

Summary report on the

Technical Advisory Group Meeting on Polio Eradication for Pakistan

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Islamabad, Pakistan
2–3 June 2014



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

The Technical Advisory Group on Polio Eradication for Pakistan (TAG) conducted a meeting on 2–3 June 2014, during a time when the Pakistan programme is at a “critical crossroads”. Pakistan is rapidly heading towards being the only country in the world with endemic wild poliovirus (WPV) transmission unless urgent, transformative action is taken by the highest authorities in the country. In the four months preceding the meeting, 86 % of global polio cases were in Pakistan. The Emergency Committee under IHR declared in May 2014 that “Cameroon, Syrian Arab Republic and Pakistan pose the greatest risk of further WPV exportations in 2014” and issued temporary recommendations for travelers from the three countries requiring proof of polio vaccination 4 weeks to one year prior to travel abroad. In June 2014, the Independent Monitoring Board (IMB) of the Global Polio Eradication Initiative issued the report from their 9th meeting and identified the situation in Pakistan as a “crisis”. This context heavily influenced the deliberations of the TAG. Substantive discussions were held in both the open and closed sessions to understand the issues and identify recommendations to the Government of Pakistan and the polio partners providing support in order to urgently get the programme “back on track”.

In 2014 (as of 5 July) Pakistan has reported 90 cases due to WPV (compared with 22 at this time in 2013), all due to wild poliovirus type 1 (WPV1). Twelve districts have reported cases (compared with 11 at this time last year), in three provinces/areas: Khyber Pakhtunkhwa (KP), Federally Administered Tribal Areas (FATA) and Sindh. WPV1 also continues to be routinely detected in environmental samples from other parts of the country including Lahore and Rawalpindi (Punjab), Quetta block (Balochistan), and Hyderabad (Sindh). The current reservoirs of WPV1 circulation are as follows.

1. North and South Waziristan and Khyber agencies, FATA
2. Greater Peshawar and Bannu areas, KP
3. Karachi, Sindh

The 2014 low poliovirus transmission season saw more reported cases than any previous low transmission season for a decade. The majority of these polio cases are from areas with barriers to immunization that have not been overcome by government authorities. These areas, if left unresolved, will permit continued polio transmission and result in outbreaks in other parts of the country and internationally.

The dominant epidemiological feature remains the ongoing outbreak of WPV1 in FATA, particularly North Waziristan, due both to the intense transmission and the extensive population movements that are spreading virus to other areas, including main population centres in Khyber Pakhtunkhwa, Sindh and Punjab. Without radical change in the situation in North Waziristan, Khyber and Karachi, Pakistan is not in a position to interrupt transmission in 2014. In addition, without serious preparation over the next 3 months for the 2015 low transmission season, there is a high risk of failure to interrupt transmission in 2015. The TAG emphasized that indefinite control will not be possible.

The TAG identified multiple, significant, challenges that need to be addressed by the Government of Pakistan and its supporting partners in order to interrupt poliovirus transmission:

- Immunization of the children of Waziristan and Khyber Agencies, Gadap and other towns in Karachi, and Peshawar
- Coordination of provincial administrations and political leadership

- Managing the coming 2014 high transmission season and outbreaks
- Preparing for the 2015 low transmission season
- Fully implementing IHR recommendations to prevent international spread of WPV
- Responding to security incidents
- Shaping the national and global narrative.

How can Pakistan address these challenges? By deepening government ownership and commitment at all levels, capitalizing on unprecedented support from regional and global partners, putting in place the structures required to take full advantage of the next low transmission season (first half of 2015), and developing a clear roadmap that utilizes these resources to immunize all children of FATA and address insecurity and chronic performance gaps in all reservoir and high risk areas by the third quarter 2014.

2. Conclusions and recommendations

WPV transmission continues to be intense in key areas of Pakistan and the country is still in danger of being the last polio-endemic country in the world. Hard won gains are threatened by the uncontrolled transmission areas and the upcoming high transmission season. However, despite several significant challenges and an imminent risk of high transmission season spread and outbreaks, the TAG concluded that Pakistan has demonstrated in many parts of the country that it has the capacity, experience and tools to succeed if the remaining challenges can be addressed.

