



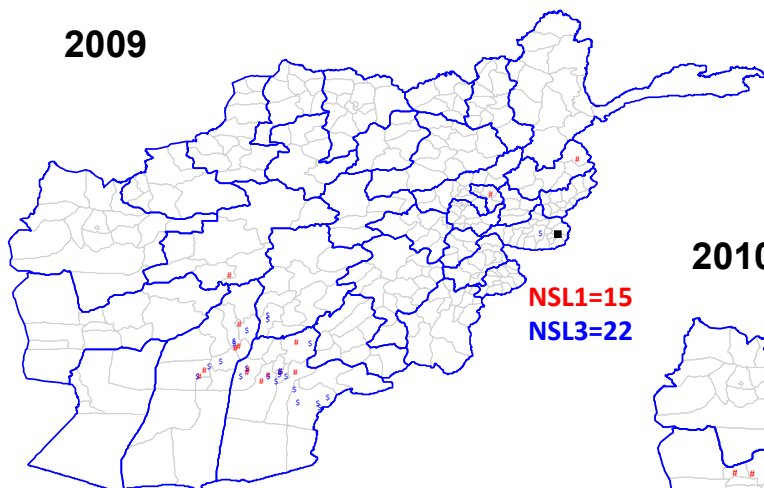
# **Polio Eradication Initiative, Afghanistan**

**MASHAL, Mohammad Taufiq MD, Ph.D.  
Director General Preventive Medicine**

**SAGE Meeting  
April 11, 2012**

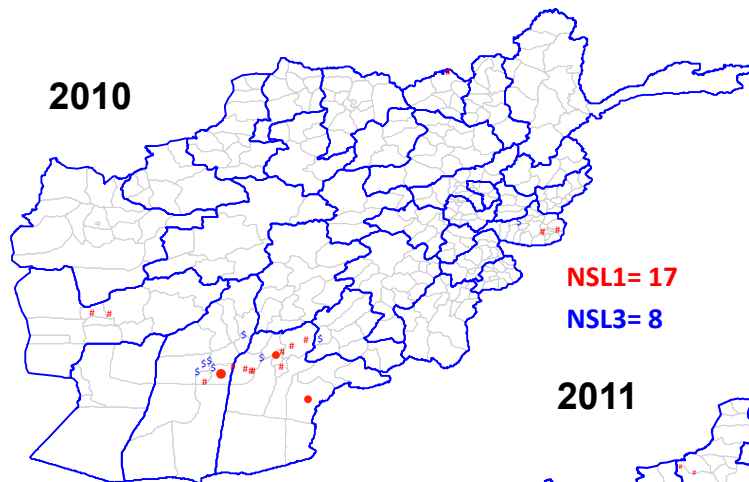
# Distribution of *Polio* cases 2009-2011 Afghanistan

2009



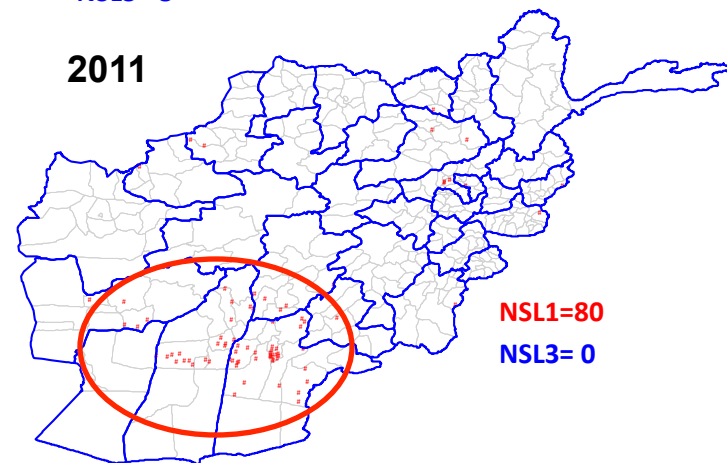
NSL1=15  
NSL3=22

2010



NSL1= 17  
NSL3= 8

2011



NSL1=80  
NSL3= 0

Region	Confirmed cases		
	2010	2011	2012
Central	0	4	0
East	3	2	0
South east	0	1	1
South	19	62	4
North	0	2	0
Northeast	1	3	0
West	2	6	0
Country	25	80	5

# Major Public Health Risks in 2012; An Emergency Context

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- ☐ Continuation of Poliovirus circulation in Southern Region with risk of geographic expansion to neighbouring provinces
- ☐ Risk of re-establishment of circulation in the newly infected provinces/regions leading to paralysis of hundreds of children
- ☐ Potential Spread to neighbouring countries, particularly towards central Asia
- ☐ Funding gaps, may affect the eradication activities

## Immediate Actions taken; An Emergency Context 2012

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- ☐ **Polio Policy Dialogue Meeting held chaired by Excellency Minister of Public Health and attended by Representatives of WHO and UNICEF for an in-depth situation review**
- ☐ **National Task Force constituted for an Emergency Action Plan chaired by Director General Preventive Medicine**
- ☐ **A joint partners mission invited to hold discussion on the important root causes and contribute in emergency action plan**

# **Overall goals of Emergency plan**

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- ☐ **Stop transmission in the Southern region and Farah province by 2013**
- ☐ **Prevent establishment of poliovirus circulation in rest of the country**
- ☐ **Bring back the importance of Routine Immunization as back bone strategy for EPI**
- ☐ **Maintain a sensitive surveillance system**

# **Priority Area of Emergency Plan**

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- ☐ **Addressing Management and accountability gaps**
- ☐ **Reach the inaccessible children in south**
- ☐ **Demand creation and public awareness**
- ☐ **Emphasis on importance of routine immunization**

# PEI Emergency Action Plan 2012 Afghanistan:

## “Moving from Priority to Emergency”

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- ❑ Office of **Excellency President oversight** by establishing and updating the dashboard. First update is planned at end of May 2012
- ❑ Engagement of other ministries and parliamentarians through **Cabinet Meetings** for specific actions: April 2012
- ❑ Developing a **reporting system**: district and provincial governors to their line management and eventually to President : May 2012
- ❑ **Involve all the departments** within MoPH particularly Grant and Contract Management Unit (GCMU) in this process.

