



# Pakistan Program Review



صحت محفوظ

**Our Opportunity to make  
ZERO a Reality !**

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*Prime Minister's Focal Person for Polio Eradication*

**Polio Oversight Board**

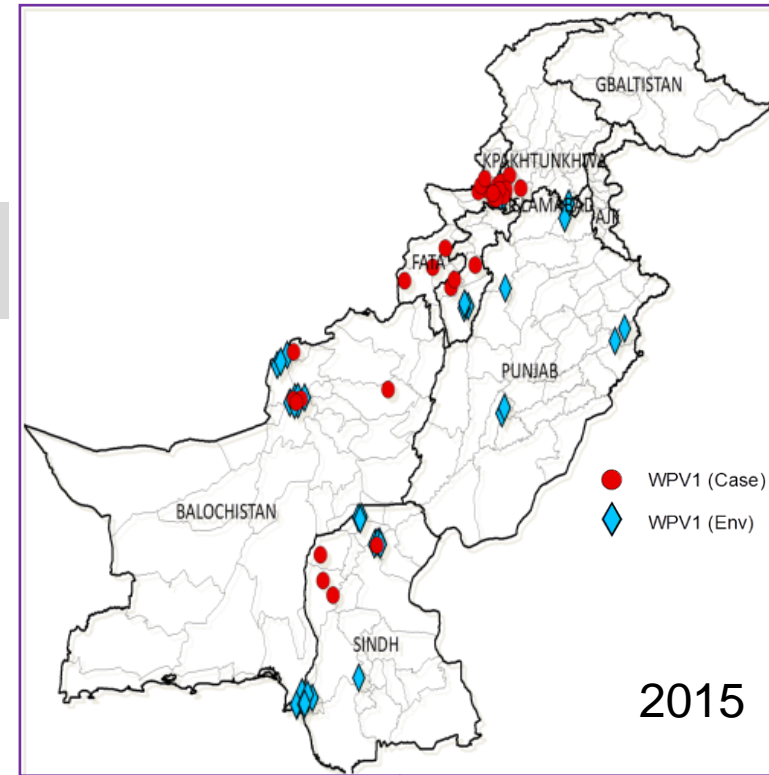
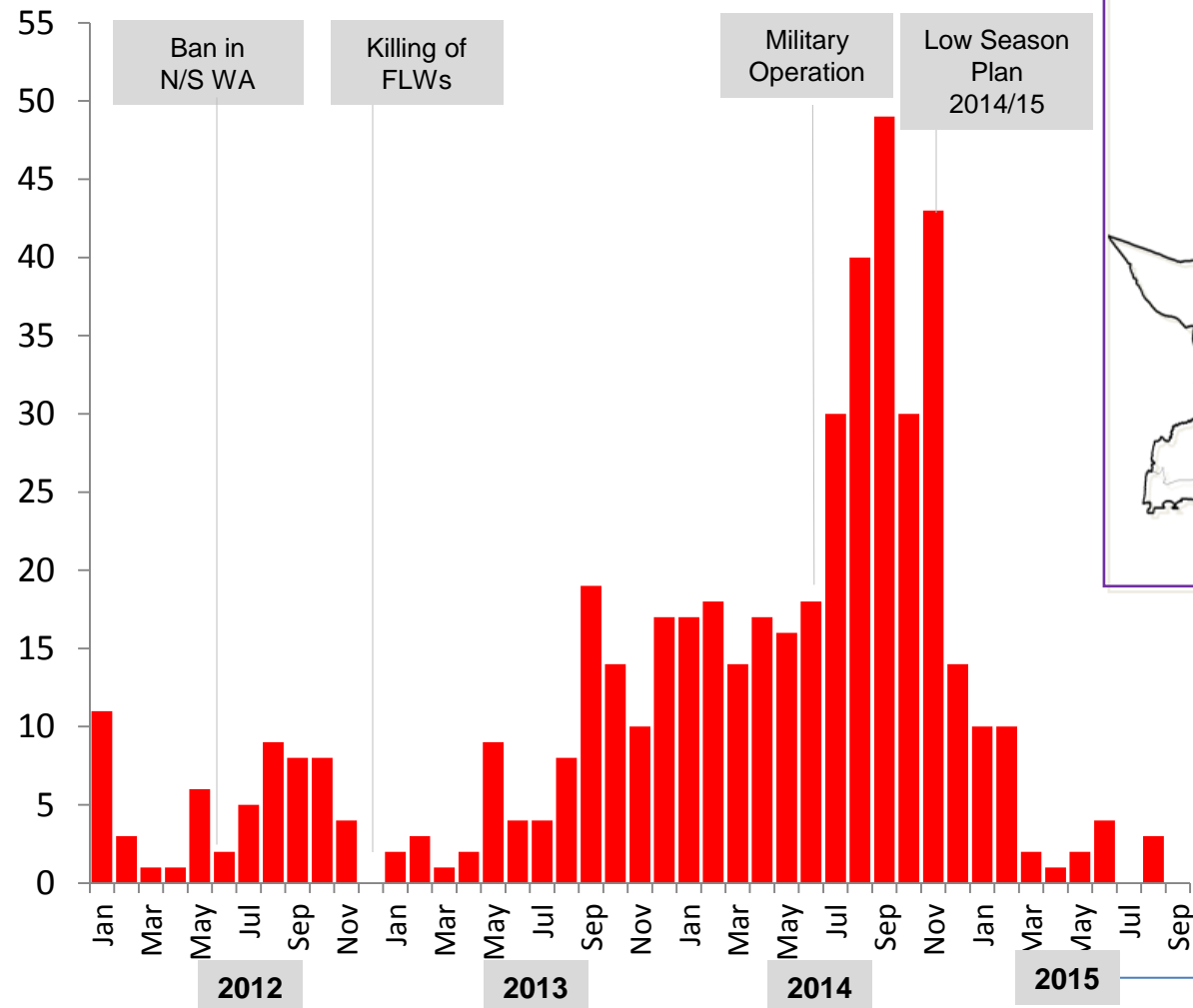
**New York, September 25<sup>th</sup> 2015**

