

POLIO QUARTERLY: 2/2018

AFGHANISTAN

April-June 2018

2
WPV CASES
THIS QUARTER

9
TOTAL WPV
CASES IN 2018

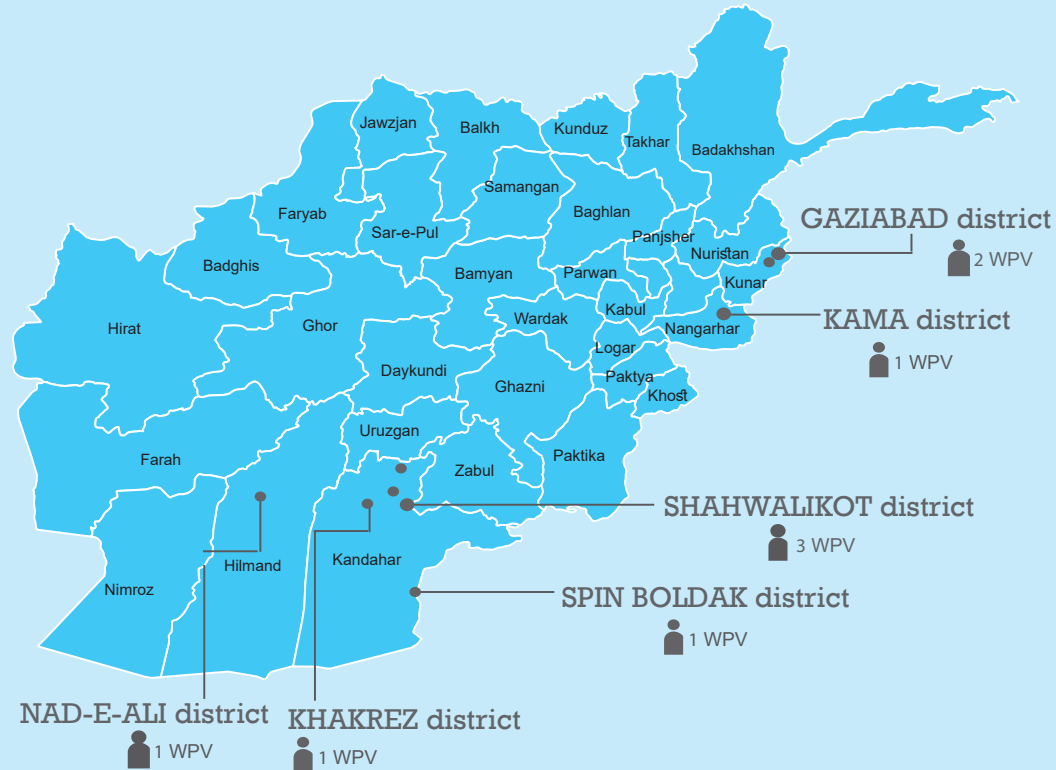
19
POSITIVE ENVIRONMENT
SAMPLES IN 2018

445
PERMANENT TRANSIT TEAMS

9,9 m
CHILDREN UNDER 5
VACCINATED IN
NATIONAL IMMUNIZATION DAYS

15
CROSS-BORDER VACCINATION POINTS

223,365
CHILDREN VACCINATED
BY CROSS-BORDER TEAMS
THIS QUARTER



POLIO TRANSMISSION

- Two new wild poliovirus (WPV1) cases reported this quarter, bringing the total number of cases to nine in 2018.



AFP AND ENVIRONMENTAL SURVEILLANCE

- 84 environmental samples from 20 sites have been collected this quarter. 19 of them were reported positive.
- Total 168 environmental samples collected in 2018, out of which 22 reported positive for WPV 1.



SUPPLEMENTARY IMMUNIZATION ACTIVITIES

- Sub National Immunization Days (SNIDs) in April targeted over 5.9 million children
- National Immunization Days (NIDs) in May targeted over 9.9 million children.



