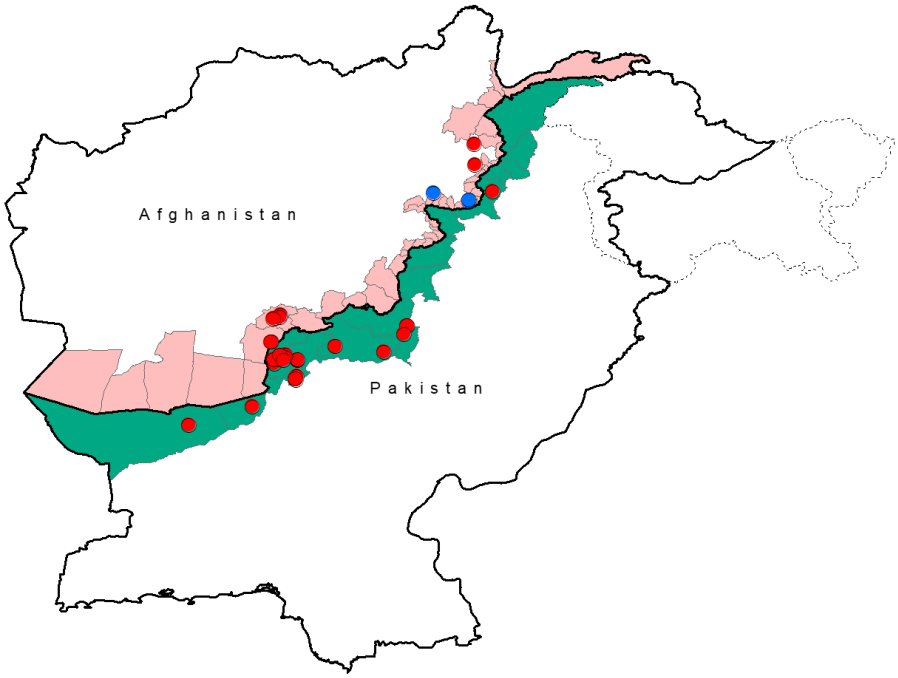
The TAG noted that its May 2024 recommendations, including the shift to H2H vaccination in the South region, were not implemented. It emphasized that the programme must make every effort to reach all eligible children, backed by strong political commitment and leadership at the national and subnational levels, and that these interventions are localized to ensure cultural acceptability.

CROSS CUTTING AREAS

Cross-border Coordination

Afghanistan and Pakistan constitute a common epidemiological bloc for poliovirus transmission, making the success of the two eradication programmes interdependent. Border districts between Afghanistan and Pakistan contributed to 32% (8 cases) and 22% (15 cases) of WPV1 cases in 2024 respectively, as shown in Figure 5.

Figure 5. WPV1 Cases in border districts between Afghanistan and Pakistan in 2024



There is compelling epidemiological data on the transmission of WPV1 across the northern and southern cross-border corridors necessitating agile cross-border coordination. There is shared transmission of multiple lineages of YB3A4A cluster circulating in both countries, in addition to a sporadic detection of YB3A4B cluster (linked to Pakistan) in western Afghanistan. Moreover, given the re-established transmission in southern Khyber Pakhtunkhwa in Pakistan, the South-east region faces a sustained high risk of WPV1 spread, as part of the central cross-border corridor.

The SIAs' schedule and epidemiological data is shared between both countries however, both programmes need to focus efforts on active coordination, in addition to information sharing, to develop joint local analyses of operational data, identify and tackle the programmatic gaps in coverage and vaccine delivery, particularly in bordering districts. The TAG acknowledges the efforts of the two programmes to synchronize the February 2025 campaign in most of the border areas and realizes that synchronization is often impacted by contextual challenges. However, monitoring data reflects concerns on the quality of SIAs in bordering districts, particularly in the southern and central corridors.

Essential Programme on Immunization and the Big Catch-Up

The TAG observed a continuing disconnect between the PEI and EPI programmes, despite both programmes recognizing the importance of synergy and acknowledging ongoing efforts to bridge

the gap. An EPI review in the last quarter of 2024 assessed EPI-PEI synergy and found several opportunities for collaboration, underscoring that the two programmes are two sides of the same coin.

The TAG emphasized that enhanced EPI-PEI cooperation is an essential determinant of success for the eradication initiative, particularly in the urban cities of Jalalabad, Kandahar and Lashkargah, and their peri-urban areas. Moreover, the Big Catch-Up (BCU) presents a significant opportunity to reach the unreached children, and its implementation in Afghanistan and must be coordinated with SIAs to prevent overlap and maximize impact.