# Outline

1. Situational update (epidemiology/access/performance)
  - Zero is possible !
2. NEAP implementation and Impact on the programme
  - What we are doing differently
  - The building blocks of success
3. Program priorities, innovations and risks
  - Clear priorities, strong innovation but.....
  - Some remaining challenges and risks that must be managed
4. Programme funding and gaps

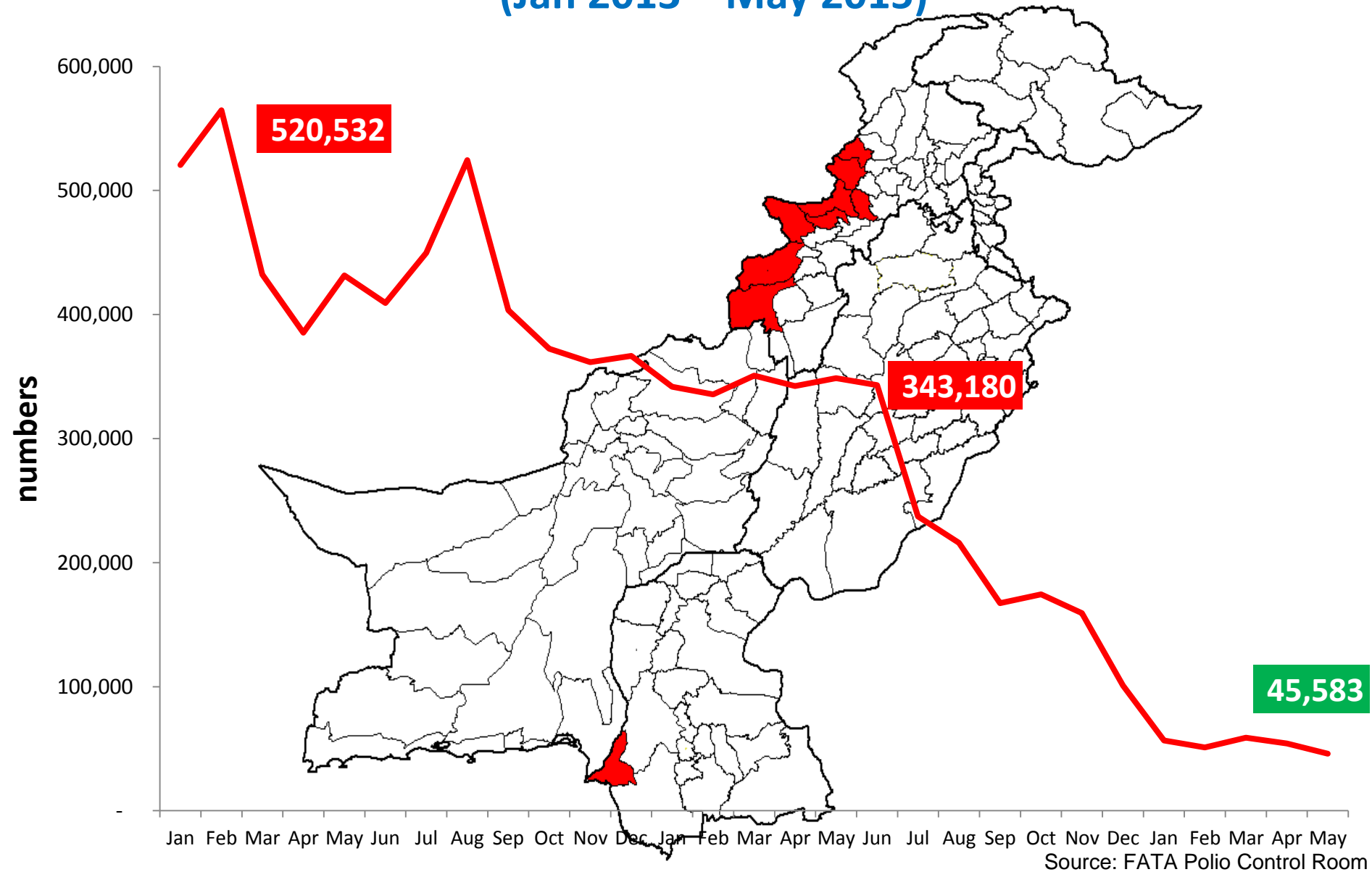
# The Virus is Under Pressure

## Polio epidemiology (2012-2015)



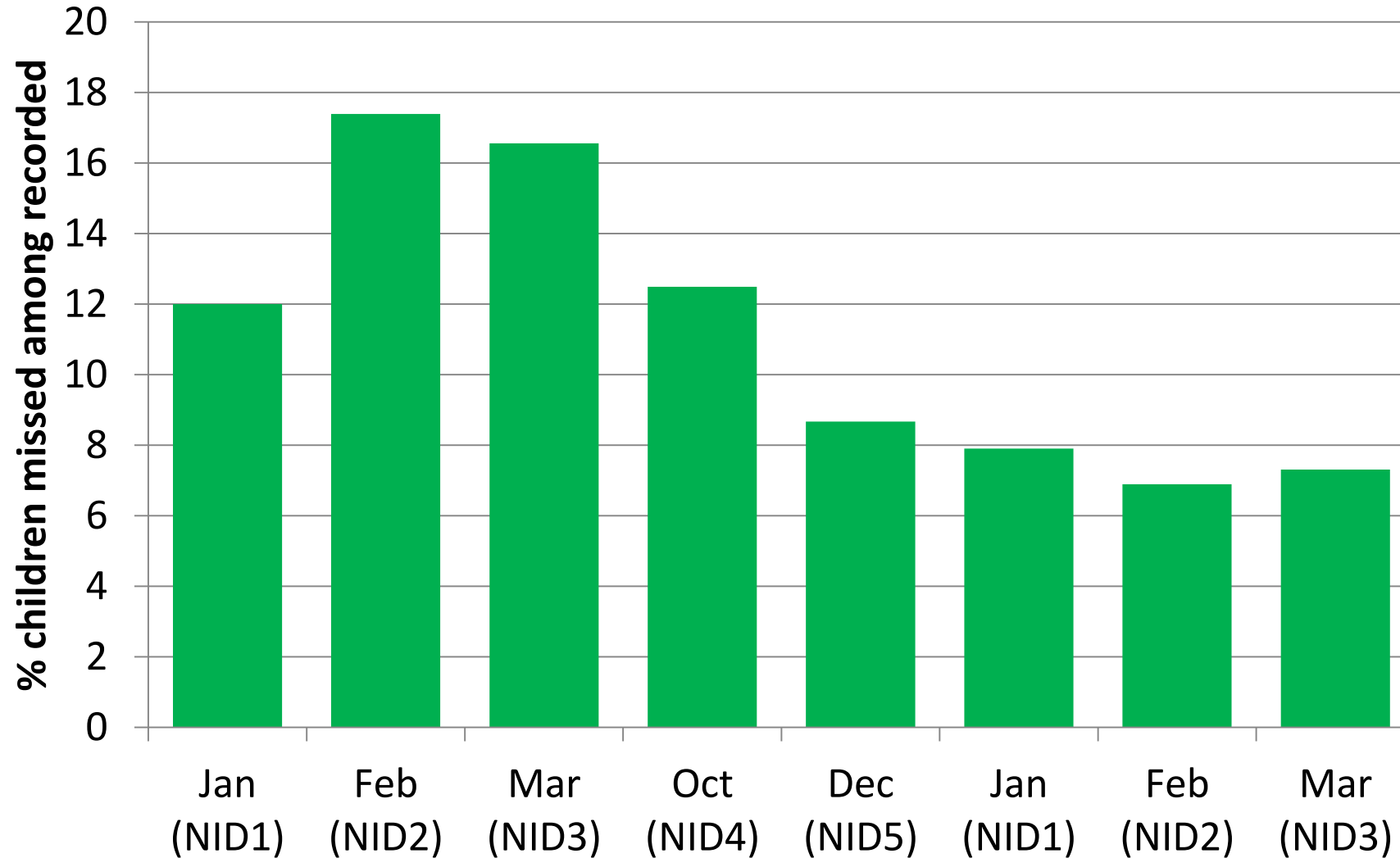