COMPLEMENTARY VACCINATION ACTIVITIES

- 41 cross-border teams at 15 cross-border vaccination points and 445 permanent transit teams (PTTs) were operational this quarter. They vaccinated 223,365 children under the age of 10.
- Permanent transit teams vaccinated 3,430,340 children under the age of 5 against polio.

Immunization activities

Supplementary Immunization Activities (SIAs)

Campaign	Children targeted	PCA Coverage	% failed lots
April SNID	6,315,188	95.2	9
May NID	9,481,022	95.9	8
June nomad campaign	59,872	91.6	No LQAS
Recovery SIAs Bermal	27,402	93.5	No LQAS
Case response Shahwalikot	27,575	46.8	No LQAS

Complementary vaccination activities

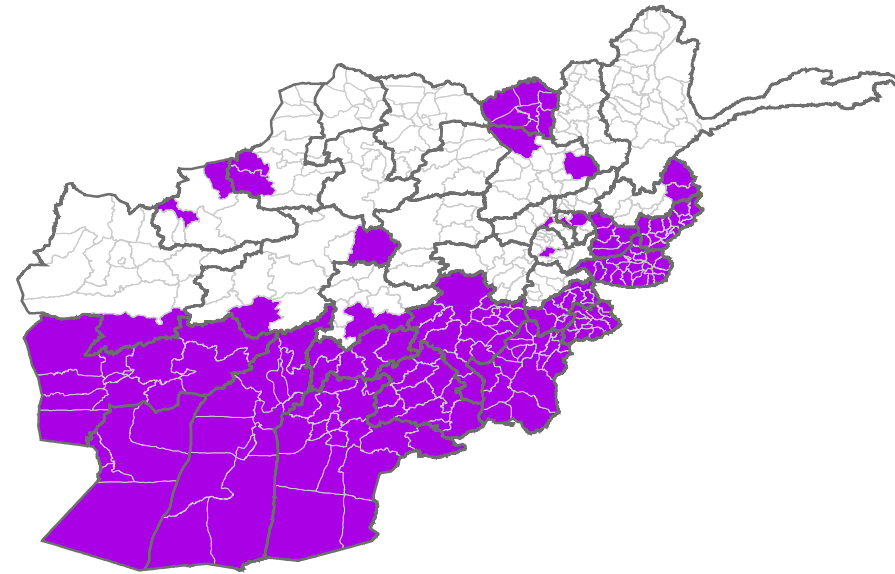
- A total of 41 cross-border teams at 15 cross-border vaccination points and 456 permanent transit teams (PTTs) were operational across Afghanistan during this quarter.
- Permanent transit teams vaccinated 3,453,207 children under the age of 5 against polio during the quarter while cross-border teams vaccinated 200,668 children under the age of 10.
- During the reporting period, over 3,511 children were vaccinated with OPV by teams at UNHCR and IOM sites receiving returnees from Pakistan and Iran. In 2018, a total of 3,511 returnee children have been vaccinated with OPV and 2,555 with IPV at these sites.
- In compliance with International Health Regulations (IHR), 114,836 international travelers were vaccinated against polio between January-March 2018.

