

Accelerating Emergency Polio Eradication Activities

SAGE, November 6, 2012

Outline

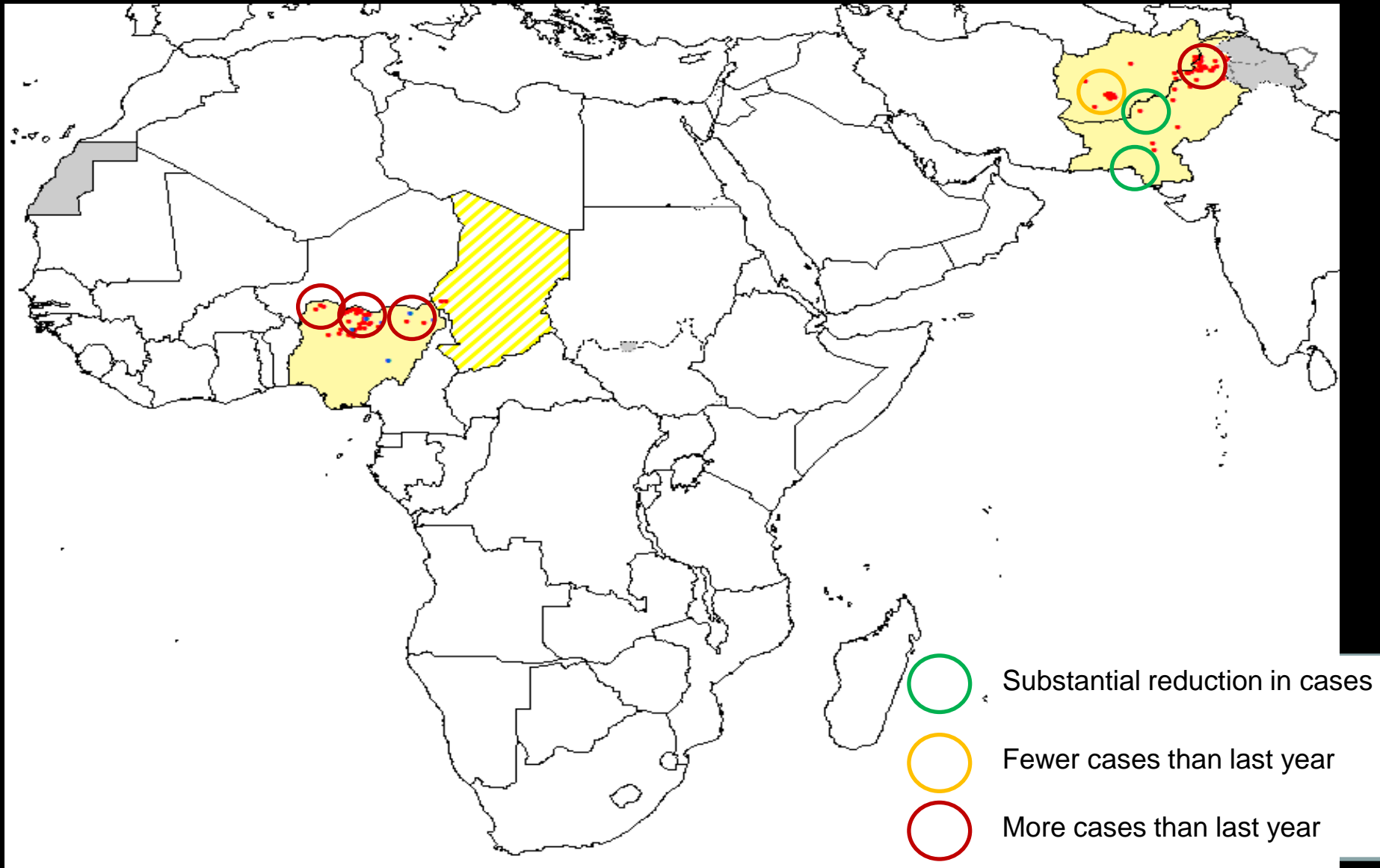
Implementation of national emergency plans

Innovations & lessons, including from India

Positioning for the push in 2013 low season

Additional measures (IPV? expanded age groups?)

Focus on polio 'Sanctuaries'



Wild Poliovirus, Previous 6 Months

Implementation of Emergency Plans

- Program accountability framework
- HR surge
- Monitoring & vaccination team performance
- Focus on missed children

Program accountability framework

Oversight Head of State & All of Govt. Engagement	<ul style="list-style-type: none">■ Presidential/PM Task Force■ Cabinet level Chair of TF■ At least quarterly program review■ High level directives
Management Polio 'Control Rooms' at National and province/state	<ul style="list-style-type: none">■ Dedicated senior government manager■ Use of 'Dashboard' to review preparedness■ Rigorous analysis of monitoring data■ Corrective action
Local Accountability Chief Executive LGA chairman, District Commissioner, Dist. Governor	<ul style="list-style-type: none">■ Review campaign preparations■ Review intra-campaign monitoring data in evening■ Immediate corrective action
Partner HR Surge WHO & UNICEF	<ul style="list-style-type: none">■ Optimize HR Surge: recruitment, training, management and performance accountability

Status of program accountability

Nigeria

Pakistan

Afghanistan

**Head of State
Oversight**

+ + +

+ + +

+ +

**Polio Control Rooms
(national, state)**

+

+ +

+

**District/LGA
Accountability**

+

+ +

**Partner HR Surge
Optimization**

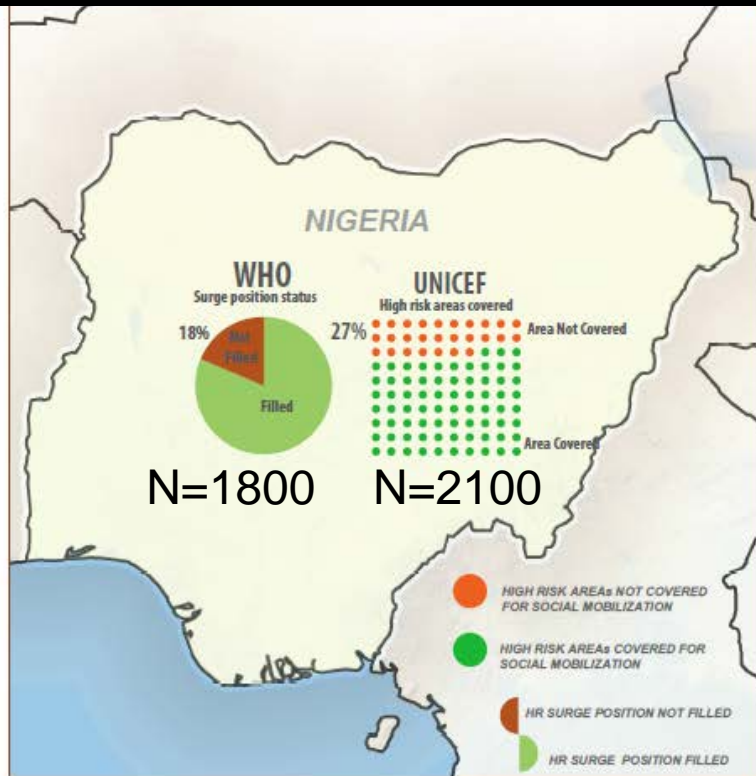
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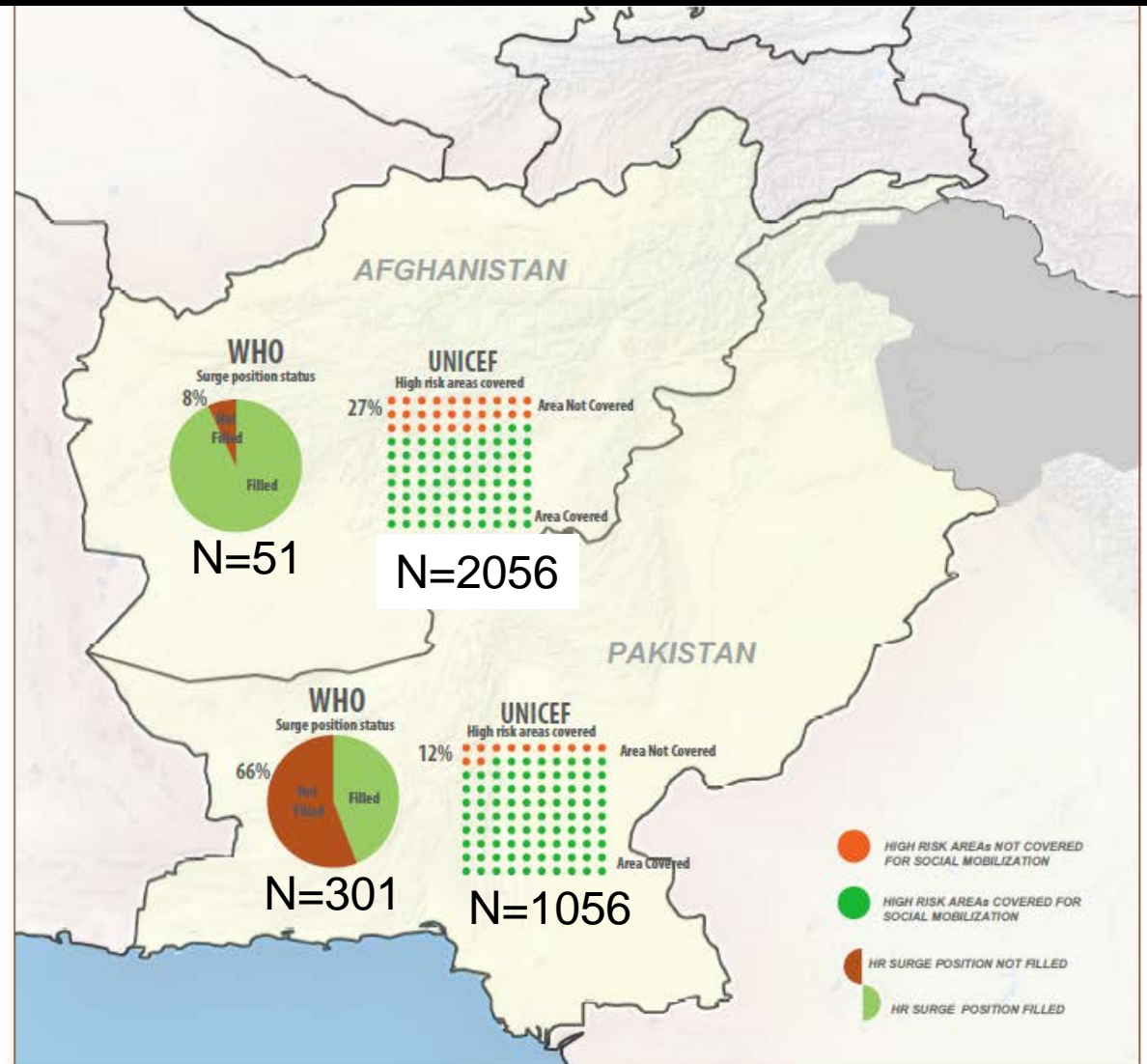
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**DEMTs deployed & Governors engaged very recently*