# Access has Transformed

## Reduction in children in insecure/inaccessible areas (Jan 2013 – May 2015)



# Programme Performance is Improving

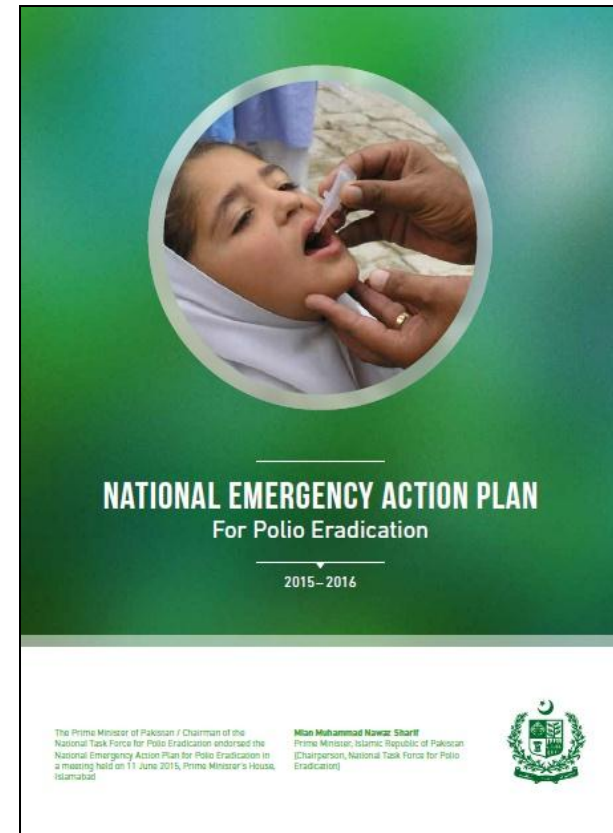
## 2014/15 remaining missed children in NIDs



# We must grasp the opportunity to make ZERO a reality !

The ingredients....

