

# Global Vaccine Action Plan

## Secretariat Annual Report 2016

### Priority Country report on progress towards GVAP-RVAP goals

## PAKISTAN

### A. Progress towards achievement of GVAP goals

#### 1. Summary

This summary table describes the current situation in Pakistan regarding achieving the GVAP goals. Data used to assess progress towards achievement of GVAP goals are included in the annex (Country immunization profile).

Area	Indicator	Pakistan
1. Interrupt wild poliovirus transmission	Transmission Interrupted	No
1. Interrupt wild poliovirus transmission	Risk of late detection Percent of adequate stool specimens (Rolling 12m) Target > 80%	89.9
1. Interrupt wild poliovirus transmission	Risk of late detection Non polio AFP rate (Rolling 12m ) Target > 2	9.4
1. Interrupt wild poliovirus transmission	Risk of spread after importation (% of kids 6M-59M having received less than 3 doses in the last year before occurrence case/environmental positive)	1

#### 3.2 Goal 1 : Achieve a world free of Poliomyelitis (G1.1 & G1.2)

Polio remains a top priority in Pakistan as one of the two remaining countries in the world still harboring the wild virus. There are increasing opportunities for synergies between the Polio and EPI programs at federal and provincial level – with improved collaboration in the

Emergency Operating Centers, now also – at times - covering routine immunization issues. A PEI-EPI Synergy Plan was agreed in 2013 and updated in June 2015. Structural interaction can be much improved here, e.g. with regards to the joint oversight of service provision, the role of vaccinators in campaigns and routine immunization, the monitoring of immunization performance, and the reduction of missed opportunities.

In Pakistan, the number of children in inaccessible areas has been reduced from more than 600,000 in 2013 to 16,000 in 2015. The programme is prioritizing efforts to access the remaining unreached children, and maximizing immunity through a series of strategies including OPV SIAs, using IPV in specific areas, setting-up health camps, and expanding Continuous Community Protected Vaccination (CCPV). There have been no persistent cVDPVs since March 2015 in Pakistan. There is an ongoing study in Pakistan to assess the immunogenicity (i.e. humoral immunity) of fractional-dose IPV and its usability in SIAs.

It is well documented that parental doubts about the efficacy and safety of vaccines and immunization have the potential to lead to refusal and rejection of vaccination in both developed and developing countries. In Pakistan, supplementary immunization activities (large scale campaigns) for polio eradication have been the target of malicious rumours and misinformation, which often centre on the polio vaccine. This may to some extent have had a negative effect on public attitudes towards vaccines in general.

The delivery of the polio vaccine house to house, has left communities with the expectation that all immunisation services will be delivered to their home. There is a need to change perception/ behaviours to enable community to differentiate between polio eradication efforts and routine vaccine preventable diseases. While hesitancy and vaccine refusal may be less significant in some areas, behaviour change interventions need to focus on shifting the mind set of caregivers to seeking immunisation services from fixed vaccination centres. Communication strategy should focus on overcoming barriers to improving coverage and equity, engage effectively with communities, and localize demand generation interventions specific to the target populations. In light of increasing polio cases since 2007, a major share of funding for immunization services is earmarked to polio eradication campaigns. Continuous polio campaigns have a significant impact on routine EPI services, particularly since this entails cessation of routine EPI services for a few days every month. Polio and routine immunization interactions bring lots of opportunities and some challenges. Synergy between the two programmes should be strengthened according to the approved plan. One window of opportunity is the EPI-PEI Synergy Plan and there is a critical need for using Polio assets for strengthening RI through integrated communication for both Polio and EPI. IPV introduction under RI is a good example of integrated communication yet there is a strong need for a close coordination between National and provincial EOCs.

The number of polio cases decreased from 558 in 199 to 91 in 2013, primarily from inaccessible and security compromised areas.

## ANNEXES

### 1. Polio

Transmission not yet interrupted.

