

Summary report on the

# Meeting of the Technical Advisory Group for the Eradication of Poliomyelitis in Afghanistan

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Kabul, Afghanistan  
24–25 January 2016



**World Health  
Organization**

Regional Office for the Eastern Mediterranean

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## **1. Introduction**

The meeting of Technical Advisory Group (TAG) on Poliomyelitis Eradication in Afghanistan was held 24–25 January 2016 in Kabul, Afghanistan. The meeting was attended by Dr Stanekzai, Senior Advisor to Minister of Public Health, Dr Kakar, Presidential Polio Focal Point, members of the Afghanistan Polio Eradication Initiative (PEI) team from national and regional levels as well as representatives from the Bill and Melinda Gates Foundation, U.S. Centers for Disease Control and Prevention (CDC), United States Agency for International Development (USAID), the KfW and the Government of Canada, the last representing all bilateral partners. The last Afghanistan TAG meeting was held on 1–2 June 2015 in Islamabad, Pakistan.

There has been significant progress in polio eradication globally with a decrease in the number of cases from 359 in 2014 to 72 in 2015. Nigeria, one of the three polio endemic countries, was removed from the list of endemic countries in September 2015. Three outbreaks of wild poliovirus type 1 (WPV1), in the Horn of Africa, Middle East and Central Africa, were declared closed in 2015 following outbreak response assessment by an external team of experts.

Afghanistan and Pakistan remain the only two endemic countries in the world. Pakistan has shown tremendous progress with significant reduction in number of WPV1 cases from 306 to 53 whereas Afghanistan had 28 cases in 2014 and 19 cases in 2015. Although there was a significant reduction in number of cases in the Southern region in 2015, transmission spread from the south to the Western and Northern regions and the country witnessed a significant increase in number of cases in the Eastern region.

Afghanistan experiences inherent challenges of inaccessibility and prevailing insecurity, which are further compounded by frequent population movement across the border with Pakistan. Continued spread of transmission across the border poses a strong challenge as the two countries form one epidemiological block with two clearly defined zones, i.e. the Eastern region of Afghanistan with Khyber Pakhtunkhwa/Federally Administered Tribal Areas (FP/FATA) of Pakistan and the Southern region of Afghanistan with the Quetta block of Pakistan. Cross-border transmission in the Eastern region is further aggravated by the number of inaccessible children which has increased 4.5-fold, with a total of 73 000 children unreached in the most recent campaign in December 2015 (from 16 000 in November 2014).

In its 12th meeting in October 2015 the Independent Monitoring Board on Poliomyelitis Eradication (IMB) concluded that “The challenge for Afghanistan’s programme is to clear the fog of doubt and dysfunction that is swirling around it, as it too moves into the last low season. The establishment of a fully functioning emergency operations centre (EOC) is an essential first step and should happen immediately. Resolving ineffective inter-agency and government-partner working relationships is also a high priority. Polio will not disappear from the country without close and regular strategic planning and implementation with neighbouring Pakistan.”

Since the last IMB meeting the management and coordination of Afghanistan polio programme has gone through major restructuring including establishment of national and regional emergency operations centres. The country has developed the national emergency action plan for polio eradication (NEAP) for July 2015–2016 which, with its detailed work plans, provides the backbone for all polio eradication activities to ensure interruption of transmission by June 2016.

In the context of the continuing transmission in Afghanistan and the opportunity to interrupt transmission in the coming low transmission season, the Afghanistan TAG meeting was called in January with two key objectives:

- to review the progress in polio eradication activities, particularly in implementation of the NEAP 2015–2016 in the past 6 months; and
- to make recommendations to achieve the interruption of transmission by June 2016.

The meeting was chaired by Dr Jean-Marc Olivé and opened by H.E. Dr Ferozuddin Feroz, Minister of Public Health in presence of the WHO and UNICEF Representatives for Afghanistan.

## **2. Summary of discussions**

### *Conclusions*

The TAG expressed deep regret regarding the tragedy in Kandahar in which one polio worker lost her life in a horrific attack while working. The TAG acknowledges the extremely challenging situation in Afghanistan and appreciates the hard work done by all involved in the programme.

The TAG commends the leadership and active participation of national, regional and provincial government authorities and partners and participants from global partnership. It regrets the absence of some of partners who could not travel to Afghanistan due to security reasons.

The TAG is pleased to observe a strong partnership between government, UNICEF and WHO in country at national and regional levels. Government and partners are commended for revamping

programme management and coordination structures particularly the establishment of national and regional EOCs and the use of the NEAP tracking dashboard to monitor progress. However the TAG notes that the agency surge staffing plan, particularly at provincial and regional level is still not fully implemented.