- ✓ Right strategy –
- ✓ Right implementation plan
- ✓ Right focus
- ✓ Right teams in the right places
- ✓ Right commitment and oversight at all levels
- ✓ Right resources at the right time



# NEAP 2015/16: The Building Blocks of Success

## NEAP Objectives

- Stop virus transmission in all reservoirs
- Maintain and increase population immunity throughout Pakistan
- Sustain polio interruption through EPI-PEI Synergy

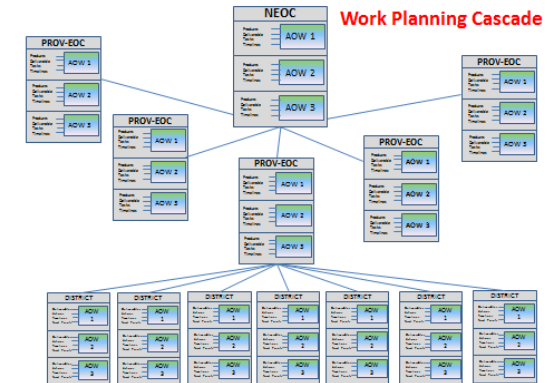
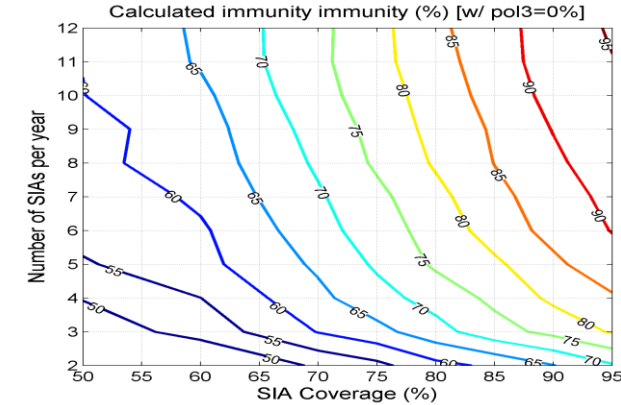
## Strategies

- Paradigm shift to **missed children**
- Rationalized SIAs **schedule**
- **Quality** campaigns with systematic **monitoring** of all phases
- **Front Line workers** selection, training, supervision, protection and payment
- **Sustained community engagement** (Communications/**CCPV**)
- **Health Camps** (Polio +)
- **Access & Security** (systematic Civil-Security planning and coordination)
- **IPV-OPV** Campaigns
- **Transit** vaccination and **Cross Border** Coordination
- **Surveillance** strengthening
- **EPI-PEI Synergy**



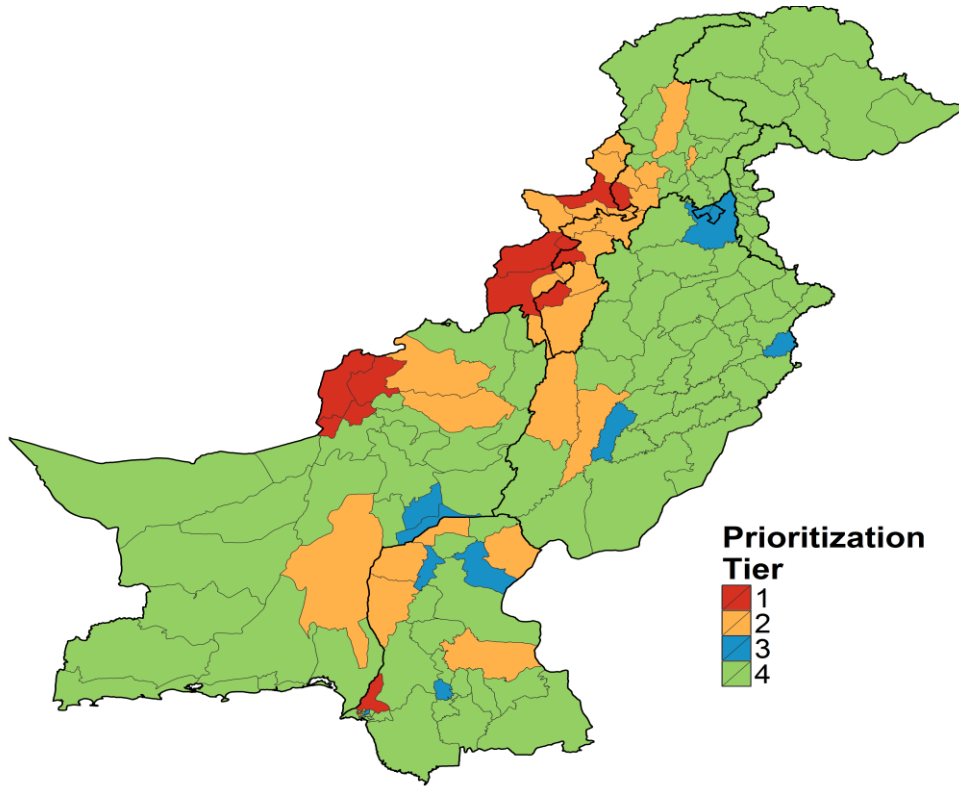
# What are we doing differently ?

