

NOW, MORE THAN EVER: STOP POLIO FOREVER.



Partners in the Global Polio Eradication Initiative

October 2009

Global Polio Eradication Initiative

Pakistan

Situation analysis

- Large, high-profile eradication programme: Six National Immunization Days held in 2009, on each occasion targeting 29.6 million children under five years of age. Countrywide, 86,474 immunization teams take part in the campaigns.
- Significant security risks, with open conflict occurring in some areas of North West Frontier Province (NWFP) / Federally Administered Tribal Areas (FATA) and some areas of greater Quetta this year and the ongoing threat of terrorist attacks throughout the country.
- Operational gaps exist, due to political non-accountability at the programme implementation level, particularly in Baluchistan in Sindh and especially in the greater Karachi Area, which continues to report wild poliovirus cases despite having no access issues.
- Strong Federal Government support.
- Strong cross-border coordination during immunization activities between Pakistan and Afghanistan. Cross-border immunization posts maintained on key transit routes between the two countries.
- Effective media and communications program, including the thorough engagement of media, mobile phone companies (who send out SMS alerts during each campaign), police (who set up transit immunization posts to immunize children on the move) and civil services, and the patronage of the President's daughter, Aseefa Bhutto Zardari as Pakistan's Polio Ambassador.

KEY FACTS

- Pakistan has 63 wild poliovirus (WPV) cases, 40 WPV type 1, 21 WPV type 3 and one type 1-3 co-infection, as of 20 October, 2009). At this time in 2008, Pakistan had 75 cases overall, 55 WPV1 and 20 WPV3.
- Two key transmission zones: NWFP/FATA, greater Karachi, Sindh, and greater Quetta, Balochistan.
- Efficient virus transmission, insecurity, political non-accountability and large-scale population movements putting polio-free areas at risk



The 5 Rupees stamp featuring Polio Ambassador Aseefa Bhutto Zardari.

Challenges

- Accessing all children despite military conflict, which for the past two years has regularly resulted in up to 15% of the population being inaccessible to immunizers in NWFP/FATA. (This percentage was largely due to the Swat region of NWFP being inaccessible for more than a year. However, in the most recent SIA, immunization teams were able to reach an unprecedented 90% of children in Swat.)
- The recent escalating military conflict in South Waziristan, NWFP, has resulted in that agency currently being largely inaccessible. Ten transit immunization teams have been set up at checkpoints along the established routes to immunize children going in/out of the contested areas.

- Many different anti-government elements, making it difficult to engage all sides of the conflict - a necessity to ensure each child under five can be reached during immunization campaigns.
- Large-scale population movements, including with neighbouring Afghanistan, puts populations in polio-free areas of both countries at risk.
- Large areas of Pakistan are inaccessible to international UN staff, leading to gaps in monitoring and supervision.
- Engagement of political leadership at the district level is inconsistent, particularly in greater Karachi and greater Quetta, leading to operational gaps during SIAs.

Solutions

- Engaging and increasing 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.
- Using any window of opportunity as and when they arise in between large-scale nationwide immunization campaigns, to deliver an extra dose of OPV to communities living in insecure areas.
- While it is necessary to continue to conduct full-scale NIDs and SNIDs to protect polio-free areas, improving coverage in the security-compromised polio-infected districts requires the development of district-specific plans and solutions based on local culture, local partners (especially NGOs), and nature of the conflict.
- Engaging mid-level health managers and provincial and district-level leadership to be more thoroughly involved in the planning, implementation and supervision of the polio eradication effort and making them accountable for improving the quality of the immunization rounds.
- Seeking out and immunizing migrant populations, especially the Pashtun population in Karachi, who tend to move regularly between that city and polio-infected NWFP.
- Bivalent oral polio vaccine promises to provide a distinct operational advantage in Pakistan, where both types 1 and type 3 wild poliovirus are circulating, by enabling the program to tackle both serotypes in the one campaign.

Wild Poliovirus cases, 2009