# **Emergency Action Plan Afghanistan:**

## **Addressing Management and accountability gaps**

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<b>Formation of permanent District EPI Management Team (DEMT) and Strengthen PEMT in the high risk districts of transmission zone</b>	<b>End April 2012</b>
<b>A regular mechanism of performance review and assessment at each level (District, Provincial and National) is designed and is linked with an accountability framework for appropriate actions</b>	<b>May 2012</b>
<b>Conduct training to enhance the accountability and managerial skills of PEI service providers at various levels, particularly the mid-level managers</b>	<b>May 2012</b>
<b>Comprehensive program management review is planned</b>	<b>June 2012</b>
<b>MoPH has also invited a mission for an independent overall program review to identify the root causes of the 2011 outbreak.</b>	<b>End May 2012</b>



# **Emergency Action Plan Afghanistan:**

## **Reaching inaccessible particularly in South**

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<b>Local level access negotiation and monitor their impact by tracking the number of children reported inaccessible in their areas.</b>	<b>April 2012</b>
<b>New complimentary strategy through permanent polio teams in high risk districts. These teams, selected from within the communities, will vaccinate the children at least 4 times in a year through a very low profile house to house activity:</b>	<b>Started March 2012</b>
<b>District level campaigns whenever the window of opportunity is available in inaccessible areas.</b>	<b>June 2012</b>
<b>Decrease the number of SIAs to improve the quality</b>	<b>July 2012</b>

# **Emergency Action Plan Afghanistan:**

## **Demand Creation and awareness**

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<b>New multi-media polio communication campaign focusing on sick, sleeping and newborn. This includes (branding, audio visual communication materials and use of channels such as BBC).</b>	<b>April 2012</b>
<b>Program focus on Partnerships with religious leaders, schools, youth and women's groups;</b>	<b>April 2012</b>
<b>Enhanced interpersonal communication training for vaccinators and social-mobilizers</b>	<b>April 2012</b>
<b>Integration of communication and operation at cluster level</b>	<b>May 2012</b>

# Emergency Action Plan Afghanistan: Improve Routine Immunization

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**Office of Minister of Public Health has issued directives to review the progress on Routine EPI by a joint team of GCMU (Grant and contract Management Unit), National EPI, WHO and UNICEF.**

**March 2012**

**BPHS NGOs responsible to the Routine EPI in the priority polio area are advised to prepare a 3-month urgent plan to improve routine EPI coverage.**

**Plan submitted in March 2012**

**Quarterly EPI performance review meetings with all BPHS NGOs will be held under the leadership of GCMU to take actions on underperformance.**

**May 2012**

**At least 30% monitoring of routine EPI activities by Provincial EPI team (MoPH, WHO and UNICEF);**

**May 2012**

# Emergency Action Plan Afghanistan: Improve Routine Immunization

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<b>New Complimentary Strategy through recruitment of Permanent Polio Teams (PPT) in selected 9 high-risk districts with intense supervision and monitoring.</b>	<b>Started in March 2012</b>
<b>Short Interval Additional mall scale targeted campaign in selected district/districts.</b>	<b>June 2012</b>
<b>High Risk Cluster Approach—</b>	<b>Started March 2012</b>
<b>Alternate Monitoring Mechanisms (Telephonic Surveys, LQAS)---</b>	<b>April 2012 (LQAS in June 2012)</b>

# **EAP Afghanistan: Monitoring to track the progress**

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## **Major Process Indicators on Country Specific Benchmarks**

- Coverage of >90% in high risk districts in at least 4 of the SIAs
- % of Inaccessible children less than 5% in each high risk district
- Awareness level increased from 50% to 90%
- Less than 10% children missed due to “no team visit, sleeping or sick”

## **National level main indicator:**

- Update on status of Polio EAP submitted to the President's Office (monthly)
- Policy Dialogue Group meetings chaired by H.E the Minister (monthly)
- Monthly report on performance on an accountability framework

# **EAP Afghanistan: Monitoring to track the progress**

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## **Provincial level and District level**

- **Pre-campaign preparedness assessment in every province, every campaign**
- **Monthly performance review meetings of immunization activities including RI, SIA and PPT for high risk districts at provincial level**
- **% of children missed by cluster by campaign (PCA, S) (<10% in each campaign)**

# **Our Themes for 2012**

Moving from Priority to Emergency

Moving from Paperwork to field  
implementation

**Thank You**

# **Emergency Action Plan Afghanistan:**

## **Addressing Management and accountability gaps**

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- **The full time district team will be responsible for the micro-planning, team selection, trainings, campaign monitoring and corrective actions.**
- **All DGMT will be held responsible for achieving the level of quality of activities necessary for stopping transmission in the district**
- **The district team will report to Provincial EPI Management Team (PEMT)**
- **The DGMT will also closely coordinate with District Governors and will give them a report before and after the campaign**
- **Provincial management will monitor district performance and ensure accountability by conducting review of campaign preparedness, implementation and post campaign evaluation for each round**