Coming campaigns

SNID districts

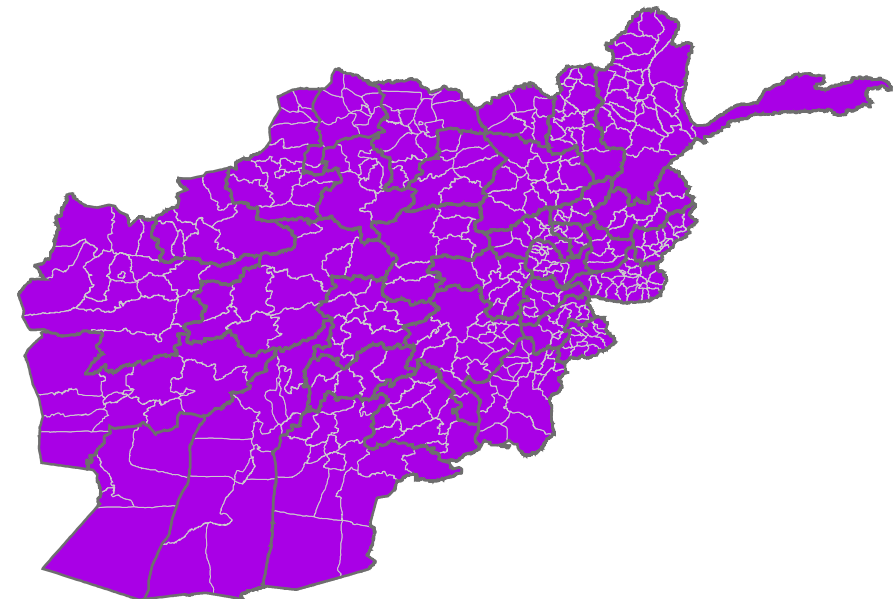
24-28.9.

5-9.11.



NID districts

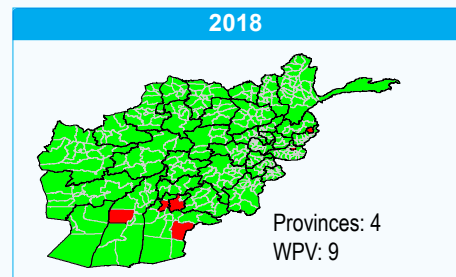
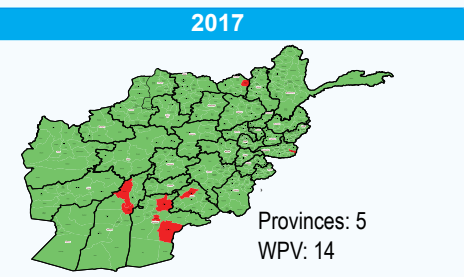
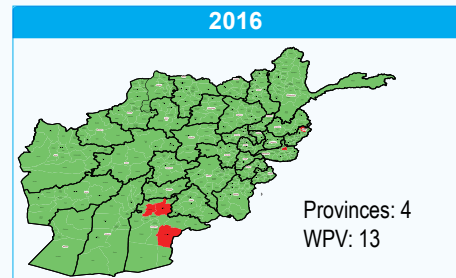
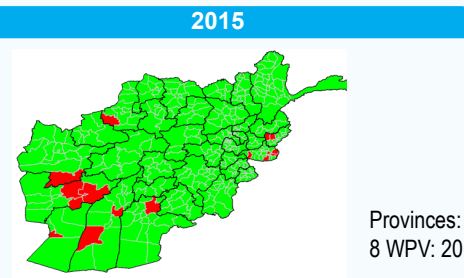
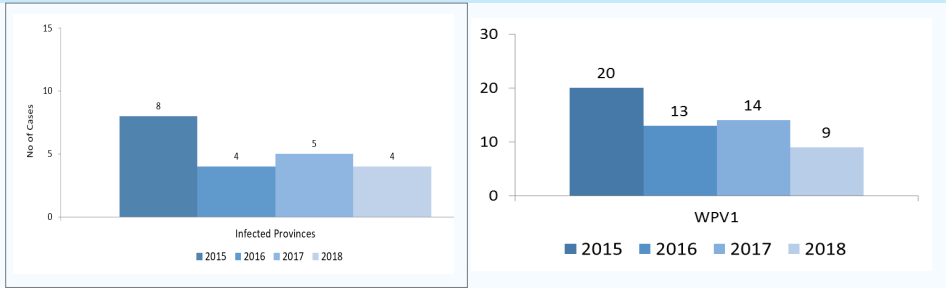
6-10.8.



Reducing geographic spread of wild poliovirus

The number of polio-affected provinces has steadily declined in the past four years, from eight in 2015 to four so far in 2018.