Status of WHO and UNICEF HR Surge



75% of HR surge in Place



Map Scale- A3 : 1 cm = 89 km

Coordinate System: GCS WGS 1984
Datum: WGS 1984
Units: Degree



Data Source:

Admin. Boundaries: World Health Organization
Base Map: ESRI
Map Production: Public Health Information
and Geographic Information Systems (GIS)
World Health Organization
*Data as on 05 Nov 2012

Legend:

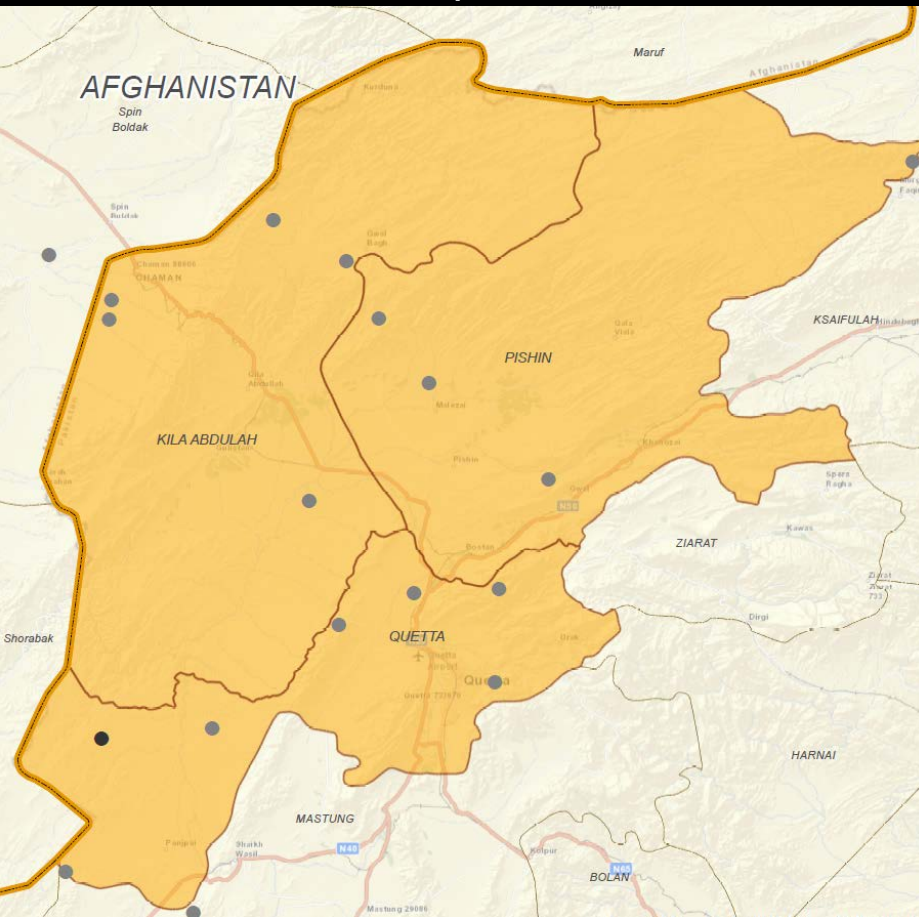
● Endemic countries

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Tracking Missed Children by Reservoir

