

October 2009

Global Polio Eradication Initiative

Afghanistan

Situation analysis

- Afghanistan has recorded 23 wild polio virus cases in 2009 as of 20 October - 15 wild poliovirus type 1 (WPV1) and eight WPV3.
- Most of Afghanistan is polio-free. Polio cases are primarily restricted to the Southern Region, in security-compromised districts of Kandahar (15 cases) and Hilmand (five cases), with single cases recorded in Nuristan, Kapisa and Ghor.
- Of 1.2 million children under the age of five years in Kandahar and Hilmand, up to 18% have been inaccessible in immunization activities in 2009.
- Immunization status of children in non-endemic regions continues to improve in 2009.
- Local negotiations with all parties, including those opposed to the government, have recently resulted in improved access: 800,000 additional children were reached in the high-risk districts during the polio campaigns in September. These improvements could only be achieved through the truly heroic efforts of polio staff and vaccination teams, who continue to work under extremely dangerous conditions to protect Afghanistan's children from lifelong paralysis.
- The risk of new importations in the north-east is increasing, following large-scale movement of people fleeing polio-infected areas in Pakistan due to the escalating military conflict in that country's Federally Administered Tribal Areas (FATA) and North-West Frontier Province (NWFP).
- Cross-border collaboration with Pakistan is strong, to jointly plan and implement synchronized polio vaccination activities: over 1.5 million children have been immunized at border posts and in mobile populations in the past year. However, until Pakistan stops polio, Afghanistan will be susceptible to cross-border infection from polio-endemic areas in Pakistan.
- National and provincial political support is solid, with President Hamid Karzai and Health Minister Amin Fatimie regularly involved in flagging off immunization activities, and Provincial Governors launching campaigns at the local level.

KEY FACTS

- In 2009, Afghanistan has recorded 23 wild polio virus cases (as of 20 October), mostly concentrated in security-compromised areas of Kandahar and Hilmand Provinces.
- 7,642,452 children will be immunized this year in 10 Supplementary Immunization Activities (six National Immunization Days, three Sub-National Immunization Days and one Child Health Day).
- Closing vaccination coverage gap in southern region should rapidly stop polio.

Challenges

- Accessing children and securing safety for vaccinators in key insecure areas.
- High population movement between polio-endemic areas in Afghanistan and Pakistan.
- Maintaining immunity in polio-free areas of Afghanistan until all polio transmission is stopped.
- Independent supervision and monitoring of activities, as mobility is highly restricted for international UN staff.
- Convincing all sides to respect periods of de-conflict during polio vaccination campaigns which would assist in the planning, implementation and evaluation of the polio eradication activities.

- Maintaining the neutrality of all health activities, including polio vaccination campaigns, while engaging all parties to the conflict.

Solutions

- Enhance access to all areas through the continued negotiation with parties on all sides of the conflict. Negotiate and coordinate 'Days of Tranquility' with NATO/ISAF forces in the 13 highest polio-burdened districts so that all children can be reached and vaccinated.
- Engage and increase the involvement of all parties – including government, anti-government elements, the military, non-governmental organizations and tribal leaders – to negotiate safe passage of polio vaccinators - including during days of planning prior to the campaigns and during the post-campaign evaluation.
- Identify and map mobile populations and population routes, and set up vaccination posts at key nomadic gathering sites and cross-border points.
- Synchronize activities with neighbouring Pakistan.
- Introduce the new bivalent oral polio vaccine (bOPV). By targeting both surviving types of wild poliovirus, bOPV will significantly simplify vaccine logistics.
- Use any window of opportunity in between large-scale nationwide immunization campaigns, to implement a Short-Interval Additional Dose strategy, delivering an extra dose of oral polio vaccine (OPV) to communities living in insecure areas. Enhance the district-level management capacity to exploit windows of opportunity to vaccinate additional or 'missed' children.
- Engage the locally-based 'Basic Package of Health Services' (BHPS) NGOs to adopt concrete responsibilities.
- Further strengthen surveillance in the provinces bordering the conflict-affected South Waziristan/FATA of Pakistan to ensure early detection of new importations.
- Conduct 'Immunization Weeks' in the border-accessible areas to attract children from inaccessible areas of the district.

Wild Poliovirus 2009 cases

