

Summary report on the

Technical Advisory Group Meeting on Polio Eradication for Afghanistan

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Islamabad, Pakistan
5–6 June 2014



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

The Technical Advisory Group on Poliomyelitis Eradication (TAG) for Afghanistan met on 5–6 June 2014. The objective of the meeting was to review progress towards interrupting wild poliovirus transmission in Afghanistan and to make recommendations to improve technical and managerial aspects of the programme in order to achieve interruption of poliovirus transmission in the country. The meeting was attended by members of the TAG, the Deputy Minister of Public Health, the Presidential Focal Person for Polio Eradication, Director General of Preventive Medicine, Officials of the Ministry of Public Health EPI Unit, Representatives from the Bill and Melinda Gates Foundation, Centers for Disease Control and Prevention (CDC) Atlanta, United States Agency for International Development, Canadian Embassy, and Rotary International, along with WHO and UNICEF representatives and staff from Afghanistan, the Regional Office and headquarters.

This meeting of the TAG was held during an important period for both the programme in Afghanistan and the entire Global Polio Eradication Initiative. Afghanistan has detected only 1 case of endemic wild poliovirus type 1 in the past 18 months (December 2013). This represents the lowest level of endemic wild poliovirus circulation yet reached and places the country on the verge of interrupting endemic wild poliovirus circulation if the right actions can be taken in the coming months. On the global stage, the urgency for the 3 remaining endemic countries (Afghanistan, Nigeria and Pakistan) to succeed rapidly with interrupting wild poliovirus circulation has never been greater. In May 2014, the Emergency Committee of the International Health Recommendations reviewed the global poliovirus situation and concluded that measures for immunization of travellers were needed to reduce the risk of international spread of wild poliovirus.

Furthermore, the World Health Assembly in May 2014 deliberated extensively on global poliovirus eradication, confirming global resolve to achieve this long elusive goal, and urging the remaining endemic countries to take the necessary steps that are impeding success of the global endeavour. The TAG took this context into consideration as it reviewed the current status of the programme and formulated recommendations for finishing the job in Afghanistan.

As of June 2014, 4 cases due to wild poliovirus type 1 have been reported, all from the Eastern Region, indicating a shared zone of transmission with areas of neighbouring Pakistan. Two of the cases were reported from Alingar district of Laghman Province and the other 2 were from Kunar and Nangarhar provinces. Only 1 case related to endemic wild poliovirus has been reported in the last 18 months (December 2013). Polio continues to be reported from young and relatively under-immunized children – the median age of confirmed cases in the past year is 18 months of age. Confirmed wild poliovirus cases have received an average of 4 doses of oral polio vaccine (OPV) compared to 12 doses among non-polio AFP cases. The last case of polio due to circulating vaccine derived poliovirus2 (cVPDV2) was reported in Kandahar province in March 2013.

There are two zones of active transmission in Afghanistan: Southern and Eastern Regions. The Southern Region is the area where endemic wild poliovirus type 1 continues to survive. Genetic analysis of the most recent endemic virus detected in December 2013 from Nad Ali, Helmand province, showed that it was an “orphan” – indicating persistent transmission without detection of a case for over a year. Urgent steps needed to identify and immunize the populations sustaining this last chain of transmission are seriously compromised due to a halt in supplementary immunization activities in Helmand

Province. Since February 2014, over 650 000 children <5 years of age have remained un-immunized. Addressing this situation and re-starting supplementary immunization activities in Helmand Province is the single most important challenge and priority for the Afghanistan programme, representing an obstacle to interrupting endemic transmission that must be overcome.

In the Eastern Region, the cases have close links to viruses circulating across the border in Pakistan indicating a shared cross-border zone of transmission in this part of the country with important population movements over the Khyber Pass or via other routes. So far, the available evidence shows that these cases have not resulted in extensive outbreaks or expanded circulation in the Eastern Region, but the threat of this occurring during the upcoming high transmission season is high particularly with the recent increased population movement crossing into Afghanistan.

2. Conclusions

After review of the evidence and data presented by the programme, the TAG concluded that Afghanistan has made important progress since its last meeting and is in a position to interrupt endemic wild poliovirus transmission in 2014 if the remaining challenges can be overcome and the risks mitigated. The top challenge to be urgently addressed is to re-start immunization of children in Helmand.

The TAG commends the Government of Afghanistan for this progress, particularly the ability to maintain activities during the national election process. As the newly elected government establishes itself, it is critical that the national commitment to achieving polio eradication is maintained at the highest level.

Multiple measures of the quality of supplementary immunization activities point to continued improvements, particularly in the endemic reservoir zone of the Southern Region. The percentage of under-immunized children in the Southern Region (as measured through AFP cases with 3 or fewer doses of OPV) remains stable at approximately 20% compared to greater than 40% in the years prior to 2013. In addition, post campaign monitoring data shows continued improvement with an average of only 15% of districts reporting <80% coverage in the Southern Region compared to <35% prior to 2013. Lot quality assurance coverage also shows improvement with all lots accepted above 80% since February 2014. However, these hard won gains are at great risk due to the halt in supplementary immunization activities in Helmand Province. The TAG is very concerned about this situation and cannot overstate the importance of urgent action to restart activities for immunizing the children of Helmand. Failing to do so could pave the way to re-seeding poliovirus transmission in other challenging parts of the Southern Region, most notably Kandahar.