- **Use of scientific evidence and data to drive planning and decision making**
  - Risk modeling/prioritization
  - Real time Campaign monitoring (all phases)
- **Intensive advance planning**
  - Bringing forward the planning
  - Identifying key problems and defining solutions
  - Engaging key implementers at all levels
  - Task team approach (shared responsibility)
- **Focused and intensive implementation**
  - Priority assigned to tier-1 districts (HR, monitoring, DPCR revamping)
  - Disciplined delivery on deadlines
  - Roll out of Accountability and Performance Management Framework





# A Clear Geographical Focus



Tier	Target Children (millions)
1	2.7
2	6.0
3	4.7
4	22.0

## Tier 1: Reservoir Districts =12

- NIDs + SNIDs
- CCPV /Health Camps

## Tier 2: High Risk/Vulnerability Districts = 30

- Areas with frequent introduction of virus and also known SIA quality problems and & immunity gaps
- NIDs + SNID

## Tier 3: Outbreak Districts = 11

- Flexible designation
- Areas that report a case or positive environmental sample.
- NIDs + SNIDs + mop ups

## Tier 4: Rest of Pakistan (110)

- NIDs

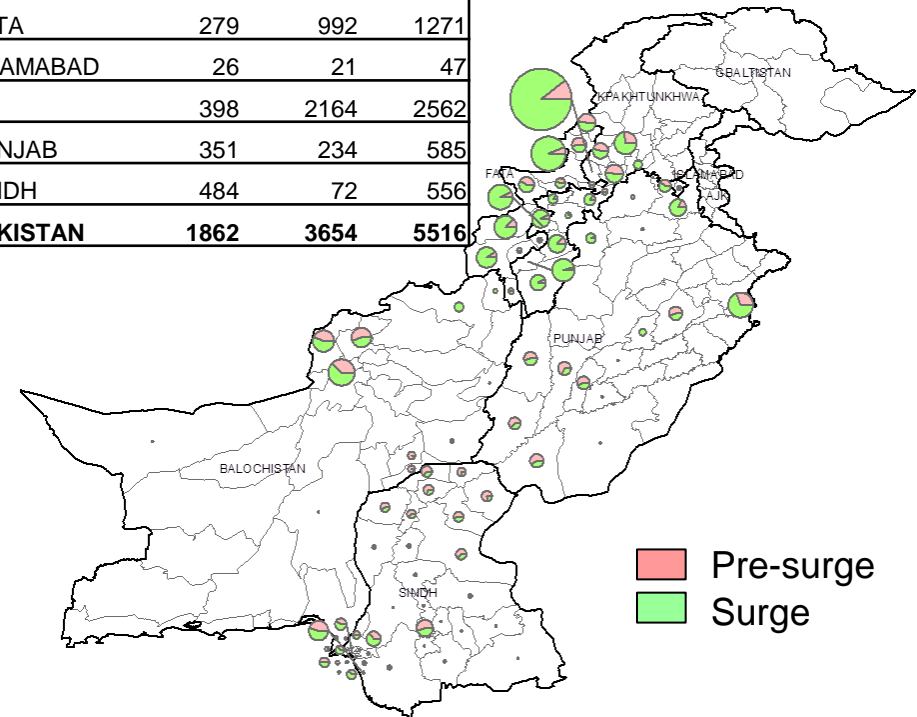
# The Right Teams in the Right Places

- National EOC
  - ✓ Fully functional with a “One Team” approach.
- Network of 5 Provincial EOCs
  - ✓ Fully functional with designated senior leadership
  - ✓ GPEI surge underway to provide further specialist support
- Strengthened District and Union Council Teams
  - ✓ DPCR refurbishment in priority districts
  - ✓ Focused surge of staff to high risk districts and Union Councils
    - 250+ to high risk Districts (PEOs, NSTOP, DHCSOs)
    - 3,650+ surge to 5,500+ at High Risk Union Councils (UCPWs and UCCOs)



PROVINCE	PRE-SURGE	SURGE	TOTAL
BALUCHISTAN	324	171	495
FATA	279	992	1271
ISLAMABAD	26	21	47
KP	398	2164	2562
PUNJAB	351	234	585
SINDH	484	72	556
<b>PAKISTAN</b>	<b>1862</b>	<b>3654</b>	<b>5516</b>

UC level Human Resources Surge