Example: Quetta area (K. Abdullah, Pishin, Quetta), Pakistan

WPV cases October 2011 to September 2012

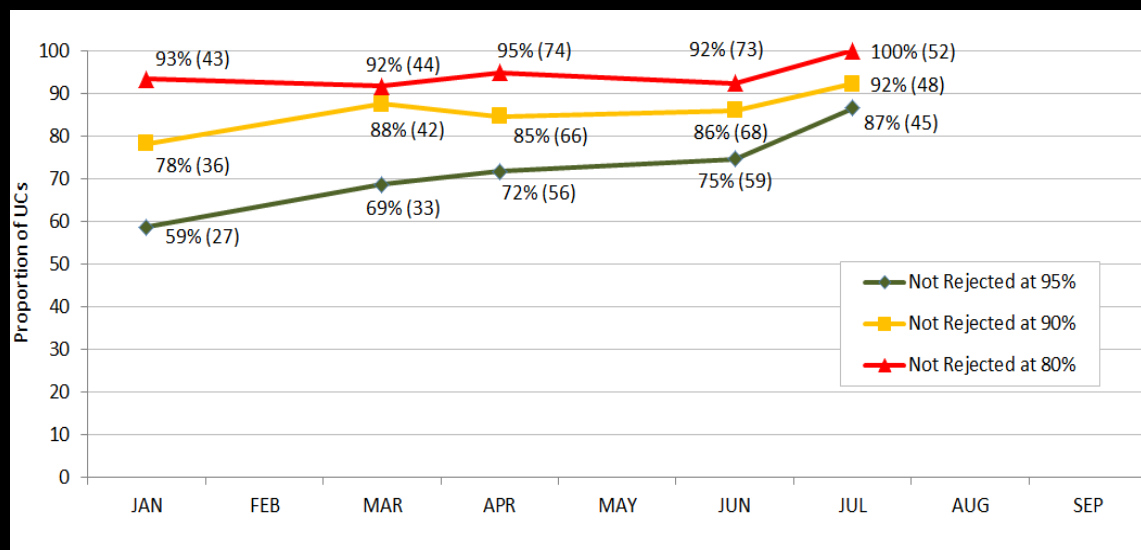


Wild Poliovirus cases



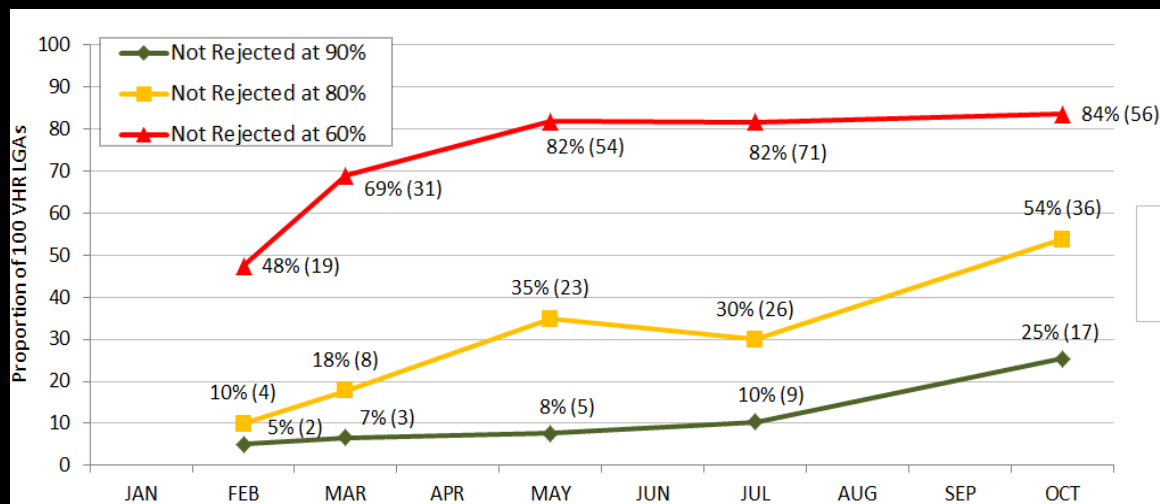
Reduction in Missed Children

Pakistan: LQAS results in 31 HR districts*



*Does not include FATA

Nigeria: LQAS results in 100 VHR LGAs



*Innovations & Lessons
including from India*

Weaving the net to catch missed children

- Refusal by parents/community
- Ensuring repeated home visits
- Mobile and migrant
- Geographically inaccessible
- Newly born

**Risk Analysis + Concentration of resources +
Validated micro-plans + Monitoring**

Sharing Best Practices from India

- NIE, PAK, AFG delegations to India
- Multiple visits from India to each country
- 15 Indian SMOs in Nigeria x 2
- Inclusion in national emergency plans
- Deep discussions with leadership



Country consultations since April

Nigeria:

- ERC
- Workshop on high-risk LGAs
- Communications review
- Quarterly review by WHO Regional Director

Pakistan:

- Joint reviews by PM Task Force and RD (3 visits)
- Joint WHO/UNICEF security assessment
- Communications review

Country consultations since April - 2

Afghanistan:

- TAG
- Independent Program Review
- Cross-border meeting with Pakistan

Each country:

- Expert mission to assess and develop best practices for security and access

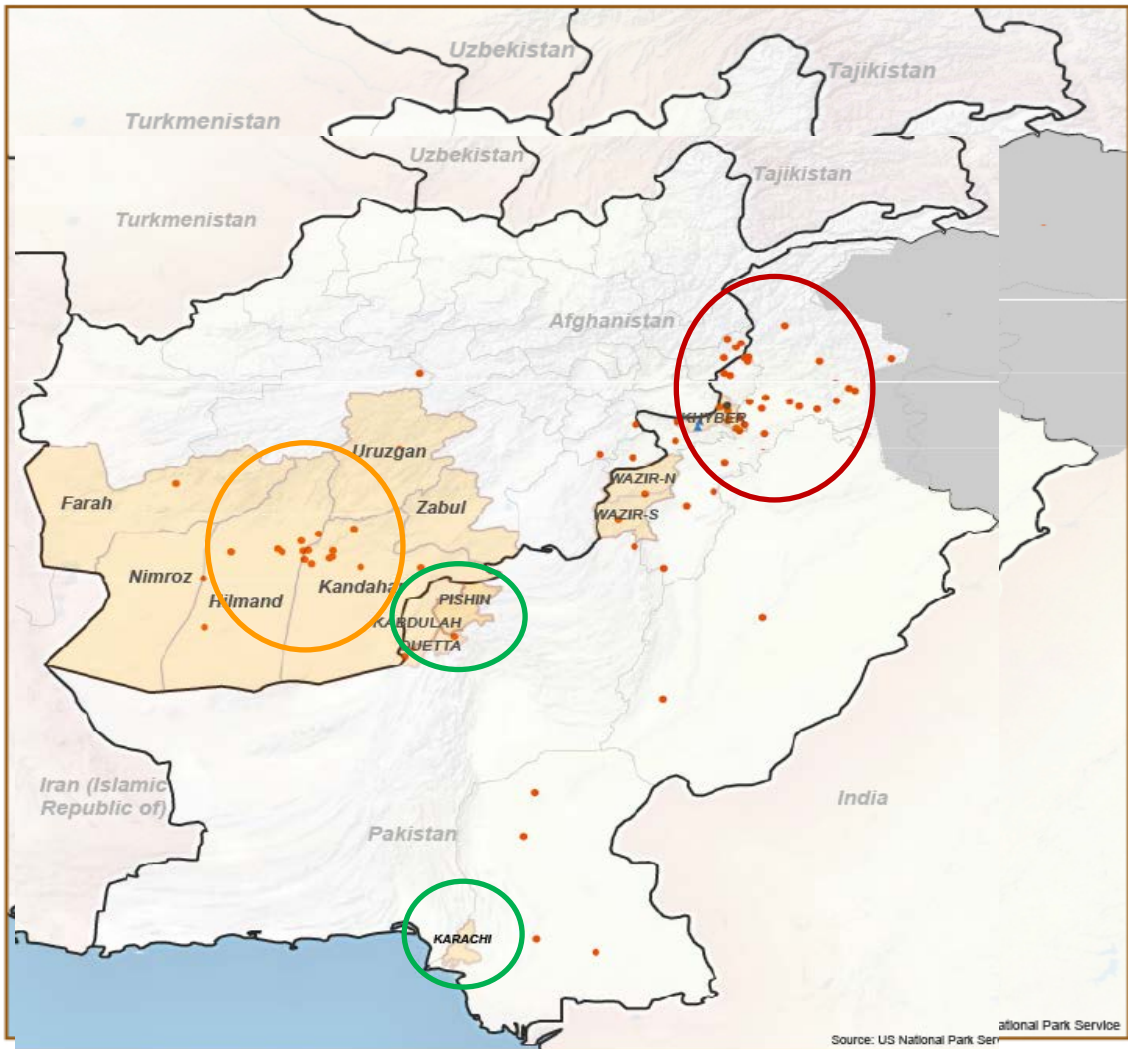
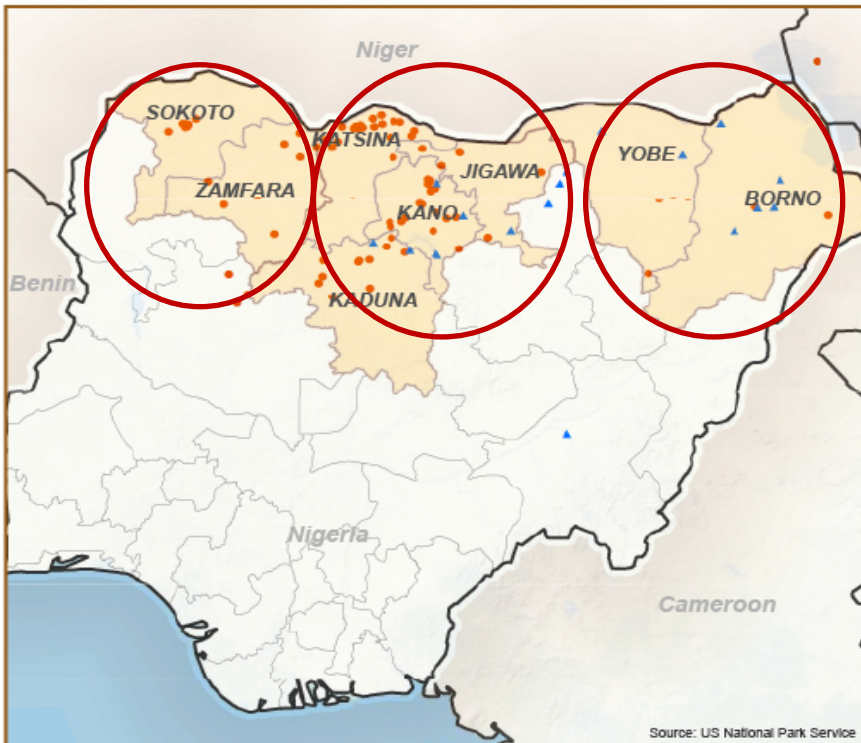
Innovations & best practices