2025 SIAs schedule

The programme proposed one NID in April and two SNIDs in February and June, covering 54% of the overall target, as shown in Figure 6. The TAG reviewed the proposed SIAs by the programme for the first half of 2025 and found them consistent with the risk categorization, current understanding of epidemiology and strategic priorities, especially since the programme implemented one SNID in January 2025 targeting the high-risk geographies.

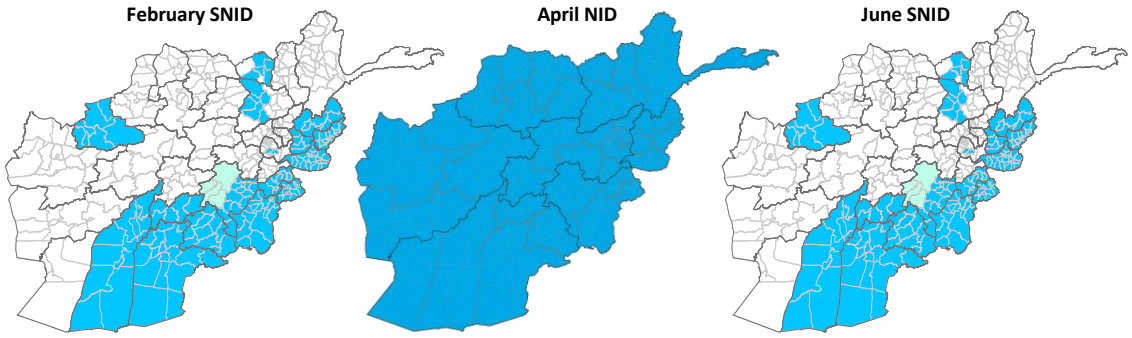


Figure 6. Proposed SIA Calendar for the First Half of 2025

The programme also proposed fractional inactivated poliovirus vaccine (*f*IPV) campaigns in July and August in the East and South regions. The TAG reviewed the proposed *f*IPV SIAs and found these appropriately planned and scheduled, in line with the earlier recommendations for *f*IPV campaigns in both regions.

RECOMMENDATIONS

Despite challenges, Afghanistan has the capacity and resources to interrupt WPV1 transmission by the end of 2025. However, this is contingent upon strong government leadership at the national and provincial levels that translates into an all-of-government and all-of-society support for programme implementation, alongside ensuring joint success in the common epidemiological bloc.

The Strategic Reset

The TAG noted that its May 2024 recommendations (below) remain more valid than ever as a pre-requisite for success of the Strategic Reset.

- All relevant government, administrative, police and military leaderships, including the Propagation of Virtue and Prevention of Vice, Religious, Interior, Health, and other departments, must fully support campaigns, demanding and ensuring seamless planning and implementation from national to local level.
- Respected national and international religious scholars should be engaged to address vaccine hesitancy and promote OPV uptake.
- Leadership at all levels must clearly and directly communicate the full backing and prioritization of the authorities for polio eradication efforts to the communities and health workers. .
- Community enablers, influencers, elders, and local authorities must be incorporated into microplanning exercises for every SIA.

Maximizing Push: TAG affirmed the proposed operational tactics for maximizing push and noted that the programme should maintain the ratio of vaccination teams to households as similar as possible to the former H2H modality, finetune microplans and ensure no more than five households per vaccination site; rationalize workload for FLWs; reassess cultural and social

appropriateness of team composition for maximizing reach to children; and adjust timing to maximize parents/caregivers' ability to mobilize and bring children to vaccination sites.

Every effort must be made, under the S2S modality, to ensure a correct recording of the number of children available, and the number and proportion children missed in houses to ascertain robust coverage data and support planning of revisits in a culturally acceptable manner.

A fourth day should be added to SIA activities if there is systematic recording of missed children. Polio eradication teams should work with EPI and nutrition programmes to maintain and track list of newborns to ensure children receive both SIA and EPI doses.

Maximizing Pull: On maximizing pull, the TAG affirmed the programme's operational posture, noting that the first and foremost priority should be to systematically engage the provincial and district governors to identify and appoint local enablers who will mobilize households, families, parents/caregivers and children before and during every SIA. These designated enablers should be incorporated into every microplan.