The TAG is pleased to note that the country team is in process of developing and implementing an accountability framework.

The TAG notes that Afghanistan and Pakistan, which form one epidemiological block, are the only remaining areas in the world infected with WPV1. There has been significant progress in past few months however it needs to be further enhanced to ensure transmission is interrupted by the end of this year.

Although progress is seen in the Southern region with reduced number of cases in 2015 compared to 2014, transmission in Afghanistan has continued as evidenced by WPV cases in the east, south, west and north as well as in environmental samples.

The TAG notes that the deteriorating security situation and increased inaccessibility, particularly in the Eastern and Northern regions, is a concern and appreciates the effort of country to develop a systematic approach to reach these children.

The TAG appreciates that good quality surveillance is maintained in most areas, however low stool adequacy in two provinces of the Southern region is a concern. The TAG appreciates that the country has clearly identified gaps and outlined appropriate measures to improve surveillance at all levels.



The TAG appreciates the strategies such as cross-border teams, permanent transit teams and special nomadic teams as they are helping to reach children on the move. It encourages the country to continue strengthening implementation of these strategies.

TAG appreciates the revised criteria for identification of low performing districts and plans for focused and prioritized interventions in these districts.

It is encouraging to note that a microplan revision exercise combined with a revisit strategy has shown results where it has been fully implemented. However, it is of concern that these initiatives have not been scaled up despite recommendations made during the June 2015 TAG meeting.

The TAG appreciates significant improvement in quality of supplementary immunization activities in Helmand as seen in the reduced number of missed children. However, it expresses concern that high numbers of children are still being missed in accessible areas in Kandahar.

The TAG appreciates the innovations being tried by the country to reach missed children. However, it suggests that innovations such as the creation of community health volunteers (CHVs) should be fully tested in different situations for impact and challenges prior to further scale-up in appropriate low-performing districts.

The TAG appreciates the efforts being made by the country on reporting oral polio vaccine (OPV) utilization/wastage since the last TAG. The TAG appreciates that supplementary immunization activities for inactivated polio vaccine (IPV) have been conducted and

that the country has plans to expand into an additional 28 districts in the first quarter of 2016.

The TAG also notes with concern that nongovernmental organizations are yet to be fully engaged and hopes recent efforts will help to engage them in a more systematic manner.

The TAG appreciates the positive developments in cross-border coordination but is concerned about delayed face-to-face at national level and suboptimal meetings in the eastern corridor.

The TAG acknowledges the increased focus on household and community engagement approaches to build further trust as an important and necessary addition to mass media activities. However, more emphasis must now be placed on expanding this work between campaigns and systematically monitoring activities to ensure they are having impact.

The TAG appreciates country achievements and implementation status report on the recommendations of the previous TAG meeting in June 2015. However, the TAG is concerned that implementation of some specific recommendations, particularly related to improvement of the quality of supplementary immunization activities in accessible areas, has been slow.

The TAG therefore makes the following conclusions.

- There is significant improvement in programme oversight, management and coordination supported by a strengthening partnership between government, UN agencies, and other partners.

- The deteriorating security situation in the country and increasing numbers of inaccessible children particularly in the Eastern region is a concern. The country has developed mechanisms to address inaccessibility though these need to be refined to address emerging challenges particularly in the east.
- Despite some progress seen in Helmand, the quality of overall programme activity in the Southern region, particularly in Kandahar, remains suboptimal.
- Interventions for reducing missed children such as microplan revision and validation, the long awaited introduction of a revisit strategy, and training for frontline workers under the newly revised curriculum have not been fully scaled up.
- There is a mechanism for cross-border coordination with Pakistan at national level, regional and district levels. However, it needs to be further strengthened particularly in the eastern corridor.

*Responses to questions from the country*

Q: Is the 6-month plan presented appropriate to achieve interruption of polio transmission?

The TAG recognizes the substantial progress made in the programme since the last TAG meeting, but believes that there is still space to strengthen programme fundamentals including improvement in the quality, consistency and analysis of programme data for missed children. This is related to the accuracy and detail of microplans ensuring they are revised before each activity based on analysis of past supplementary immunization activity performance. Operational readiness needs to be sustained and strengthened throughout the low transmission season even though little or no WPV may be seen during this period.