	Nigeria	Pakistan	Afghanistan
House-based Microplans	Initiated August	improving	where feasible
Monitoring linked to micoplans	improving after surge	much improved	under development
District/State accountability	dashboard initiated Sept	To be fully optimized	under development
High-risk area approach	To be fully optimized	much improved	much improved
HR Surge	deployed	to be completed	deployed recently
Underserved & migrant strategy	needs further improvement	needs further improvement	needs further improvement

Progress in key 'sanctuaries'

Global Wild Polio Cases between 01 Jan - 30 Oct 2011 within endemic countries

MAP DATE : 05 November 2012, Version 1.0



- More cases than last year
- Fewer cases than last year
- Substantial reduction in cases

Map Scale- A3 : 1 cm = 75 km

Coordinate System: GCS WGS 1984
Datum: WGS 1984
Units: Degree

Data Source:

Admin. Boundaries: World Health Organization
Base Map: ESRI
Map Production: Public Health Information and Geographic Information Systems (GIS)
World Health Organization
Data as on 05/11/2012

Legend:

- Wild Polio Virus Type-1
- ▲ Wild Polio Virus Type-3
- Wild Polio Virus Type-1 & 3

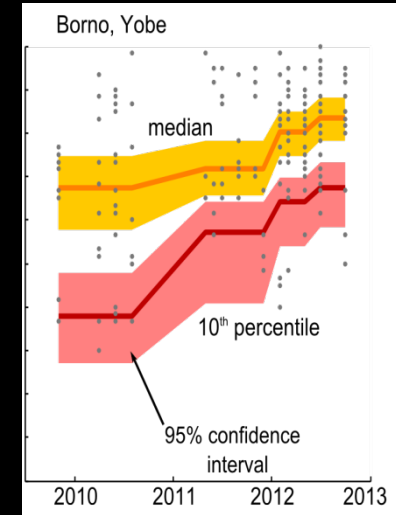
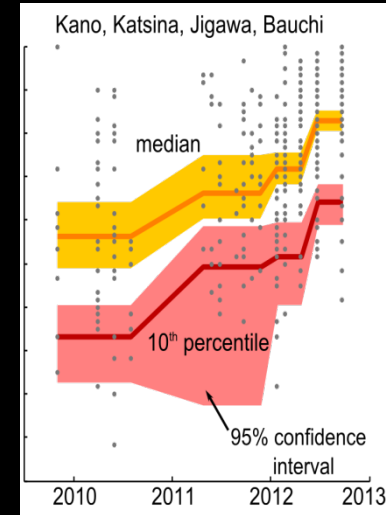
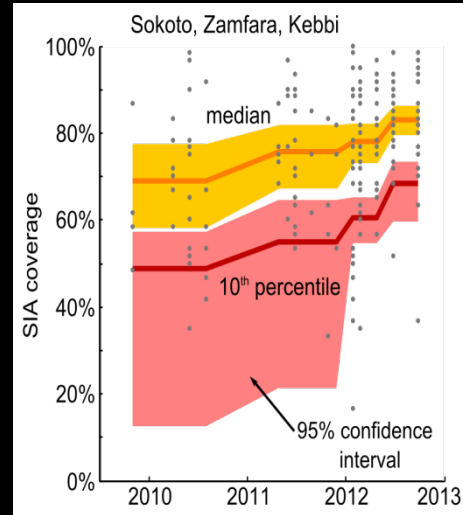
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Coverage Trends in Wild Virus Reservoirs

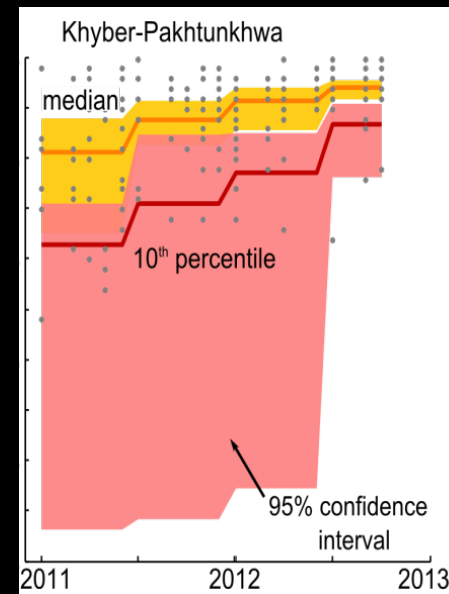
Nigeria

LQAs analysis, worst-performing LGAs



Pakistan

LQAs analysis, worst-performing districts of KP



Nigeria: change in basics

- House-based microplans
- Optimization of vaccination teams
- House-based concurrent monitoring
- Use of 'dashboards', SIA deferral
- TA: Indian MOs, nSTOP

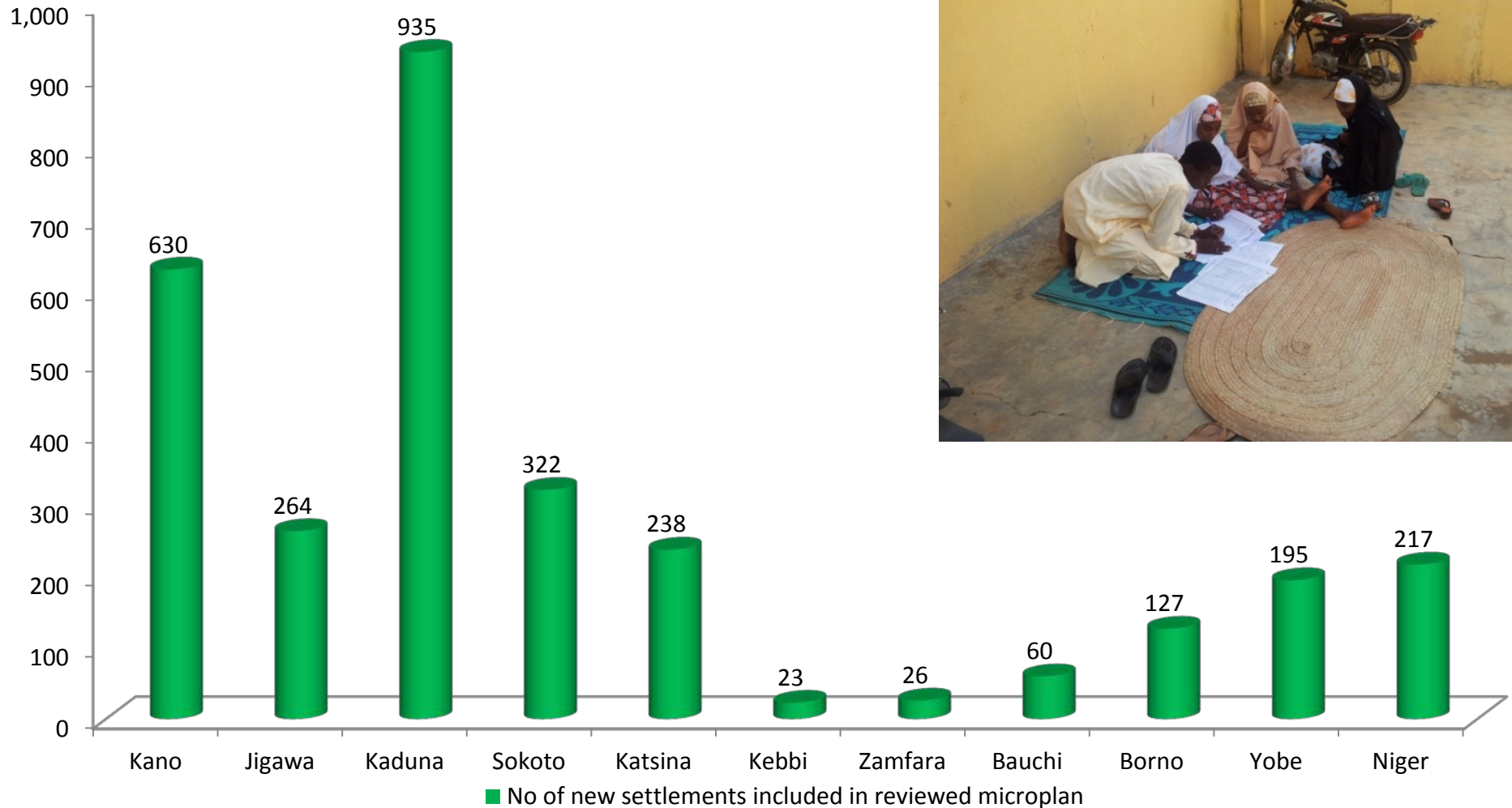
Name of settlements or places to be covered by team			Total target children
Settlement <u>Mama Shokan</u>	Settlement <u>Koro Road & 200</u>	Settlement <u>Mala Road</u>	
Start <u>Mai Ingwa house 2:30</u>	Start <u>Yakubu Gade 8:40am</u>	Start _____	
End <u>Bold Road 8:00am</u>	End _____	End _____	
Sp. site _____	Sp. site _____	Sp. site _____	
Target children _____	Target children _____	Target children _____	
Settlement <u>Moya Road</u>	Settlement _____	Settlement _____	
Start _____	Start _____	Start _____	
End _____	End _____	End _____	
Sp. site _____	Sp. site _____	Sp. site _____	
Target children _____	Target children _____	Target children _____	
Day 3 Settlement _____	Settlement _____	Settlement _____	
Start _____	Start _____	Start _____	
End _____	End _____	End _____	
Sp. site _____	Sp. site _____	Sp. site _____	
Target children _____	Target children _____	Target children _____	
Day 4 Settlement _____	Settlement _____	Settlement _____	
Start _____	Start _____	Start _____	
End _____	End _____	End _____	
Sp. site _____	Sp. site _____	Sp. site _____	
Target children _____	Target children _____	Target children _____	
Stop-up _____			