Movement of populations continues to pose a significant challenge to the Afghanistan programme. In the Eastern Region, regular population movements across the border with Pakistan have established a shared zone of cross-border transmission. Pockets of under-immunized children due to barriers to immunization activities in certain districts of Kunar, Nangarhar and Laghman pose a risk of outbreak if the situation is not urgently addressed. In the Southeast Region, there are shared borders with North Waziristan, Pakistan, the location of the biggest polio outbreak on the planet. Ongoing conflict will result in mass population movements into this part of Afghanistan and will certainly include significant numbers of WPV1 infected individuals

entering the country. The TAG commends the Afghanistan programme for recognizing this risk, but thinks more robust actions are needed.

The TAG commends the programme for its continued ability to innovate, adapt and find local solutions to challenges. The example from the Eastern Region of local dialogue with communities in Watapur is excellent. This local approach has resulted in establishing opportunities to immunize children that have been missed for years and needs to be expanded to other areas, to the extent the context allows. The programme has also continued to supplement its efforts with use of permanent polio teams and should expand these efforts in the highest risk areas. It has also made efforts to implement a re-visit strategy, though the TAG recommends that it needs to be expanded and more tightly linked to clear analysis of missed children in order to truly have the desired epidemiologic impact.

The TAG also commends the increased efforts in communication and social mobilization, particularly the scale up of social mobilizers in the Eastern and Southeastern Regions, continued efforts to recruit females into the Immunization Communication Network (ICN), and interpersonal communication (IPC) training for frontline workers. The TAG was concerned about the unclear data on missed children and refusals and urges further efforts of the Afghanistan programme to deliver an integrated programme that seamlessly merges epidemiologic, operational, surveillance, and communication data and activities.

The TAG highlights that even though the country exceeds the minimum thresholds for indicators of adequate AFP surveillance, genetic analysis of recent virus isolates indicates gaps in detection of poliovirus transmission. Efforts are needed for in-depth field

investigation and analysis of data to identify sub-populations that may be missed or health seeking behaviours that are not captured by the existing AFP reporting network. Efforts to increase sampling sites for environmental surveillance in Helmand and Jalalabad are commended and will expand the sensitivity to detect polioviruses, but will not be a replacement for filling the gaps in AFP surveillance.

In the rest of the country, the TAG notes that indicators of the quality of supplementary immunization activities indicate overall good performance, but there are concerns with the increase in under-immunized children in the Central Region in 2013–2014, the increase in the Northern Region in 2014, and lack of progress in the Western Region where 20% of the non-polio AFP have been under-immunized for multiple years with no improvement. These areas will remain at risk and cannot afford complacency as long as wild poliovirus transmission continues to circulate in parts of Afghanistan and neighbouring Pakistan.

Finally, the TAG commends the Government of Afghanistan and the partners for the plans to revise the National Emergency Action Plan (NEAP) and its clear identification of challenges and activities through December 2015.

The continued gains by Afghanistan are important, but to date have not been sufficient to interrupt transmission. Significant challenges and risks remain that need to be addressed for Afghanistan to reach its goal:

- Re-establishment of mass immunization campaigns in Helmand
- Systematic gains in access in Eastern Region (Kunar, Nangarhar)

- Ownership of the programme by the newly elected national government
- Strengthening strategies for cross border immunization and preparing for mass population movements due to conflict in North Waziristan
- Further improvements in reaching missed children through expanded use of the re-visit strategy and systematic analysis of missed children data with clearly identified interventions for each reason a child is missed
- Identification and filling of the gaps in surveillance that have led to missed transmission.

3. Recommendations

Ensuring national oversight

1. The Government of Afghanistan is encouraged to continue the high-level national commitment and ownership of achieving polio eradication following conclusion of the national election process.
2. The partners of the Global Polio Eradication Initiative should develop a plan for engaging and advocating with the new government at the highest level as soon as possible after it is officially installed.
3. The new government, with support from GPEI partners, should determine the appropriate mechanism for establishing direct high-level government oversight of the programme. The priority activity of this oversight mechanism should be to establish a clear dashboard for quarterly tracking of key polio eradication activities of the government at different levels (national, provincial, district)

National Emergency Action Plan

4. The TAG commends the programme for developing a clear plan for updating the NEAP. It endorses the proposed priorities and duration through the end of 2015. It recommends that the Southern Region remain the top priority and that indicators for monitoring PEI/EPI integration are included.