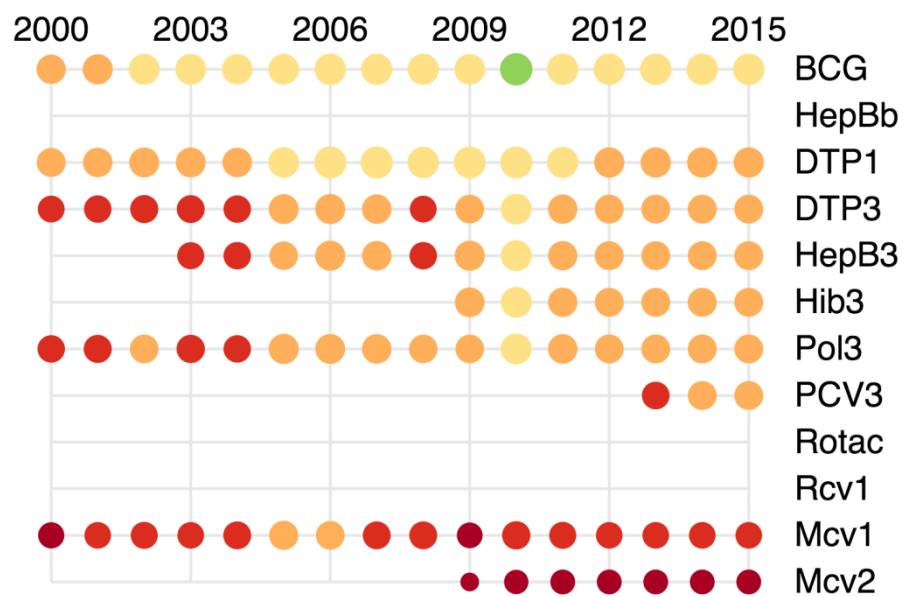
**Table 1: SIA activities planned in 2016-2017**

Activity	Intervention	Year	StartDate	EndDate	AgeGroup	Extent	Status	Target
NID	Measles	2016	01/05/2016		6-59 M	Sub-national	planned	1120163
NID	TT	2016	01/05/2016		15-49 Y	Sub-national	planned	2900000
NID	TT	2016	01/11/2016		15-49 Y	Sub-national	planned	2900000
NID	Measles	2017	01/03/2017		6-59 M	Sub-national	planned	15786660
SNID	bOPV	2016	24/10/2016	27/10/2016	0 to 5 years	Sub-National	Planned	16430173
NID	bOPV	2016	11/01/2016	14/01/2016	0 to 5 years	National	Planned	35717767
SNID	bOPV	2016	18/07/2016	21/07/2016	0 to 5 years	Sub-National	Planned	6289433
Mop up	bOPV	2016	20/06/2016	27/06/2016	0 to 5 years	Sub-National	Planned	2795304
SNID	bOPV	2016	22/08/2016	25/08/2016	0 to 5 years	Sub-National	Planned	16430173
NID	bOPV	2016	16/05/2016	19/05/2016	0 to 5 years	National	Planned	35717767
Mop up	bOPV	2016	30/05/2016	02/06/2016	0 to 5 years	Sub-National	Planned	698826
SNID	bOPV	2016	18/04/2016	21/04/2016	0 to 5 years	Sub-National	Planned	22681250
SNID	bOPV	2016	15/02/2016	18/02/2016	0 to 5 years	Sub-National	Planned	17335214
Mop up	bOPV	2016	27/01/2016	29/01/2016	0 to 5 years	Sub-National	Planned	3040270
NID	bOPV	2016	26/09/2016	29/09/2016	0 to 5 years	National	Planned	34941294
NID	tOPV	2016	14/03/2016	17/03/2016	0 to 5 years	National	Planned	35717767

Source: WHO/IVB Database as at 01 July 2016

Figure 1: All vaccines national coverage, Pakistan, 2000-2015

## Pakistan



### Legend