The transmission is largely limited to a relatively small area in the southern and eastern regions.



Not Infected (Green) Infected (Red)

Data as of 30 June 2018

Vaccination of returnees & refugees continues at border areas

The Ministry of Public Health, WHO and UNICEF continue to vaccinate children crossing the border to Afghanistan from Pakistan and Iran to ensure all children are immunized and protected from polio.

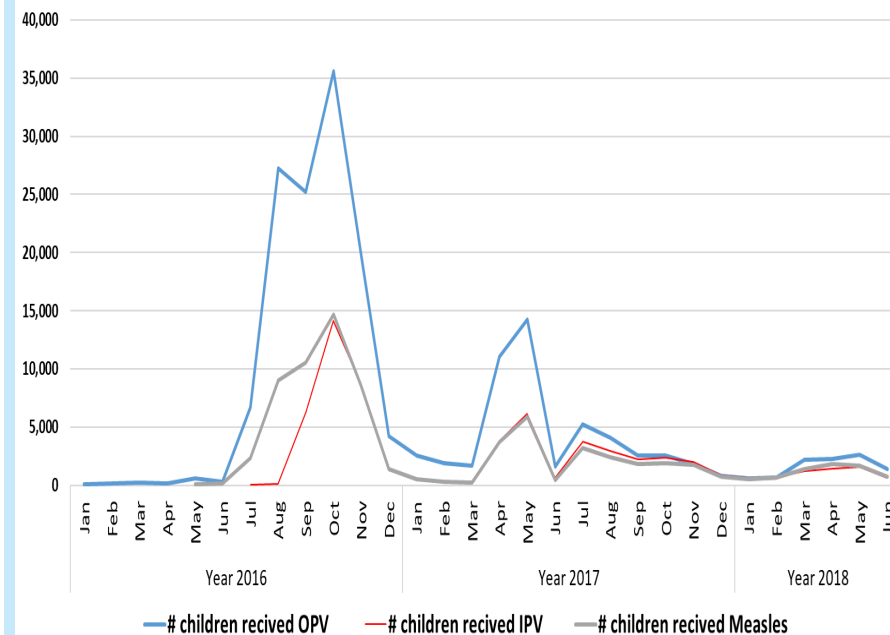


Between January and June 2018, 424,033 children were given the oral polio vaccine (OPV) by cross border teams.

In addition, returnee children are vaccinated by special returnee teams which are supported by IOM and UNHCR.

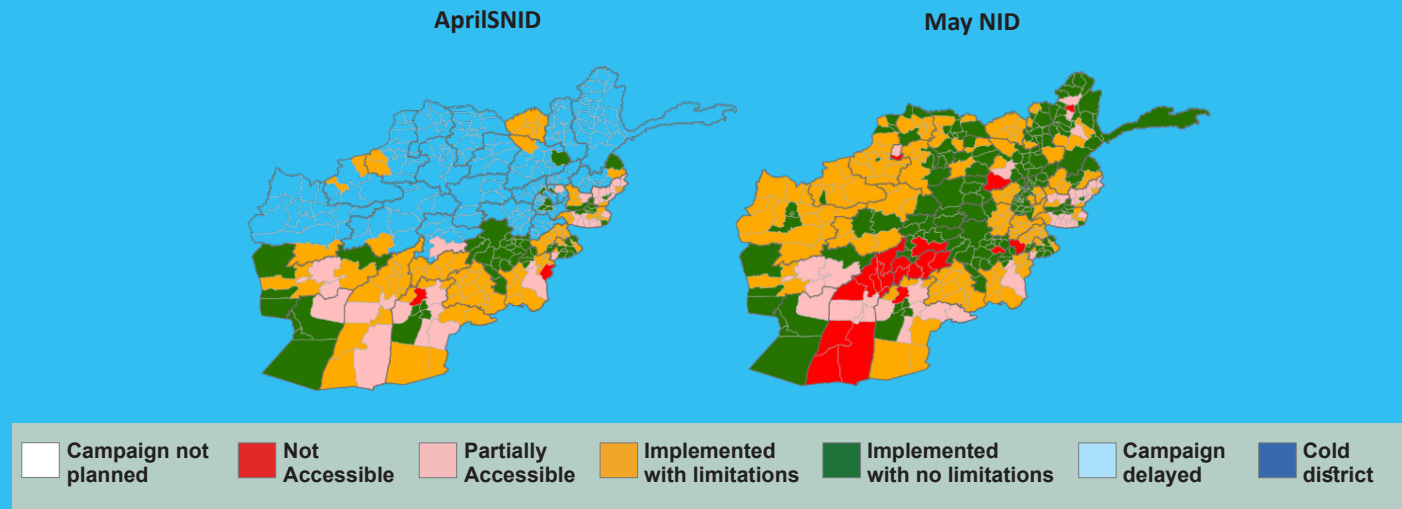
Between January and May 2018, over 9,754 returnee refugee children were vaccinated with OPV and over 6,184 with inactivated polio vaccine (IPV) at the IOM/UNHCR sites.