Old microplan



New microplan

New settlements found through House-based micro-planning (Aug-Sept)



Pre-campaign Dashboard for Kano

Monthly LGA Task Force meetings held (minutes of meeting, plan of activities)

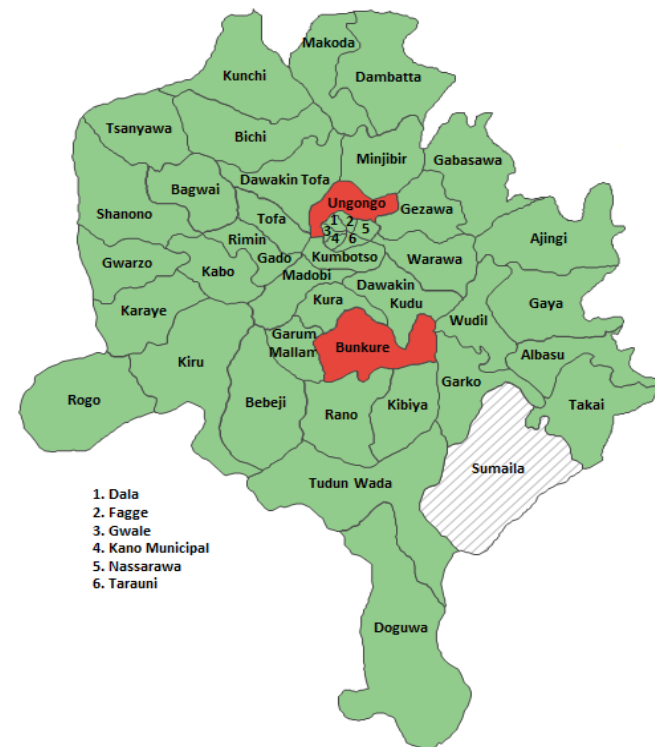
23 September



28 September



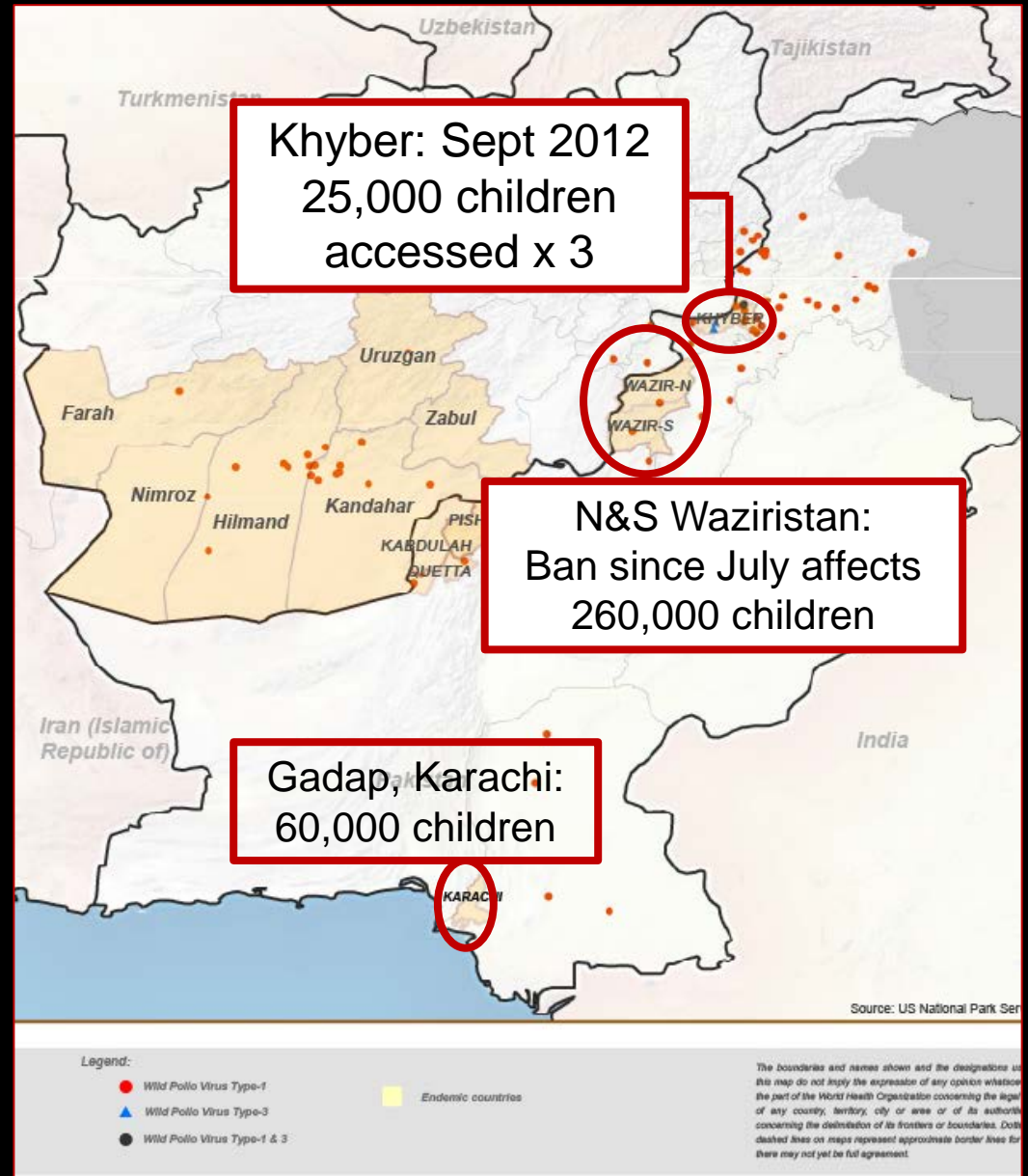
3 October



Pakistan - inaccessibility not the primary problem

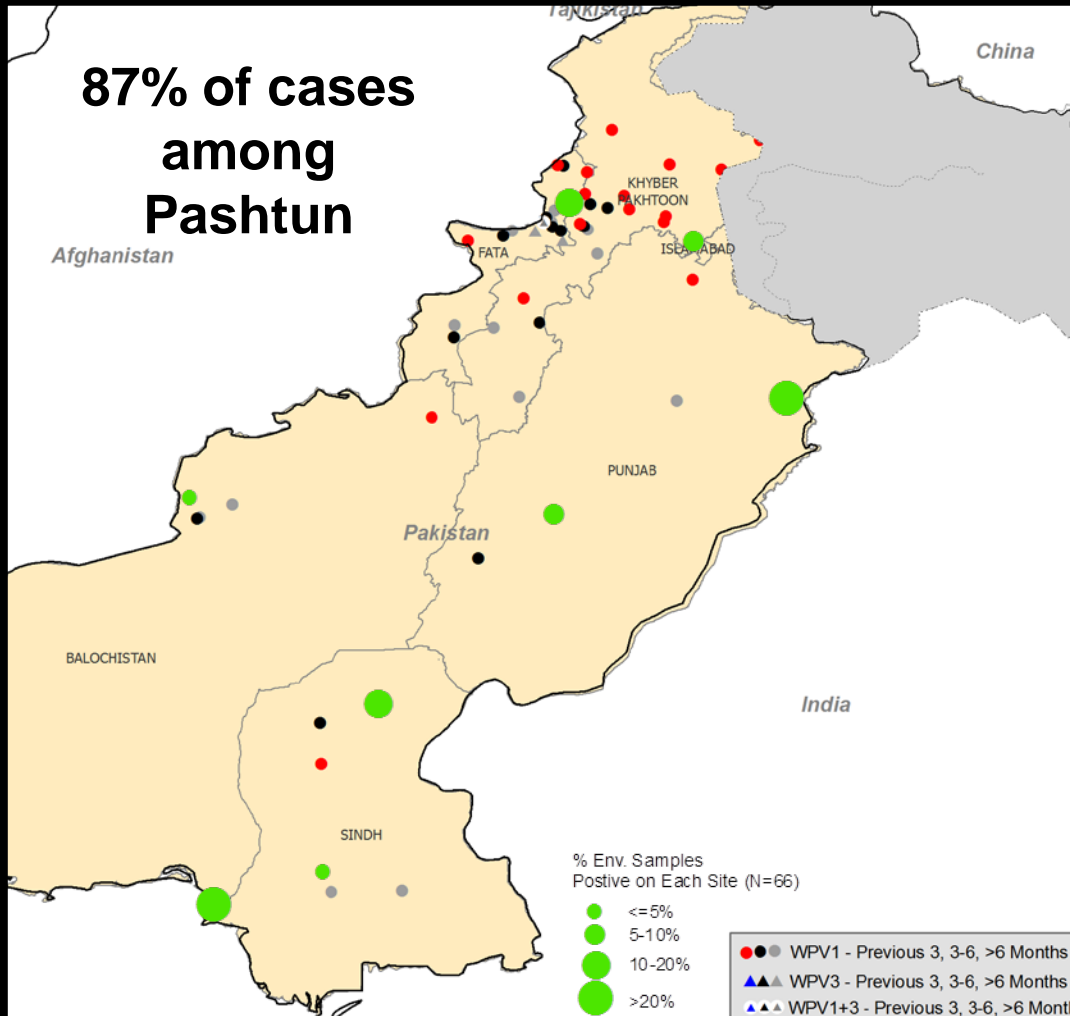
- Access in Bara after 3 yrs
- Ban in N & S Waziristan