Past efforts to recruit broad influencers have shown limited impact. Under the new strategy, the TAG urged the programme to shift from influencers to enablers, prioritizing respected local individuals, such as community elders, religious leaders, or other trusted figures, who can actively persuade families to attend S2S vaccination sites during campaigns.

These efforts should advance community engagement through the enablers/community elders ahead of campaigns for disseminating information and community mobilization. The TAG recommended that the programme should assess the roles, responsibilities, and effectiveness of existing networks of social mobilizers in maximizing pull.

Pluses: Recognizing the critical role of pluses in integrated service delivery (ISD), the TAG recommended setting up cross-partnership pluses committees at the national and provincial levels in priority provinces. These committees will ensure adequate planning and implementation of additional activities to enhance local/community engagement with SIAs and uptake of oral polio vaccine (OPV).

These activities could range from distributing small items (soap, diapers, etc.) to coordinating larger scale interventions in water, sanitation and hygiene (WASH), nutrition, community and public service improvements, either directly delivered by the polio programme or through

advocacy with humanitarian partners in underserved areas which are considered critical for the polio programme.

The committees should identify pluses that meet local demands and attract younger children and infants to the vaccination site and identify and leverage opportunities with other humanitarian services with particular emphasis on nutrition and WASH.

Ensuring robust implementation in priority areas through focused supervision and monitoring: The TAG recommended focused supervision in priority areas (Jalalabad, Kabul, Kandahar, Lashkargah and other major urban centers and their peri urban areas) from the national and regional level, and adapting the intra-campaign monitoring and cluster supervisor terms of reference and checklists to support implementation of the S2S modality.

A robust and credible monitoring system must track the critical processes of the S2S strategy. For push factors, this includes the accuracy of microplanning, the ratio of houses per site, and team operations. For pull factors, it entails evaluating the effectiveness of community enablers in mobilizing households and counting missed children accurately.

Additionally, a cluster level analysis of SIA performance should be conducted to ensure consistent vaccination quality at the grassroots level.

Improving EPI in key areas: The TAG recommended prioritized interventions in Jalalabad, Kandahar and Lashkargah and their peri-urban areas, by using polio microplans and cross-matching to identify white areas and overlaps. Polio staff should offer support in the planning, implementation, and monitoring of EPI sessions. The placement of female mobile vaccinators should be reassessed and redistributed to ensure complete coverage of all urban and peri-urban white areas.

The PEI team should collaborate with EPI and relevant stakeholders, including humanitarian agencies, to operate in the same under-served communities and to re-plan for the remaining white areas. Services in white areas should be rationalized and redistributed, where needed, to ensure that humanitarian partners can more effectively provide their services.

The TAG stated that the Ministry of Public Health must reassess the denominator for routine immunization in these areas. Moreover, polio resources should be leveraged for improving routine immunization, initiating newborn tracking, and linking it with the EPI system to improve routine immunization coverage.

Programmatic milestones and benchmarks

The programme should achieve three sets of milestones by June 2025:

1) In the East region, there should be no new WPV1 case reported and no persistent lineages of WPV1 detected in environmental samples.
2) In the South region, there should be no new WPV1 cases reported and a clear decline in the number of WPV1 detections in environmental samples should be observed.
3) Lastly, there should be no local transmission established elsewhere in the county.

The following programmatic benchmarks are recommended for each of the two endemic regions:

A) The South region:

In the South region, the TAG recommended that the implementation of the Strategic Reset should commence from April NID. The provincial and district governors, provincial health directors and religious leaders should be fully engaged in providing an enabling environment. Appropriate community-based enablers should be identified and included in the microplans, and measures should be taken to review their performance in mobilizing families and identifying missed children. Composition of teams should be socially and culturally appropriate to vaccinate all children.

The South region should have a six-month plan to deploy appropriate pluses in targeted areas and track their impact on uptake of polio and routine vaccines among young children. This plan should include clear identification of populations in which pluses will be deployed to in the highest risk districts; ensure timely procurement, distribution and accountability; integration of pluses and communities into micro-plans; and supervision and monitoring to assess impact.

Measures of successful implementation of these activities will include clear evidence of declining number of missed children recorded with the help of local enablers, and improved LQAS pass rates to more than 80% by June 2025.

Moreover, the TAG endorsed the following indicators for Kandahar, Lashkargah and their peri urban areas to measure improvements under the Strategic Reset by the end of 2025:

- LQAS passing rates at the same benchmark as for H2H campaigns.
- Post-campaign monitoring (PCM) coverage greater than 95%.
- Fewer than 5% of non-polio acute flaccid paralysis cases with fewer than three OPV doses.
- IPV1 coverage above 60%.