Federal level

The TAG was encouraged by the enhanced high-level political commitment in Pakistan, particularly the Prime Minister's directive to mobilize all sectors, including the army, following the declaration of the international spread of poliovirus as a public health emergency of international concern (PHEIC). Recently, a parliamentary resolution on polio eradication was unanimously passed by the National Assembly and high-level cross-border coordinating meetings were held with senior representation from both the Pakistan and Afghanistan governments. This political commitment is a base that must be rapidly increased at all levels in order to overcome the substantial challenges. Polio eradication must retain the full attention of the national leadership. It is also crucial that national assets, especially the army and administrative machinery, are effectively mobilized. The TAG notes that as these assets are mobilized, Pakistan has unprecedented regional and global support to ensure their full utilization. Partners such as the governments of Saudi Arabia and the United Arab Emirates, the Islamic Advisory Group (i.e. Organization of Islamic Cooperation, International Islamic Fiqh Academy, Islamic Development Bank, Al Azhar), and the Global Polio Eradication Initiative donors and partners are ready to support government leadership to complete eradication in the country. The current polio situation in Pakistan requires further strengthening of the national programme leadership so that it can operate at full capacity.

The TAG recommends:

1. Establishment of a multi-disciplinary team under the leadership of the Prime Minister's Focal Person to enable the national programme to fully meet the challenges to finishing polio

eradication in Pakistan. The team should include assignment of a senior secretary level officer so that it will have the capacity to:

- Coordinate and follow up with:
 - Full range of government
 - Provincial task forces/EOCs
 - Army, cabinet, parliamentarians, religious leaders
 - Federal EPI cell
 - Implementing partners (especially WHO and UNICEF)
 - International partners (e.g. IAG, UAE, GPEI)
 - Rapid response teams
 - Centralize and manage:
 - Strategic information management (data, evidence, reports, feedback)
 - Programme and external communications
 - Technical and programme expertise
 - Advocacy.
2. Implementing partners (WHO and UNICEF) urgently review their current staffing and optimize their own capacity to fully support the establishment of robust emergency operations management.
 3. National and provincial level cross border meetings should be held on a regular basis – at least twice a year – with a focus on coordination and maximum coverage of populations moving between Pakistan and Afghanistan.

Immunization strategies

The TAG commends the programme's innovation in immunization strategies through use of short interval additional doses (SIADs), one-day campaigns, rapid outbreak response, plans to use inactivated polio vaccine (IPV) in addition to oral polio vaccine (OPV) in selected areas, and expanded immunization of people on the move through

transit and other special teams. These strategies must continue and expand in scope and quality throughout the remainder of 2014 and the low transmission season of 2015.

The TAG recommends:

4. Endorsement of a finalized 2014–2015 supplementary immunization activity schedule showing all activities – supplementary immunization activities, SIADs, special activities, etc.
5. Continued close attention to following the previous TAG recommendations on outbreak response
6. All areas, but in particular FATA, KP, and Karachi, to further expand the permanent transit immunization strategy through:
 - a. increased transit team placements
 - b. integration with social mobilization efforts
 - c. establishment of dedicated transit supervision and monitoring
 - d. standardized analysis of transit team performance to allow strategic adjustments.

Federally Administered Tribal Areas

The TAG appreciated and welcomed the Prime Minister's recent directive to the Army to provide support to polio eradication efforts in FATA. There was also appreciation of advocacy efforts with Parliamentarians and tribal and religious leaders by the President of Pakistan and the Governor of KP/FATA. Finally, the support of the United Arab Emirate Pakistan Assistance Programme was also seen as an important development.

The TAG recognizes the programme's resolve to reach children of FATA through intensified vaccination at transit posts, reactivation of EPI centres, engagement of communities for 'self-vaccination', and establishment of medical camps and rehabilitation services for paralysed children. These efforts are impressive in the face of significant challenges. Regional partners, for example countries of the Gulf Cooperation Council (GCC) have shown willingness to address chronic health gaps in FATA, which help polio eradication efforts. However, the ongoing outbreak cannot be controlled without further scale-up of current initiatives and population-wide administration of multiple doses of polio vaccine to the children in Waziristan.