- Gadap incidents
- Remote programming in Gadap

Total Target: 33 million <5 yrs



Pakistan – Role of Underserved Migrants

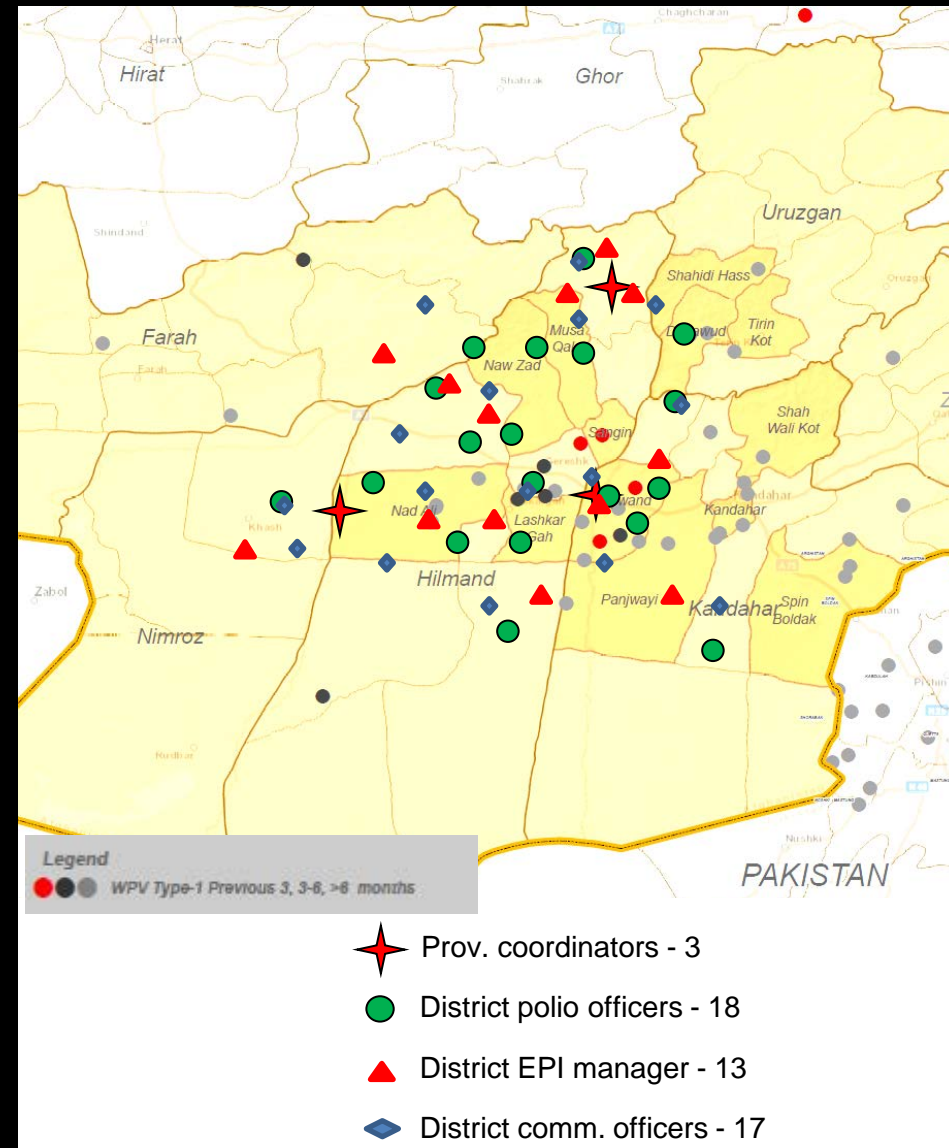
Pakistan: WPV cases Jan-Oct 2012
and environmental WPV isolates



- WPV in most environmental sampling sites, including areas with no cases
- Isolates genetically related to cases in KP/FATA
- Reflect underserved mobile Pashtun populations
- Major focus for mapping and vaccination next low season