# Commitment at all Levels

- PMFP and EOC coordinators have daily interaction with highest Govt. offices including PM, CM, and CS.
- Prime Minister's Focus Group
- National Task Force Meetings chaired by PM attended provincial CMs and Governor KP
  - Last meeting September 10
- Chief Secretaries spearheading change through Provincial Task Forces (PTFs)
- Optimal engagement and leadership of Deputy Commissioners (DC)



# Programmatic Priorities and Innovations

Priorities/Innovation	Progress and Impact
Missed Children	<ul style="list-style-type: none"> <li>• Estimated 1 million under-immunized children in Pakistan</li> <li>• Identification, tracking and vaccination of missed children now embedded in all phases of SIAs</li> </ul>
Front line workers	<ul style="list-style-type: none"> <li>• 4,700 (96%) of front-line supervisors in tier 1-2 districts received enhanced 2-day training, with 23,000 polio teams to follow</li> <li>• PKR 2 billion in payment arrears cleared and revamped DDM</li> </ul>
Communications	<ul style="list-style-type: none"> <li>• Redesigned, re-branded and re-packaged to increase trust and empowering and equipping FLW to succeed on the door-step</li> </ul>
Access & Security	<ul style="list-style-type: none"> <li>• Inaccessible children now below 35,000</li> <li>• Security protection for mobile teams much improved</li> </ul>
Continuous Community Protected Vaccination	<ul style="list-style-type: none"> <li>• Expanded from Karachi and now rolled out in KP/FATA/Balochistan</li> <li>• Covering 40% of target population in Tier1 districts</li> </ul>
Health Camps	<ul style="list-style-type: none"> <li>• 2,000 camps targeted (95%) to highest risk areas</li> <li>• 500K beneficiaries/100K u5/ 10K zero dose</li> </ul>
IPV-OPV	<ul style="list-style-type: none"> <li>• IPV-OPV targeted Campaigns reaching 1.7 million children.</li> <li>• IPV now being rolled out in EPI</li> </ul>
Surveillance	<ul style="list-style-type: none"> <li>• Surveillance reviews and improvement plans in all provinces</li> </ul>