OPV coverage at UNHCR repatriation centres and IOM Zero point 2016-2018





Access for supplementary immunization activities



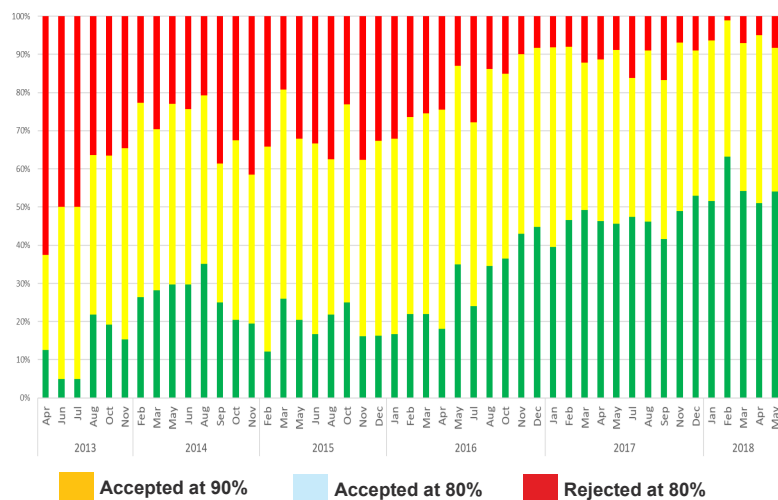
Inaccessible children May 2017 – May 2018

Access remains an evolving challenge, with recent deterioration in May due to bans on house-to-house campaigns in the South.