The TAG emphasized the critical importance of high-quality, robust, and credible data to accurately track these progress indicators.

B) The East region:

In the East region, the TAG recommended that the Strategic Reset should be fully implemented from the April campaign onwards. The current levels of support by provincial and district governors and provincial health directors should be maintained and increased where it is lagging.

There should also be clear evidence of declining numbers of missed children recorded with the help of local enablers in the East region, particularly in the large urban centers, and improvement in LQAS pass rates of more than 95% throughout 2025.

Cross-border coordination

The TAG recommendations from May 2024 (listed below) remain valid, and merit even more urgent consideration given the expanded WPV1 transmission, especially across the southern corridor.

- The national leadership on both sides should maintain regular and direct engagement, and ensure the agreed plans and frameworks are updated and implemented synchronously, given that successful polio eradication in both countries is interdependent.
- There should be a diligent focus on border districts coupled with regular local-level exchange of information. However, there is an increasing need to assure quality of programme in border districts, given the challenges in coordination due to the evolving environment. Therefore, the national and provincial authorities should create an enabling environment for diligent review and focus on border districts coupled with regular local level exchange of information and meetings for attention to all agreed thematic areas including on SBCC.
- Cross-border coordination should percolate to local level with a focus on identification, mapping and coverage of straddling vulnerable populations, and close focus on enhancing quality and assuring reach in straddling zones.
- Both programmes should jointly assume exercise to remap nomadic populations' movement patterns.
- Both programmes should continue to strive for synchronized SIAs.

Essential Programme on Immunization and the Big Catch-Up

Both EPI and PEI programmes should identify barriers for cooperation and priority areas in which the programmes can complement each other. Findings and recommendations of the EPI review held in October 2024 should provide a solid foundation in this regard.

A national level committee with representations from all relevant stakeholders should be formed to define roles and responsibilities for both programmes and establish a monitoring mechanism that ensures effective operational synergy.

2025 SIAs schedule

The TAG endorsed the SIAs schedule for the remainder of the first half of 2025, with the three caveats: all elements of the Strategic Reset must be fully in place before April SIA; April and May campaigns must be synchronized with Pakistan; and the scope of all SNIDs should include major at-risk urban centers, including in the Central, West, North and North-east regions. The TAG appreciated that the NEOC leads of Afghanistan and Pakistan agreed to synchronize the dates of the April and May campaigns during their meeting in Kabul held on the sidelines of the TAG meeting, which would be commencing on 21 April and 26 May, respectively.

IPV Campaigns

In addition to the previous TAG recommendations on the implementation of *f*IPV campaigns in the East and South regions, the TAG emphasized that large-scale *f*IPV campaigns are not required. *f*IPV campaigns should include priority populations such as MMPs, children in WPV1 transmission areas with persistently low routine immunization coverage and high number of zero-dose children. The BCU should be optimized for delivery of IPV to eligible children. And most importantly, TAG cautioned that IPV/*f*IPV campaigns should not distract from the quality of OPV SIAs.

Lastly, the programme should be reviewed in June 2025 to assess the trajectory of progress and need for urgent course correction.

CONCLUSIONS

Endemic circulation persists in the two historic reservoir areas in the East and South regions. While the East region's recent progress offers an opportunity for the programme to finally interrupt endemic transmission in the region and across the northern corridor, this progress remains early and fragile. Moreover, the re-established endemic transmission in South region risks continued spread to other parts of Afghanistan and across the southern cross-border corridor.

The newly endorsed Strategic Reset is essential to address the high number of children missed under the current S2S campaign modality. All-of-Government and All-of-Society mobilization must serve as the cornerstone of this renewed strategy.

Although implementing this strategy presents unprecedented challenges, they are not insurmountable. Success will require strong, unified leadership at national and provincial levels, with full ownership of both the polio eradication and EPI programmes, two interdependent pillars of a comprehensive immunization effort.

Efficiency, accountability, and transparency must be ensured at every level, and enhanced Ministry of Public Health leadership, supported by coordinated GPEI engagement, will be critical to achieving the eradication timeline.