# Clarity on Risk Management

Risk	Mitigation Strategy
Failure of access to children in insecure areas	<ul style="list-style-type: none"> <li>• Accurate mapping of all inaccessible areas and populations</li> <li>• Sustained Civil-Military Co-operation at all levels</li> </ul>
Failure to vaccinate all accessible children	<ul style="list-style-type: none"> <li>• Sustained staff surge at all levels (N.B. District/UC level)</li> <li>• Comprehensive revision and validation of Micro-plans</li> <li>• Ensure that Polio teams are well selected, trained, supervised, protected, and timely paid</li> <li>• Systematic tracking and vaccination of missed children</li> <li>• Further rollout of proven innovations (e.g. CCPV, health camps, transit/cross border vaccination and IPV)</li> <li>• Enhanced programmatic monitoring at all level</li> </ul>
Failure to track the Virus	<ul style="list-style-type: none"> <li>• Implementation of recommendations AFP Surveillance reviews</li> <li>• Sustained and expanded environmental surveillance</li> </ul>
Failure to timely interrupt cVDPV	<ul style="list-style-type: none"> <li>• Sustained reduction in cVDPV cases and isolates</li> <li>• TAG endorsed SIAs strategy adapted to manage risk</li> </ul>
Lapse in political commitment & oversight	<ul style="list-style-type: none"> <li>• Focus on NTF, PTFs, DPECs and UPEC performance</li> <li>• Roll-out of accountability framework</li> </ul>
Inadequate Funding	<ul style="list-style-type: none"> <li>• Accelerated advocacy with key partners and donors</li> <li>• Front-loading funding for 2016</li> </ul>

## Financial requirement PCI 2016-18\*: reaching and maintaining zero (USD in millions)

Year	OPV	Operational	Surveillance	SM campaigns	SM ongoing	Enabling activities	Annual
2016	51	47	6	8	22	8	143
2017	38	34	6	7	18	2	105
2018	32	29	6	6	14	2	89
Est. Total Requirement (USD)	122	110	18	21	54	13	338
Carry forward funds	26	0	0	0	0	0	26
<b>Est. Total Financial Gap</b>	<b>95</b>	<b>110</b>	<b>18</b>	<b>21</b>	<b>54</b>	<b>13</b>	<b>311</b>

**\*Doesn't include**

- Core contribution of GoP including staff salaries, infrastructure and logistics at all levels of the program
- Planned Provincial top up payments to FLWs e.g. Low season 2015 Punjab paid \$4.5 Million
- Security Costs including personnel and logistics
- GPEI partner Technical assistance, HR surge, innovations, EOC and DPCR refurbishment and running cots

# Resource mobilization status

- PC-1 finalized with Provinces and partner agencies
- Ministry of Health submitted PC-1 to the Planning & Development Division in August 15
- Coordination mechanisms put in place to finance PC-1
  - Inter-ministerial group comprising of Ministry of Health, EAD, Ministry of Finance as well as P&D
  - Coordinates and monitors the resource generation progress with GPEI partners
- Funding requests initiated by the EAD
  - IsDB (\$100 million loan)
  - Japan government (\$50-60 million loan)
  - Canada (USD\$30 million)
  - UAE, Kuwait, Qatar
  - GPEI Partners (ongoing)
- High-level visits conducted / planned (IsDB, Japan, Canada)

**We are going to do it together;  
All as One Team**

**Thank You**



# September NID

- Systematic independent pre-, intra- and post campaign monitoring
  - 3,000 HH Clusters (intra-campaign)
  - 500 LQAS Lots (standardised, independent and using handheld devices)
  - PCM in all Districts (300 per District/approx 49,000 households)
  - Real-time feedback to PEOCs and NEOC
- 35 million children vaccinated
  - 2.8/3.1 m missed children were tracked and vaccinated during the catch up days (Further extended catch up planned in CCPV areas)
  - Access to a further 10,000 children achieved in most insecure areas (FATA)
  - Scale up of CCPV with door-to-door vaccination campaigns in most difficult to reach areas in Tier 1 Districts of Balochistan, FATA, KP and Karachi
  - First “door to door” in Khyber since 2009 and NWA/SWA since 2012
  - 120,000 police days in SIA protection

PCM Coverage by Finger Marking Data by Districts (Preliminary)			
	90% +	80-89%	<80%
May 2015 (SNID n=66)	33 (50%)	14 (21%)	19 (29%)
Sept 2015 (NID n=155)	98 (65%)	33 (22%)	20 (13%)