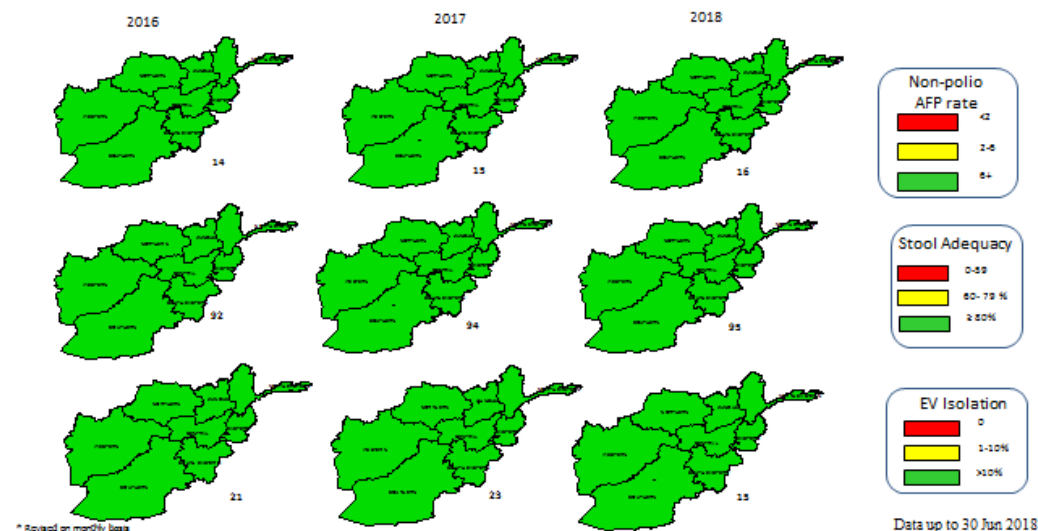
Region	May NID	Jul SNID	Aug	Sep NID	Nov SNID	Dec SNID	Jan SNID	Feb SNID	Mar NID	Apr SNID	May NID
Region	May NID	Jul SNID	NID	Sep NID	Nov SNID	Dec SNID	Jan SNID	Feb SNID	Mar NID	Apr SNID	May NID
East	26,734	21,841	23,366	23,852	31,470	20,463	23,084	21,504	45,879	52,307	60,897
North	0	0	0	28,157	0				23,458		24,505
NE	4,350	17,913	105,462	11,391	300	87,367	300	300	576		19,305
South	35,705	64,528	85,887	85,445	13,249	17,641	16,288	26,934	22,358	28,473	818,172
SE	14,040	16,253	19,121	4,860	2,229	9,734	3,195	10,872	9,609	39,003	76,105
West	70	4,367	845	3,798	695	195	10,655	476	8,711	7,830	2,413
CR	0	0	650	0	0					2,622	
Total	80,899	124,920	241,409	157,437	47,943	135,400	53,522	60,086	110,591	130,235	1,001,397

Improved quality of supplementary immunization activities

Lot Quality Assessment Sampling (LQAS) data shows that the quality of supplementary immunization activities over the past quarter has been improving. The proportion of failed lots decreased from 9% in May 2017 to 8% in May 2018.



Afghanistan AFP surveillance system meets key quality indicators



Detecting every case: hundreds of samples tested

Environmental Surveillance:

- 84 environmental samples from 20 sites located in 9 provinces in the 7 regions have been collected and sent to the laboratory in good condition during this quarter. Of the total 84 samples collected, laboratory results have been received for 76 samples.
- Ten WPV1 positive environmental samples have been reported this quarter, bringing the total number to 22 in 2018.

Acute flaccid paralysis (AFP) Surveillance:

- Non-polio AFP rate is 16, stool adequacy above 95%, and non-polio enterovirus rate above 15% at the national level. In all regions non-polio AFP rate is above 12, stool adequacy above 89%, and non-polio enterovirus rate is ranging from 12-20%.
- 727 AFP cases (407 males / 320 females) have been reported second quarter of in 2018, of which 611 have been discarded as “non-polio AFP” and 168 AFP cases are pending classification.
- AFP reporting network in Afghanistan consists of 794 AFP focal points (medical doctors), who are closely linked with more than 34,000 reporting volunteers.

Information communication network (ICN) raising awareness in communities

Campaign awareness:

In the last quarter, Afghanistan implemented two campaigns: SNID in April and NID in May. In both campaigns the awareness of campaign was higher in the ICN districts compared to non-ICN districts.

Campaign	ICN districts	Non-ICN districts
Apr'18 SNID	80.8%	63.4%
May'18 NID	85.2%	60.7%

(Source: PCM)

Reducing missed children after campaign:

The ICN network vaccinated 51,888 children in two campaigns during the last quarter. More than 49% of those who missed were vaccinated by ICN through the catch-up activities.

Campaign	Total missed	Total vaccinated by ICN	Total remaining	% Vaccinated by ICN
Apr SNID	62,545	30,690	31,855	49,1%
May NID	42,780	21,198	21,582	49,6%

(Source: ICN Catch-Up)

Convincing and vaccinating children missed due to refusals after campaigns:

Of those children who were missed due to families refusing the vaccine, 14,280 children were vaccinated after their caregivers were convinced by the ICN network.