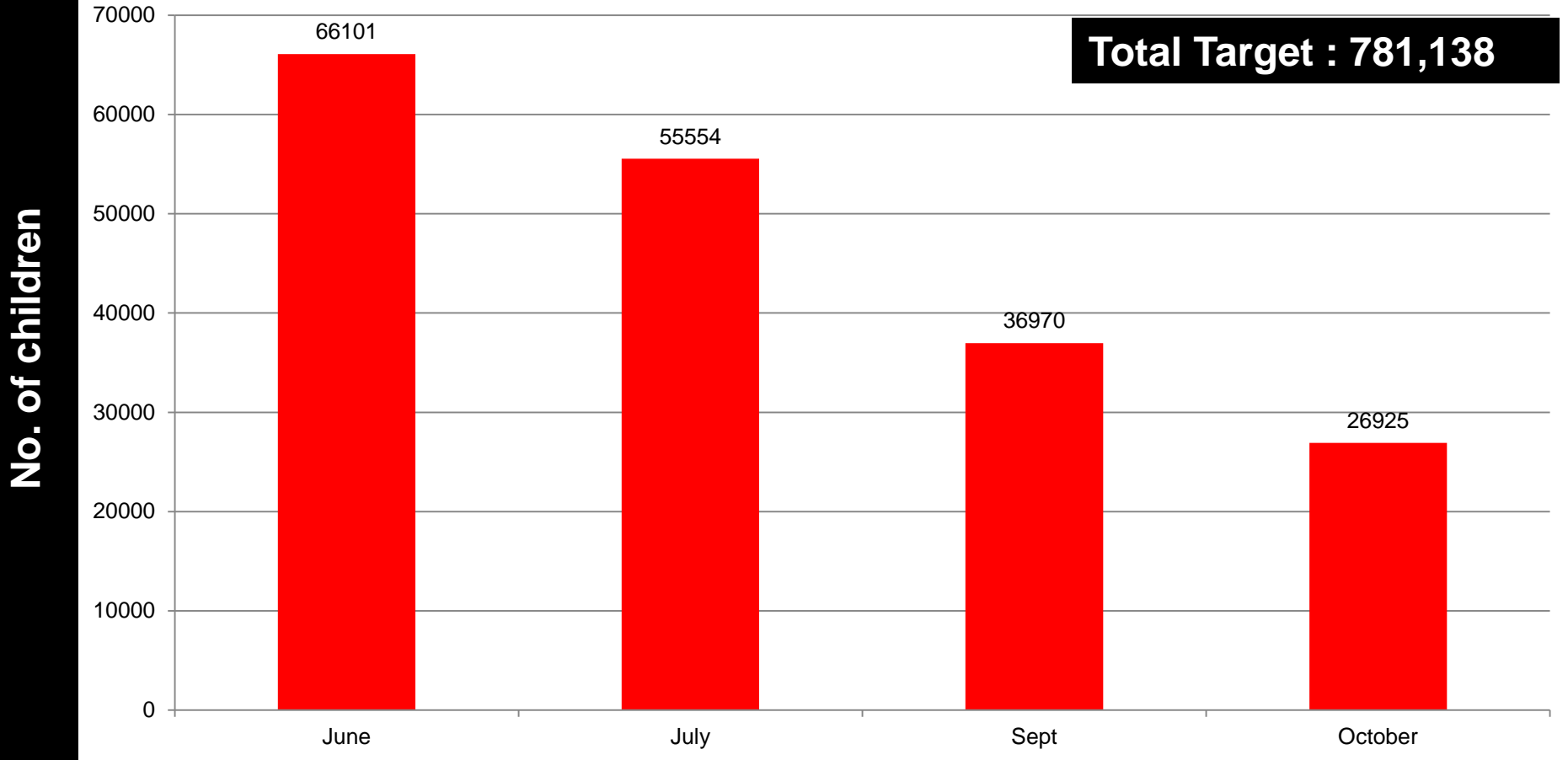
Afghanistan




- HR surge following independent review
- Vaccination of older children during measles campaign
- PPTs vaccinated 146,000 (6% zero dose) in 3 months
- Vaccination around '0' dose AFP, district-focused SIAs
- Cross-border mopping up



New areas accessed in Southern Afghanistan

Inaccessible children in 13 High Risk Districts in last four SIAs (Jun-Oct, 2012)



% of Total Target 8.5%  7.1%  4.7%  3.4%

*Positioning for the push
in low season of 2013*

Positioning for the push in 2013 low season

Oversight, management, accountability	<ul style="list-style-type: none">■ Stabilize in Pakistan (elections early 2013)■ Optimize in Nigeria – management of polio control rooms■ Operationalize fully in Afghanistan
Strategic priorities	<ul style="list-style-type: none">■ Pakistan: ‘Pashtun underserved’ migrant strategy■ Nigeria: microplans - rapid reduction in missed children■ Afghanistan: scale up of PPTs, district focused SIAs■ Somalia, Chad: stop cVDPVs■ W & C Africa, HoA: prevent outbreaks
Security & Access	<ul style="list-style-type: none">■ Detailed security and access operations plan for each polio reservoir by end 2012
Partner HR Surge	<ul style="list-style-type: none">■ Complete recruitment■ Train and manage in a robust accountability framework

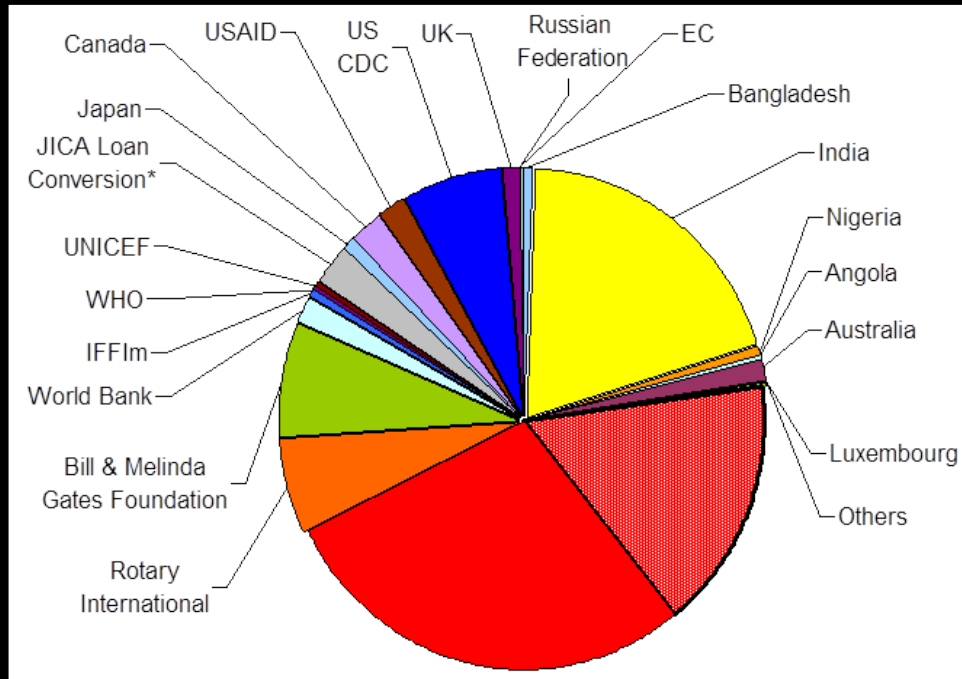
Risks to 2013 low season push

- Pakistan: Elections
 - Institutionalize program management
 - Polio an all party election issue
- Afghanistan: Withdrawal of forces
 - Program neutrality, negotiations with AGE
- Nigeria: Spread to Mali, Security

Risks to 2013 low season push - 2

- Cross-cutting priorities for each endemic country:
 - Update national emergency plan
 - Develop security and access operations plan – *Stay and Deliver* paradigm
 - Re-profile program as indigenous and supported by OIC and Islamic institutions

Financing gap, 2012-13



OPV campaigns were cancelled in >25 high risk countries due to insufficient funds.