Overall TAG endorses the plan with the following modifications:

- prioritization of the activities so that they are in sync with the NEAP;
- focus on improvement of AFP surveillance rather than expansion of environmental surveillance – look to increasing the involvement of private health facilities and traditional healers; and
- detailed preparation for IPV supplementary immunization activities particularly social mobilization and vaccinators selection and training.

Q: What should the target age group be for cross-border vaccination?

All the cross border vaccinations should target children up to 10 years of age.

Q: Is the plan to introduce the CHV approach in the Southern region and phased expansion to poor performing priority 1 districts appropriate?

The TAG endorses the CHV concept and encourages the programme to develop this strategy with some caveats.

- CHV should be viewed as a localized strategy for use only in the poorest performing priority 1 districts.
- Any new implementation/expansion of the CHV strategy should be based on clear evidence of positive impact in low-performing areas like Kandahar, compared to the existing programme vaccinator model.
- CHV implementation should be based on clear and detailed documentation of cadres eligible to be recruited, their operational

role(s), the management structure, and projections for sustainability, including financial sustainability models.

Q: Does the TAG endorse the plan presented for reaching children in inaccessible areas?

The TAG endorses the broad principles of the plan described and suggests learning from experiences in countries facing access challenges, e.g. Somalia.

The TAG also urges that adequate numbers of locally appropriate surge staff be urgently put in place to ensure implementation.

### **3. Recommendations**

#### *Oversight, coordination and programme management*

1. The national EOC should hold a regular weekly teleconference or videoconference with regional EOCs to track progress and provide feedback and support in implementation of the NEAP. National EOC members should travel regularly to the regions and provinces to provide support. Provincial polio coordination units should be established in the five high-risk provinces.
2. Government and partners should accelerate development and implementation of a clear and transparent accountability framework including key measurable indicators and a system of tracking timely payment of vaccinators. The country programme should look at the accountability framework of Pakistan and Nigeria and adapt as appropriate by the end of the first quarter of 2016.
3. Understanding the extreme difficulties of recruiting staff in Afghanistan, partners should expedite recruitment as per the surge plan and build the capacity of newly engaged staff by the end of

March 2016 to ensure adequate staffing in low performing districts and regional and national levels.

4. Nongovernmental organizations should be systematically engaged in the polio programme, particularly for delivering polio vaccine (in addition to other services as appropriate) in inaccessible and security compromised areas. All the nongovernmental organizations involved in delivering the basic package of health services (BPHS) should be engaged in intra-campaign monitoring as well as be part of regional EOCs and provincial polio coordination units; progress regarding the engagement of nongovernmental organizations delivering the BPHS should be quantified and monitored.

#### *National emergency action plan*

5. The TAG recommends that implementation of NEAP 2015–2016 should be accelerated to ensure full implementation by the end of February. The country should review progress made on a monthly basis using the developed NEAP tracking dashboard and take timely corrective action. The programme needs to maintain a high level of vigilance and preparedness for responding to any WPV during low transmission season.
6. To avoid delay, the country should initiate the process of developing NEAP 2016–2017 early enough to ensure that the draft NEAP is presented in next TAG meeting.
7. The intervention matrix for low performing districts as developed by the country should be fully implemented. A mechanism to track these interventions should be developed and shared with TAG members on quarterly basis.

*Reaching missed children in accessible areas*

8. Reasons for persistent poor performance in Kandahar should be explored by the end of February to inform revision of microplans, training and other interventions as appropriate.
9. TAG recommends accelerating field validation and the revision of microplans to ensure that microplans for low performing districts 1 and 2 are revised on the basis of field validation findings before the end of the first quarter of 2016. These plans should be fully integrated with social components.
10. Implementation of the migrant and mobile population strategy (including internally displaced) for vaccination should be strengthened as well as the strategy for surveillance activities. The nomadic vaccination strategy should target children up to 10 years of age.
11. Lot quality assurance sampling should be expanded to all priority 1 and 2 low performing districts where feasible and the low performing districts where it is not possible to do so should be tracked.
12. After each campaign, the quality of supplementary immunization activities in all low performing districts should be evaluated, and in those low performing districts with continuing poor quality, simple district-specific action plans should be developed and implemented to seek to improve quality before the next campaign.
13. Intra-campaign data should be used to identify gaps and corrective action during the campaign.
14. The quality of post-campaign coverage assessment should be reviewed and improved (with special emphasis on Kunar) before the March national immunization day campaign.
15. The revisit strategy should be strengthened and expanded to all five high-risk provinces by the March national immunization campaigns and the entire country before the next TAG meeting.