Given the interdependent nature of polio eradication efforts in Afghanistan and Pakistan, maintaining and strengthening cross--border coordination is essential. Leadership in both programmes must fully leverage existing mechanisms, such as the Health Dialogue and synchronized campaign planning, to sustain momentum and ensure alignment. Enhanced engagement from EMR Member States has bolstered accountability and commitment, positioning the region to achieve polio eradication and leave a lasting public health legacy.

Despite challenges, Afghanistan has the capacity and resources to interrupt WPV1 transmission by the end of 2025. However, this is contingent upon strong government leadership at the national and provincial levels, ensuring joint success in the common epidemiologic bloc between Afghanistan and Pakistan and full implementation of the TAG recommendations.

ANNEXURES

Annex 1 - 2025 TAG Meeting Agenda

Day One Wednesday, 19 February 2025	
Time	**Session**
9:00-9:15	**Welcome and Registration**
9:15-9:45	**Recitation of Holy Quran** **Introduction of Participants** **Opening Remarks** Chair of the Technical Advisory Group Minister of Public Health Director NEOC Afghanistan WHO Representative Afghanistan UNICEF Representative Afghanistan WHO Regional Director for Eastern Mediterranean Region **Meeting Objectives** **Group Photo**
09:45-10:00	*Coffee Break*
10:00-12:00	**Afghanistan Polio Eradication Programme** • **Situation Update** • **Updated strategy 2025.** *Presentation 30 minutes each, Discussion 30 minutes*
12:00-13:00	**Review of Polio Programme in East Region** *Presentation 30 minutes, Discussion 30 minutes*
13:00-14:00	*Lunch*
14:00-15:00	**Review of Polio Programme in the South Region** *Presentation 30 minutes, Discussion 30 minute*
15:00-16:00	• **Review of Polio Programme in Rest of Regions** West • Southeast • Center • Northeast • North *Each region to make 2 Slide presentations (challenges and way forward max 5 min each) followed by 30 min discussion*
16:00-16:15	***Coffee Break***
16:15-16:45	**Cross-Border Coordination**
16:45-17:00	***Closing – Day One***
Day Two Thursday, 20 February 2025	
09:00 – 13:00	***TAG Closed Session***
13:00-14:00	*Lunch*

15:00-16:00	**Recommendations of the Technical Advisory Group**
16:00-17:00	**Closing Remarks** Partners & Donor Representative Chair of the Strategic Committee Regional Director WHO EMRO NEOC Director Minister of Public Health Chair of the Technical Advisory Group ***Vote of Thanks***

Annex 2 - List of Participants (In Person and Virtual)

Technical Advisory Group

Dr Jean-Marc Olivé, Chair
Dr Sebastian Taylor, Member
Dr Fatima Mir, Member

Afghanistan

Ministry of Public Health

Malawi Noor Jalal Jalali, Honourable Minister of Public Health

National Emergency Operations Center (NEOC)

Dr Abdul Qadus Baryali, Director NEOC
Dr Aqa Gul Dost, Senior Technical Advisor NEOC
Dr Mandeep Rathee, National Polio Team Leader WHO – Afghanistan
Dr Shamsher Ali Khan, National Polio Team Leader UNICEF – Afghanistan
Ms. Colleen Hardy, Core Team Member Afghanistan – CDC
Dr Hamidreza Setayesh, Senior Program Officer Afghanistan - GF
Dr Khushhal Zaman Khan, Deputy Team Leader WHO – Afghanistan
Eng. Ishaq Niazmand, Rotary International
Ms. Naureen Naqvi, SBC Manager UNICEF – Afghanistan
Mr Noor Mohammad Noori, Monitoring and Evaluation NEOC
Mr Bakht Mohammad Pason, SIAs Operations Office NEOC
Dr Amin Ulhaq Karimi, Cross Border Focal Point NEOC
Mr Aqa Mohammad Qurishi, Communication Officer NEOC
Dr Khalid Ahmad Esmati, ISD Officer NEOC
Mr Milad Salimi, Senior Admin Officer NEOC
Mr Fazal Rabi Naibi, National EOC Secretary NEOC
Dr Wasiullah Hasam, National Consultant BMGF

Regional Emergency Operations Center (REOC) – East Region

Dr Najubullah Kamawal, REOC Manager East
Dr Danish Ahmed, Medical Officer WHO East
Mr Rufus Eshuchi, SBC Manager UNICEF East
Mr Raz Mohammad Khan Khankhell, SBC Specialist UNICEF East