The TAG recommends:

7. Adoption of a strategic framework for FATA, consisting of three elements:
 - Negotiated access, i.e. pursuing solutions to inaccessibility through engagement of tribal, community and religious leaders by all parts of government (federal, FATA administration, Army, parliamentarians), facilitated by the National Islamic Advisory Group (NIAG) and United Arab Emirates;
 - Expanded opportunities to vaccinate through restoration of EPI, medical camps and expansion of 'self-vaccination';
 - Provision of security and protection for health workers through support of the army along with increased use of security assessment and information to guide operations, community engagement, and provision of broader health services.

8. Development of contingency plans for large-scale immunization of displaced populations due to conflict in Waziristan or other Agencies.

Khyber Pakhtunkhwa

The TAG congratulates the provincial government for the success of the ‘Sehat Ka Insaf’ initiative. The commitment and resolve from the highest authority to the local police officer and vaccinator, to provide OPV and other health services to the population of Peshawar while ensuring the safety of health workers is exemplary. Continuation of this level of commitment and innovative problem-solving by the provincial government has the potential to finally overcome the chronic challenges faced by the programme in Khyber Pakhtunkhwa and position itself for interrupting endemic poliovirus transmission in the 2015 low transmission season.

The TAG recommends:

9. A systematic review of ‘Sehat Ka Insaf’ and the similar approach taken in Bannu to identify lessons learned and best practices from the security cordoning, use of one-day campaigns and provision of OPV with other health services.
10. In-depth analysis of the data from the 12 Peshawar one-day supplementary rounds and the Bannu one-day rounds to clearly show the performance of all areas and identify those where children could have been missed and further attention is needed.
11. Development of a written, budgeted strategy for the remainder of 2014 for KP incorporating the lessons and best practices identified in the systematic review and analysis.

12. Preparation for rapid immunization and surveillance response to any population shift from areas of conflict (ex. North Waziristan).

Karachi and the rest of Sindh

The TAG expressed concern that the apparent lack of high-level political ownership in Karachi and Sindh has led to a fractured operations centre without leadership, lack of strategic flexibility and problem solving, and insufficient provision of a secure environment for polio vaccinators. The TAG appreciated the efforts in Karachi with one-day campaigns and the frankness of the discussion about the shortcomings of the approach. The remaining challenges in Karachi and the likelihood of expanded outbreaks in the high transmission season require urgent action by the Government of Sindh and its partners to put the programme back on track in the province.

The TAG recommends:

13. Re-invigoration of the Karachi operations centre, including a mechanism for full engagement and coordination of all parties and partners in Karachi and direct, regular, and scheduled participation of the Chief Secretary.
14. The reinvigorated Karachi operations centre to conduct a detailed, documented problem analysis in order to develop a written and budgeted plan to overcome the chronic challenges faced in reservoir areas of Karachi. This should include careful consideration of the success of the ‘Sehat Ka Insaf’ strategy in Peshawar and the applicability of its approach in providing sufficient security services and rebranding of the programme.
15. Re-invigoration of the Provincial Polio Control Room with active and effective high-level ownership by provincial government

authorities and increased support from the polio eradication partners. This should include scheduled, systematic tracking of provincial efforts to interrupt poliovirus transmission and use of the full authority of the provincial government to solve the remaining problems.

16. Establishment of a provincial level polio outbreak response team, including representatives of all communities, to fully activate and support local officials to mount an effective and robust outbreak response to WPV or cVDPV detections (either a case or positive environmental sample).
17. The re-invigorated provincial Polio Control Room to conduct a review of the situation in Hyderabad to determine the reason for re-isolation of WPV and develop a corrective plan with full backing of Hyderabad high-level authorities.

Balochistan

The TAG congratulates Balochistan on the progress that has been made and the achievement of nearly two years since the detection of WPV cases. Significant credit for this success is due to the ownership and engagement of the provincial government management and the active identification of problems and solutions. Since January 2014, all campaigns have been conducted as planned, and appropriate team composition has increased along with government supervision in high-risk areas. The quality of supplementary immunization activities has improved; however, not to the extent necessary to eliminate the risk of re-establishment of poliovirus circulation. Recent detection of WPV in environmental samples in Balochistan underlines the real threat of WPV re-introduction, particularly during the coming high transmission season. Continued vigilance and active engagement in

further programme improvement by the provincial government remains critical.