16. The programme should conduct an in-depth analysis of missed children due to 'not available' and use the information to modify strategies. Data on children missed should be disaggregated by 'refusals, newborn, sick, and sleeping', using each of the four types as a distinct category of analysis.
17. Based on a previous recommendation, the TAG recommends that the process of revising the training module for frontline workers should be accelerated and it should be rolled out by the end of February.
18. The country should evaluate the impact of the CHV initiative as compared to traditional strategies. The initial pilot in Nangarhar needs to be fully reviewed to determine CHVs impact. A further pilot should be done in a low performing district in the Southern region (possibly Kandahar) to learn the lessons, challenges and impact of the approach in a different setting. Equipped with these experiences (if successful), the country should plan to expand this strategy in a phased manner in prioritized persistently poor performing low performing districts for May national immunization campaigns. The CHV strategy should not be taken as an alternative to strengthening existing campaign approaches including microplanning, training and the revisit strategy. The implementation should be based on clear and detailed documentation of cadres eligible to be recruited, operational roles, management structure and projections for sustainability.

*Reaching children in inaccessible areas*

19. The TAG recommends the implementation of area specific plans for the Eastern, Southern and Northeast (Kunduz) regions, and for the rest of country, by mid-February and reiterates that programme neutrality should not be compromised. The TAG also



reiterates its earlier recommendation of expanding permanent polio teams in areas with access and security challenges.

20. The programme should explore the feasibility of, and where appropriate make plans for, delivering OPV combined with other services (e.g. health camps) by the end of February by engaging nongovernmental organizations, other sectors, line ministries, the private sector and elders.

#### *Supplementary immunization activities*

21. The TAG endorses the OPV and IPV supplementary immunization plans presented and recommends that the activities should be fully implemented as per the planned schedule. Strong preparation for IPV supplementary immunization activities should be done with particular attention paid to having integrated microplans (including social mobilization and fixed site locations), selection and training of vaccinators, social mobilization, monitoring including adverse events following immunization, vaccine management and safe disposal of waste.
22. The TAG requests the programme to develop a summary of experience of IPV use to date including lessons learned.

#### *Cross-border coordination*

23. Coordination should be improved between the east/south-east regions of Afghanistan and KP/FATA in Pakistan through quarterly videoconferences between the Afghanistan and Pakistan national EOCs with bi-annual face-to-face meetings and fortnightly teleconferences at the regional level. National EOCs should monitor this.
24. Low performing priority 1 and 2 districts in Afghanistan contiguous with tier 1 and 2 districts in Pakistan should be treated

as a single entity for high focus interventions. They should have stronger coordination at subdistrict level with information sharing, risk management at micro-level, shared communication strategies and continuous joint analysis of these areas.

### *Surveillance*

25. The reasons for delayed stool collection should be analysed and action taken to improve surveillance in areas with low stool adequacy. Surveillance data should also be analysed by access status and outcome shared with TAG in next meeting. Private sector and traditional healers should be systematically involved in the surveillance. The focus should be on improvement of AFP surveillance rather than expansion of environmental surveillance.

### *Communication*

26. Household and community engagement approaches should be expanded in low performing districts 1 and 2 based on the local issues. Every district should have an issue-specific monthly communication plan in place by the end of February which is tracked by the EOC.
27. More focus should be placed on continuous communication approaches, including the work of the Immunization Communications Network which goes beyond supplementary immunization activities allowing more time for pre- and post-campaign mobilization and missed children tracking/immunization. The monitoring and evaluation platform should be focused more on measuring results and promoting accountability.

*Cold chain, switch and vaccine management*

28. The programme should monitor the preparation and implementation of the switch to bivalent OPV and synchronize the switch date with Pakistan.
29. Bi-annual inventory of the cold chain for supplementary immunization activities should be conducted and monthly reports submitted on all vaccine stock.
30. The TAG reiterates that a robust routine immunization system is critical to maintaining the progress achieved in eradicating polio, and urges the government and nongovernmental organization partners implementing the BPHS to ensure high quality provision of immunization services. The polio legacy plan for Afghanistan should include a strong section on using the experience and infrastructure of polio to strengthen the delivery of basic immunization services.
31. Quarterly replenishment of a buffer stock of 2.3 million vials of bivalent OPV should be ensured to accommodate changing needs related to the revision of microplans, the needs of permanent transit teams, numbers of children in newly accessible areas and case response.

*Next meeting of the TAG*

32. The next meeting of the Afghanistan TAG is proposed to take place in Kabul, Afghanistan, during the week of 29 May 2016.



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