Regional Emergency Operations Center (REOC) – South Region

Dr Jamaludin Azami, REOC Manager South
Dr Enayatullah Ghaffari, Hilmand EOC Manager South
Dr Bakh Mohammad Mustafa, Uruzgan EOC Manager South
Dr Sajjad Rasool, Medical Officer WHO South
Mr Kondwani Ng'oma, Senior Program Manager – Polio Team Lead UNICEF South

Mr Shah Jamal Akhlaque, SBC Manager UNICEF South
Mr Aminullah Mahboobi, SBC Officer UNICEF South
Mr Fuad Mohammad Shams, Program Specialist UNICEF South

Regional Emergency Operations Center (REOC) – Southeast Region

Dr Ahmad Gul, REOC Manager Southeast
Dr Adnan Akbar Khan, Medical Officer WHO Southeast
Mr Painda Khairkhwa, SBC Specialist UNICEF Southeast

Regional Emergency Operations Center (REOC) – West Region

Dr Asif Kabir, REOC Manager West
Dr Semeeh Omoleke, Medical Officer WHO West
Dr Ahmad Shah Ahmadi, SBC Specialist UNICEF West

Regional Emergency Operations Center (REOC) – Center Region

Dr Rohullah Habib, Technical Officer WHO Center

Regional Emergency Operations Center (REOC) – North Region

Dr Wardak Sailani, Technical Officer WHO North
Mr Madina Qati Musadiq, SBC Officer UNICEF North

Regional Emergency Operations Center (REOC) – Northeast Region

Dr Najeebullah Zafarzay, Technical Officer WHO Northeast

WHO Afghanistan Country Office

Dr Edwin Ceniza Salvador, WHO Representative
Dr Mohammad Akram Hussein, Medical Officer
Dr Sumangala Chaudhury, Medical Officer SIAs
Dr Ali Zahed, National Polio Officer Surveillance
Dr Chinara Aidyralieva, EPI Team Leader
Mr Naveed Saeed, Data Management Officer
Mr Aimal Shams, Administrative Assistant

UNICEF Afghanistan Country Office

Dr Ginger Johnson, Monitoring and Evaluation Manager
Dr Shafiqullah Bashari, SBC Specialist

Pakistan

Mr. Muhammad Anwar Ul Haq, National Coordinator, NEOC, Pakistan
Dr Muhammed Ahmed Soghaier, Polio Team Lead – WHO, NEOC, Pakistan
Ms. Melissa Grace Corkum, National Polio Team Lead – UNICEF, NEOC, Pakistan
Dr Nadeem Shah, Control Room Team Lead / National Cross-Border Focal Point - NEOC, Pakistan

GPEI Partnership

Strategy Committee (SC)

Mr. Steven Lauwerier, Director, Polio Eradication UNICEF HQ
Dr Arshad Quddus, Coordinator WHO HQ
Dr Jay Wegner, Director Polio GF
Ms. Suchita Guntakatta, Deputy Director Polio GF
Dr Carol Pandak, Rotary PolioPlus Director
Mr. Mike MC Govern, Rotary IPPC Chair
Ms. Omotayo Bolu, Chief Polio Eradication Branch CDC
Mr. Stephen Sosler, Head of Vaccine Programmes GAVI
Ms. Kathleen Clark, Senior Programme Manager of Polio Vaccine Programmes GAVI
Ms. Gillian Harris, Donor Representative
Dr Andrew Kennedy, Unit Head GPEI Executive Management WHO HQ
Ms. Jennifer Gatto, Programme Officer Polio UNICEF HQ

World Health Organization (WHO)
Dr Hamid Jafari, Director Polio - WHO EMR
Dr Fazal Ather, Team leader - WHO EMR
Dr Hemant Shukla, Coordinator - WHO EMR
Dr Alakyaz Assadorian, Technical Officer - WHO EMR
United Nations Children's Fund (UNICEF)
Ms. Sheeba Afghani, SBC Specialist - UNICEF HQ
Centers for Disease Control and Prevention (CDC)
Dr Obaid ul-Islam Butt, Technical Officer - CDC
Gates Foundation (GF)
Mr. Michael Galaway, Deputy Director Polio - GF
Dr Ana Maria Guzman, Senior Program Officer Afghanistan – GF


Technical Advisory Group Meeting for Afghanistan
Together, We Can Eradicate Polio!
Polio Ends With Us!
A Polio-Free Future Starts with You!
Polio Has No Cure – Prevent It Now!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every last child


CDC
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ERADICATION
INITIATIVE