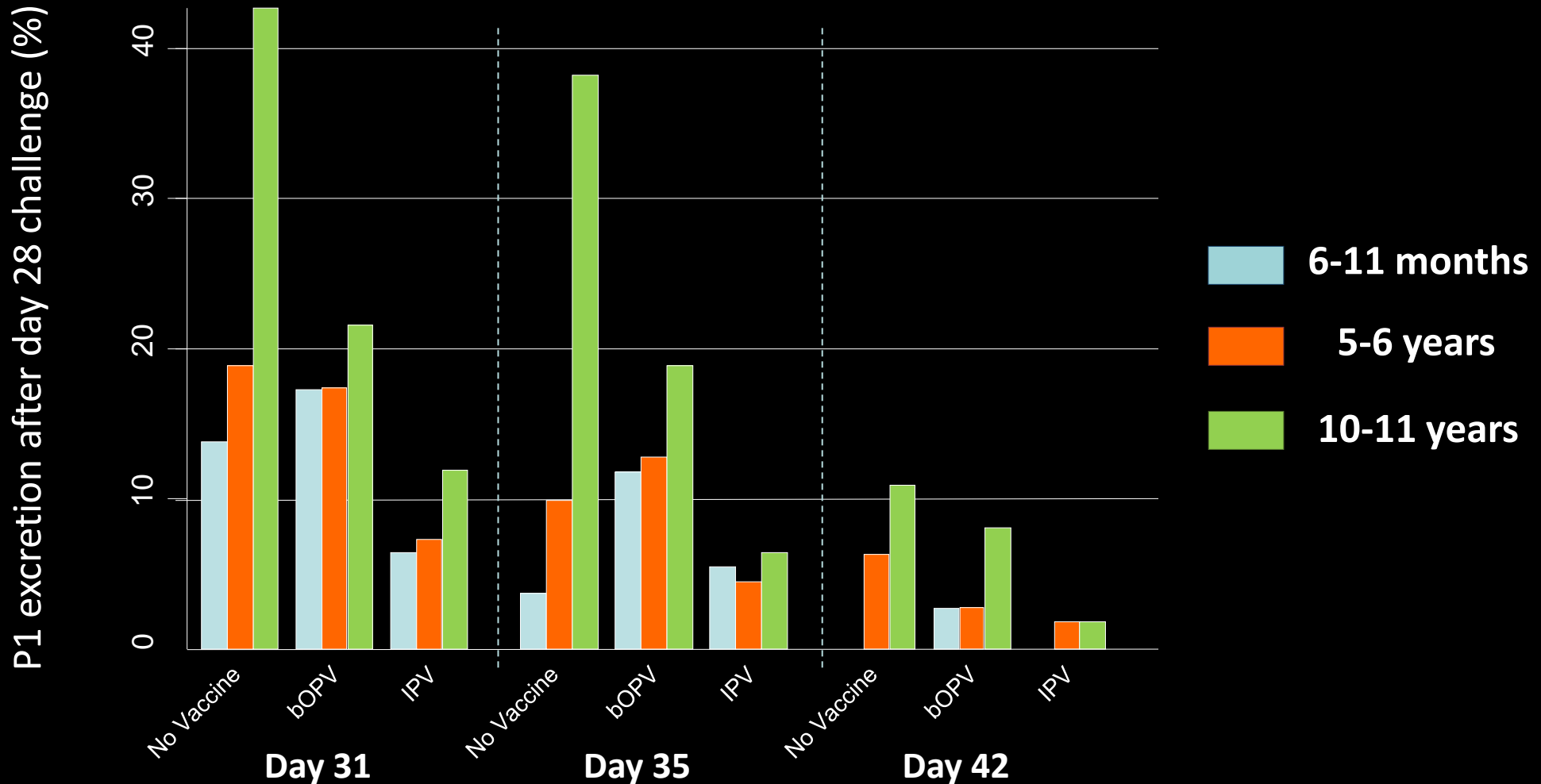
Current Gap:	US\$ 700 m
<u>Firm Prospects:</u>	<u>US\$ 360 m</u>
<i>Best Case Gap:</i>	<i>US\$ 340 m</i>

*Additional measures to
accelerate eradication*

- Use of IPV to stop transmission
- Expanded age group vaccination (EAG) in endemic areas

*Boosting of mucosal immunity by IPV**

Impact of IPV vs. bOPV booster, Moradabad, India, 2012



*Among children previously vaccinated with OPV

IPV Campaign: Operational issues

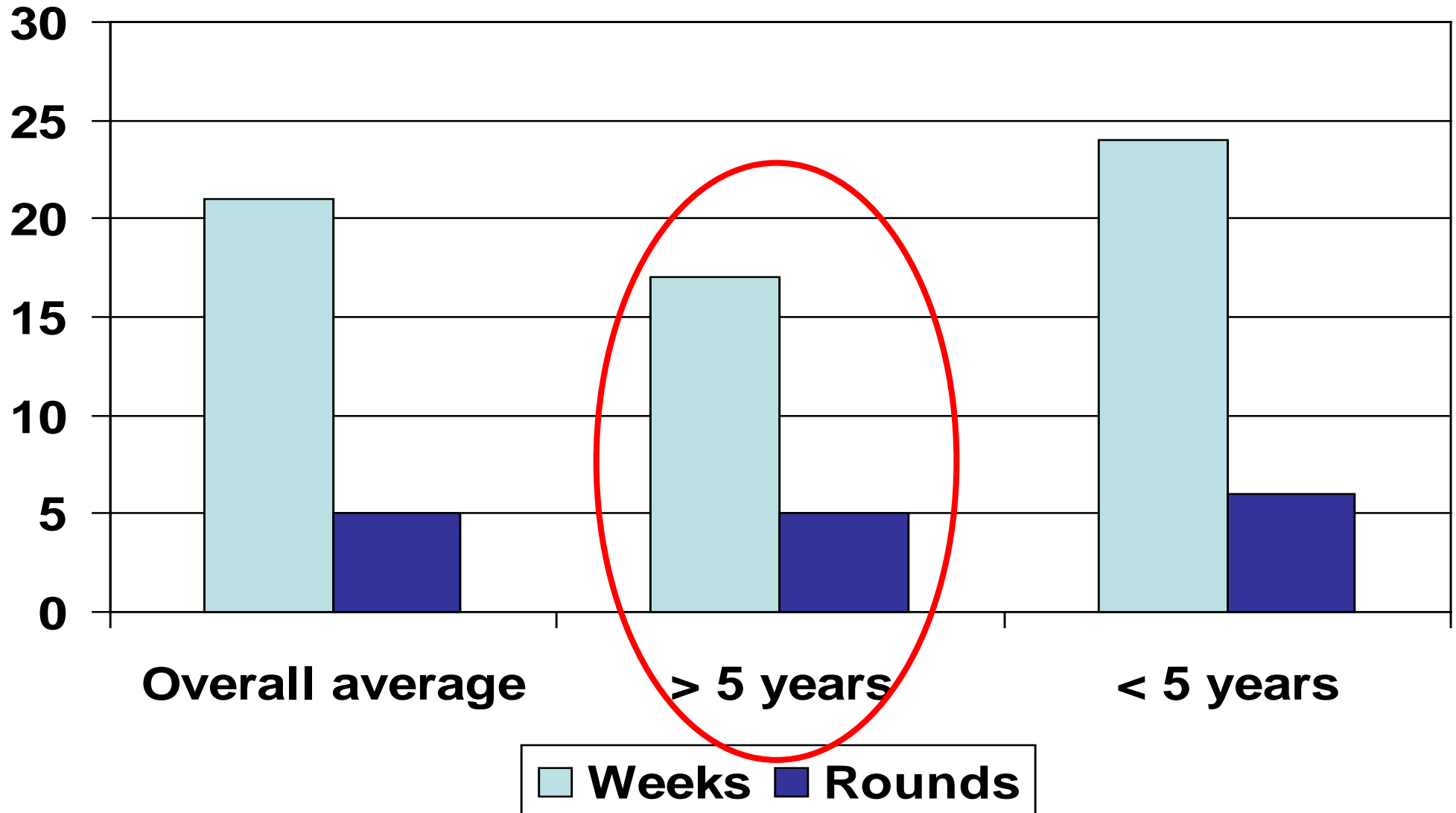
- Can IPV reach children missed by OPV?
- Added value of IPV in children with ongoing OPV vaccination?
- Will IPV campaigns compromise public acceptance of OPV campaigns?
- Are political risks significant (perceptions about specific areas, intelligence gathering)?
- Communications: can communities be mobilized?

Vaccination of older children

- In some settings individuals ≥ 5 years of age play a role in polio transmission
 - shedding of wild and vaccine poliovirus
 - waning of mucosal immunity
- Expanding age in campaigns to <15 years may accelerate eradication

Impact of age group immunized

Median duration of outbreaks & # of rounds to control



OPV in older children in Nigeria: Risks to social acceptance

Focused group discussions in Kano (12 groups)

- OPV only for young children
- Fears of a birth control link
- Political concerns
- 'New idea' requires stronger evidence
- Requires longer communication campaign

Additional measures to accelerate eradication

- Current program priority is to optimize OPV delivery
- Continue vaccination of older children
 - Outbreaks
 - Special populations (nomads, displaced)
- Consider EAG or IPV if transmission continues in late 2013

Additional measure: OPV2 withdrawal and IPV in Routine Immunization

- bOPV + IPV in RI will establish a stronger immunity base against WPV 1 & 3
- Will reduce risk of cVDPV and allow focus on WPV eradication

SAGE advice requested

- How can the program further optimize its positioning for the next low season?
- Any additional measures to ensure eradication by end 2014?