The TAG recommends:

18. Further focus on efforts to improve performance during supplementary immunization activities by building on successes to date and expanding these to all areas – increased use of lady health workers, ensuring a minimum vaccinator age, expanding high-level supervision, and active monitoring of these components to gauge progress and identify areas needing further focus.
19. Use of Polio Plus services in Balochistan, with particular focus on refusal areas.

Punjab

The TAG welcomed the report from Punjab and particularly notes the zero tolerance for poor performance and effective use of environmental surveillance data for action. Detection of WPV in environmental specimens demonstrates the importance of population movements into and out of the province as an ongoing risk for WPV re-establishment that will need continued attention from the provincial government.

The TAG recommends:

20. Expedited efforts to map mobile and migrant populations, with particular focus on Lahore. Supervision and government oversight during upcoming supplementary immunization activities should focus on tracking progress in these areas.

21. Identification of mechanisms for working with other provinces to support their efforts in interrupting WPV transmission.

Communications

TAG commends the emergence of a systematic process for integrating communication strategies and plans into provincial operational planning and the development and implementation of specific communication strategies and plans in high-risk areas. TAG also supports the notion of integrating PEI and EPI messaging to strengthen EPI to address health inequalities. However, a clear strategic plan should be developed to support this. It is essential that communication to support Polio Plus activities is closely coordinated and integrated in micro-plans. The TAG encourages the increased use of real-time information in the field and frequent studies on knowledge, attitudes, practices and behaviour (KAPB) and other studies to enable flexibility. It was requested that in future meetings, operational and communication presentations are integrated by reservoir/area.

The TAG recommends:

22. Development of a clear strategic plan to support integration of PEI and EPI messaging and communication for Polio Plus activities.
23. Increased use of real-time information in the field and frequent KAPB and other studies to target strategic communication efforts.
24. Continued development and implementation of specific communication strategies/plans in high risk areas and re-alignment of social mobilizers from long-term polio-free areas to remaining reservoir and outbreak areas.

25. Integration of communications and social mobilization data and activities in planning and operations, including integrating an IPV training component into vaccinators' induction and refresher training.
26. Joint presentations of the communications and operational components of the programme from provinces and the national level at the meeting of the next TAG.

Expanded Programme on Immunization

The TAG welcomes the strengthening of the federal EPI structures over the past 12 months, though emphasizing that several challenges remain.

The TAG recommends:

27. Review of the PEI/EPI synergies project before expansion (with 21 additional districts) to ensure sustainability.
28. Government of Pakistan to retain central procurement of vaccine for EPI to ensure lowest possible price/immunization cost and uninterrupted supply.

Vaccine supply

The TAG concluded that there is sufficient vaccine available to fulfil the forecast according to current OPV demand requirements. Nevertheless, there is a risk of shortage in 2015–2017 if adequate forecasts of OPV demand from Pakistan are not made in a timely manner. While IPV for introduction in routine immunization is being secured for 2015, the availability of IPV for campaigns is limited. Currently, the programme has a plan to use IPV in campaigns. Supply

to meet this need is in the process of being procured, though funding for half of the vaccine has not yet been identified and the availability of the amounts is spread out over a period of time due to supply constraints. If the Pakistan programme anticipates further need for IPV in supplementary immunization activities beyond what has already been expressed, these plans should be finalized and shared with suppliers as soon as possible to ensure availability given the long lead times required for IPV supply.

The TAG recommends:

29. Timely forecasting (by August 2014) for all OPV products (tOPV, bOPV, mOPV1) 2015–2017 to mitigate the risk of vaccine shortage.
30. Urgent provision of funds for procurement of the last half of IPV supply requirement use in polio supplementary immunization activities in 2014 (200 000 doses) and finalization of plans for any further IPV needs in supplementary immunization activities for the 2014–2015 period, if any.



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