47

BRIEFING PAPER NO.

PILDAT

November 2012

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Strengthening Democracy and Democratic Institutions in Pakistan

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Polio Eradication A National Emergency in Pakistan

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PILDAT
Pakistan Institute of Legislative Development And Transparency

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Printed in Pakistan

Published: November 2012

ISBN:978-969-558-295-4

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Supported by

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Abbreviations and Acronyms

POLIO:	Poliomyelitis
OPV:	Oral Polio vaccine
mOPV1 and mOPV3 –	Monovalent oral Polio vaccines
BOPV:	Bivalent oral Polio vaccine
IPV:	Inactivated Polio Vaccine
FATA:	Federally Administered Tribal Areas
KP:	Khyber Pukhtunkhwa
IMB:	Independent Monitoring Board
WHO:	World Health Organization
UNICEF:	United Nations International Children's Fund
UC:	Union Council
DC:	Deputy Commissioner
DCO:	District Coordinating Officer
EDO:	Executive District Officer
NIDs:	National Immunization Days
PEI:	Polio Eradication Initiative

FOREWORD

The continued transmission of poliovirus in Pakistan and the rising numbers of polio cases since 2008 have turned into a national emergency, putting Pakistan at the risk of becoming the last remaining reservoir of endemic poliovirus transmission in the world, and the only remaining threat to achieving global polio eradication. The particular strain of the Polio virus, which is specific to Pakistan, has travelled to other countries and caused outbreaks in China in 2011, and in Afghanistan (ongoing). If the situation does not improve, travel restrictions upon citizens of Pakistan endorsed by other states may be considered.

While the Government has put in place reviewed plans and strategies to arrest the spread of polio, public representatives need to play a practical role to ensure they lend their support as well as oversee the success of the polio eradication initiatives in their constituencies across Pakistan.

This Briefing Paper is published by PILDAT to serve as a background to MPs as well; as suggest ways and means through which MPs can support the critical polio eradication initiative.

Acknowledgments

PILDAT would like to acknowledge the support provided by the UNICEF for the project *Raise Awareness Among the Parliamentarians to Enhance the Effectiveness of Anti Polio Drive*. The paper has been prepared as a part of the project. Published work on the topic has been used with assistance from the Prime Minister's Polio Monitoring and Coordination Cell.

Disclaimer

Every effort has been made to ensure the accuracy of the contents of this paper. Any omission, or error, therefore, is not deliberate and PILDAT does not accept any liability as a result of any such inaccuracy. The contents of this paper do not necessarily represent the views of UNICEF.

Islamabad
November 2012

What is Polio?

Today, polio has been eliminated from most of the world and only three countries remain endemic including Pakistan, Afghanistan and Nigeria.

Polio (poliomyelitis) is a highly infectious disease caused by a virus. It invades the nervous system and can cause irreversible paralysis in a matter of hours. There is no cure, but there are safe and effective vaccines to prevent the incidence of polio. The strategy to eradicate polio is therefore based on preventing infection by immunizing every child until transmission stops and the world is polio-free.

Polio can strike at any age, but it mainly affects children under the age of five years.

Current Epidemiology

As of the October 30, 2012, a total of fifty four wild poliovirus (WPV) cases (51 type-1, 2 type-3 and 1 mixed type-1 & type-3) have been reported from twenty seven districts/tribal agencies in Pakistan. Moreover WPV-1 has also been isolated from 73 environmental samples (of the available results) collected from large urban populations in four major provinces indicating the continued widespread circulation of wild poliovirus.

Key characteristics of polio cases in 2012 so far are:

1. 68% cases below 2 years of age
2. 85% Cases in Pashto Speaking Communities
3. 11 % of cases from 'refusal' families
4. 33% cases did not receive any OPV dose
5. 76% did not receive any routine OPV dose
6. 35% cases received 7 or more OPV doses

There are three polio reservoir areas with most firmly established poliovirus circulation:

1. Gaddap town in Karachi (particularly Union Council 4);
2. Khyber Agency in FATA; and
3. Pishin, in Balochistan

Despite progress in polio sanctuaries, the situation remains fragile due to:

i. Continued evidence of virus circulation from polio cases as well as positive environmental samples
ii. Security Situation in Gaddap and Quetta
iii. Performance issues in Pishin and Quetta block
iv. Ban in Waziristan Agencies
v. Outbreak in Khyber Pakhtunkhwa
vi. Continued poliovirus transmission in Bajaur (FATA) Kunar (Afghanistan) block
vii. Isolation of cVDPD-2 in Quetta block
viii. Pockets of underserved and migrant population in large urban centres

It is important to emphasize that the ***next 6 months are critical for polio eradication in Pakistan***. Intensified vaccination activities maintaining the highest quality with special focus on the critical areas / districts hold the key towards interrupting the WPV circulation.