Remaining refusals	Vaccinated refusals	Campaign
19,341	7,528	Apr SNID
16,171	6,752	May NID

(Source: ICN Catch-Up)

Understanding the reasons behind refusals

Vaccine refusals have been a longstanding barrier to polio eradication in Afghanistan. Reasons why parents refuse to vaccinate their children vary greatly.

To learn about the reasons and understand the issue better, focus group discussions were conducted in Kandahar City and Spinboldak district in the Southern region during the last quarter.

Some of the reasons the respondents gave for refusing the vaccine included:

- The vaccine makes children behave badly or with a lack of respect for religion
- The vaccine makes their children sick, or kills them
- The vaccine is not intended to prevent polio, but is part of another agenda by the 'Americans'
- Polio is not seen as a high priority when compared to other aspects of people's lives, or other diseases circulating in the area
- The vaccine does not work anyway, as the campaign has been ongoing for twenty years without success
- The vaccine is haram, and is made from monkey kidneys, the urine of Americans, or pigs urine
- People in Kandahar City are becoming frustrated with the intensity of the campaign
- Some female respondents do not vaccinate their children during the door-to-door campaigns, but accept vaccination only if it takes place in the hospital
- Refusal caregivers in Kandahar say that they follow the example of several influencers

The results will be used to plan for the next steps in polio eradication, and to further enhance the effectiveness of the communications efforts.





“IT WAS MY DREAM TO BE A DOCTOR”

Dr Farzia Sadat was forced out of the university for six years, but persisted. Now she manages over a thousand people in the polio eradication initiative.

With four children and a busy career, Dr Farzia Sadat does not have much free time at her hands, but she would not have it any other way. “It was my dream to become a doctor from an early age. I was a bright kid and my parents saw my potential.” Her father is a university teacher, and wanted to support his daughter’s education.

Dr Farzia works as a provincial polio officer. Before this, she worked as a medical doctor and in different public health programmes in Herat. “I wanted to start working in public health to help many people instead of just one patient.”

She doesn’t take her success for granted, as it was not always certain that she would be able to work at all. “I started my studies in 1992, but a few years later, I was forced out of university because of the restrictions imposed on women. I stayed home for six long years”, she remembers.

She kept herself busy by volunteering in a local health facility pharmacy, doing tailoring work at home and

helping at a local health centre. Although women were not allowed to study or work, they could help in health centres, as male doctors were not allowed to treat female patients. Women were finally admitted back to universities in 2001. “All of my college classmates were so happy to start studying again”.

She returned to university with a newfound energy and went on to graduate with top grades.

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We followed Dr Farzia’s work during a national vaccination campaign, during which over nine million children were vaccinated across Afghanistan.

In the end of the first vaccination campaign day, Dr Farzia’s teams gather in a local health centre to discuss the day. A team of two young women tell that they have been harassed on the streets, and Dr Farzia takes note. After the meeting, she tells that this is not a one-off incident. “Every campaign we have one or two cases of harassment.

We have security in place to help the women, if something should happen.” The society still doesn’t accept women in the workforce completely. It is still relatively rare for women to work. Polio eradication initiative is accountable for possibly the largest female workforce in Afghanistan, employing thousands of front line workers in every campaign.

Dr Farzia hopes to hire more women. In vaccination campaigns, women have an advantage over men: they can enter homes. This makes it easier for newborn and sleeping children to be vaccinated, and less children are missed in each campaign. “It improves our programme results, but it is not so easy to find more women. In some areas, people have never seen women work outside their homes”.

Bad security situation and harassment are big problems in Afghanistan, and there are areas where women can not work at all. For the future, she hopes that life will become easier for Afghan women. And for now, she will continue working for that goal.



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