Immunization schedule and strategies

5. The TAG endorses the proposed supplementary immunization strategy through December 2014 and recommends that the tOPV national immunization campaign be conducted before the end of September 2014.
6. The TAG reaffirms its previous recommendation on outbreak response: that WPV should be treated as a national emergency and responded to as an outbreak with 3 large-scale short interval immunization activities overseen by the national rapid response team.

Southern Region

7. The TAG recommends that re-starting immunization activities in Helmand be taken as the top priority for the entire Afghanistan programme in the light of the opportunity and urgency for finishing endemic wild poliovirus circulation. Efforts should be made by the government, or other actors as appropriate, with the singular objective of finding a solution to allow immunization activities to re-start. The TAG requests a written update on this situation by September 2014.
8. Investigation of the confirmed polio case in Helmand led to identification of missed areas that represented newly established

habitations due to population movements. Helmand and Kandahar should apply the lessons from this to review and update microplans and ensure all such areas are incorporated.

Eastern Region

9. An independent in-depth review of the Eastern Region should be conducted before end September 2014 to evaluate the strategies, available resources (both government and partner) and identify further resources or corrective measures. Particular focus should be paid to Kunar and Nangarhar.
10. The lessons learned from the success in Watapur should be documented and translated to other inaccessible areas of the Eastern Region. This should include engagement of relevant provincial directorates and cluster level accessibility analysis.

Southeastern Region

11. The plans for immunization of displaced persons from North Waziristan into Afghanistan need to be urgently strengthened to enable response to mass IDP movement within 48 hours and should include pre-positioning of vaccine, pre-identification of vaccinators, briefing of province and district officials and increased teams along the border areas.

Cross-border immunization

12. With the uncontrolled transmission in parts of Pakistan and the IHR Emergency Committee recommendations on preventing international spread of wild poliovirus, Afghanistan is urged to further strengthen land border immunization efforts with additional teams at major crossings along with dedicated border

team supervisory and management structures that reports weekly data to the national level.

13. Efforts for cross-border coordination with Pakistan should be further strengthened with direct communication between local government and partner staff operating on either side of the border. This should include at least monthly exchange of information and standard operating procedures for cross-border reporting on AFP, population movements and supplementary immunization activities.

Efforts to access all children

14. The Afghanistan programme should build upon its significant experience in low key, local approaches to access children in areas with barriers to immunization campaigns. This should be driven by detailed and documented analysis of the barriers in each cluster with proposed plans and strategies documented for each area.
15. Response plans for newly accessible areas should be developed to enable 3–4 SIADs, 2–3 weeks apart in all newly accessible areas. This should include advance preparation of microplans for each of these areas and pre-positioning of vaccines.

Sharper focus on missed children

16. A more systematic use of missed children data is needed along with strategies tailored to each reason children are missed and indicators to measure the effectiveness of the strategies over time. Particular strategies that the TAG recommends to expand include:
 - a. Revisiting strategy in all low-performing districts and priority areas

- b. More transit teams paired with social mobilizers during supplementary immunization activities in all low performing districts
 - c. More market, madrassa, and other special teams along with social mobilizers during supplementary immunization activities in all low-performing districts.
17. Government and partners should further their efforts to coordinate so that a single programme can be delivered that seamlessly integrates epidemiological, surveillance, operational and social data. This means that all plans and activities should be considered and integrated in both operational and social mobilization terms.

Communications, social mobilization, advocacy and media

18. The programme should implement the plans for granular, district level research focused on implementation and outcome indicators in order to measure the impact of behaviour change activities. Efforts should be made to determine a methodology or approach where this can be measured at the district level in priority areas.
19. Messages on routine immunization and broader health services should be integrated with polio messaging and the impact on increasing community demands should be regularly assessed.
20. IPC training should be enhanced and integrated into all vaccinators' and surveillance officer's induction/refresher training, and the impact of training on performance should be monitored.
21. The opportunity of IPV introduction should be used to intensify awareness/demand for all vaccine-preventable diseases and capacity development of frontline health workers. Avoid individual focus on IPV due to potential implications on demand for OPV.

22. Media partnerships and ownership should be further strengthened at national and local levels to promote routine immunization and broader child health practices between rounds.

Surveillance

23. The TAG endorses the proposed surveillance review and plans for strengthening active surveillance using a real-time monitoring system. The surveillance review should be conducted by October 2014 in order to identify areas for improvement in advance of the 2015 low transmission season.
24. The TAG recommends a detailed field and data investigation be conducted including the use of the GPEI special investigation tool for all orphan WPVs detected in the last 6 months in order to identify sub-populations or health seeking behaviours that are missed by the current AFP reporting network.
25. The TAG recommends that the Global Polio Laboratory Network evaluate the capacity of the polio laboratory to efficiently process additional samples resulting from expanded environmental sampling sites in Afghanistan and make adjustments to increase capacity as required.

Routine immunization

The TAG concluded that its previous recommendation on routine immunization has only been partially met and requests a detailed report at the next meeting. The TAG proposes feedback on progress towards the routine immunization strengthening plan at least every 6 months.



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