Table 1: Comparison of Polio Cases 2011:2012

Region/Province	No. of polio cases		No. of infected districts/towns		Last polio case
	2011	2012	2011	2012	
BALOCHISTAN	67	4	12	2	02-Oct-12
FATA	49	19	9	5	16-Oct-12
G. BALTISTAN	1	1	1	1	11-Aug-12
KHYBER PAKHTUNKHWA	18	24	10	13	31-Oct-12
PUNJAB	5	2	4	2	21-May-12
SINDH	31	4	17	4	09-Sep-12
PAKISTAN	171	54	53	27	31-Oct-12

Eight additional districts/town dedared infected based on environmental samples & 2 based on cVDPV 2 cases in 2012

¥ Total polio cases of 2011 are 198 * AFP. REC Data as of 17-11-2012 Based on date of on set

History

In the early 20th century, polio was one of the most feared diseases in industrialized countries, paralysing thousands of children every year. Soon after the introduction of effective vaccines in the 1950s and 1960s, however, polio was brought under control and practically eliminated as a public health problem in developed countries.

It took somewhat longer for polio to be recognized as a major problem in developing countries. As a result, during the 1970s routine immunization was introduced worldwide as a part of the national immunization programmes, helping to control the disease in many developing countries.

Polio Eradication Initiative was launched at an international level following a resolution in 1988 by the World Health Assembly [1] in response to an alarming situation where over 350,000 children across the globe were afflicted by poliomyelitis; a disease that causes permanent irreversible disability among children.

In 1988, when the Global Polio Eradication Initiative began, polio paralysed more than 1000 children worldwide every day. Since then, 2.5 billion children have been immunized against polio. This became possible by the cooperation of more than 200 countries and 20 million volunteers, backed by an international investment of more than US$ 8 billion.[2]

Spread of Polio virus

Young children who are not yet toilet-trained are a ready source of transmission of the virus, regardless of their environment. Polio can be spread when food or drink is contaminated by feces. There is also evidence that flies can passively transfer polio virus from feces to food.

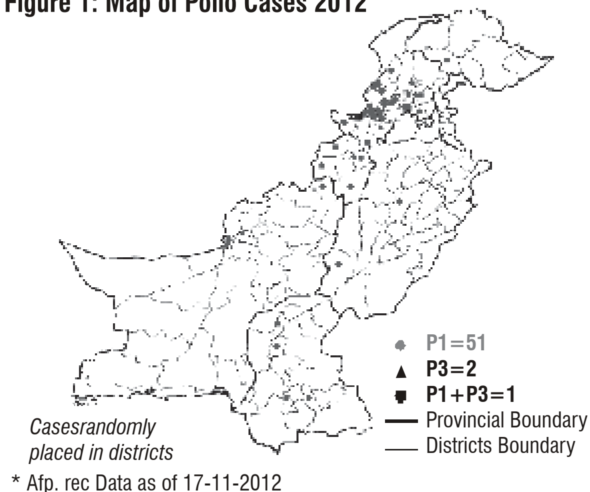
When a child is infected with wild polio virus, the virus enters the body through the mouth and multiplies in the intestine. It is then shed into the environment through the feces where it can spread rapidly through a community, especially in situations of poor hygiene and sanitation. If a sufficient number of children are fully immunized against polio, the virus is unable to find susceptible children to infect, and dies out.

Most people infected with the polio virus have no signs of illness and are never aware that they have been infected. These symptomless people carry the virus in their intestines and can "silently" spread the infection to thousands of others before the first case of polio paralysis emerges.

Most infected people (90%) have no symptoms or very mild symptoms and usually go unrecognized. In others, initial symptoms include fever, fatigue, headache, vomiting, and stiffness in the neck and pain in the limbs.

There is no cure for polio, only treatment to alleviate the symptoms. Heat and physical therapy is used to stimulate the muscles and antispasmodic drugs are given to relax the muscles. While this can improve mobility, it cannot reverse permanent polio paralysis.

Figure 1: Map of Polio Cases 2012



* Afp. rec Data as of 17-11-2012

Polio Vaccines

Polio can be prevented through immunization. Polio vaccine, given multiple times, almost always protects a child for life.

The development of effective vaccines to prevent paralytic polio was one of the major medical breakthroughs of the 20th century. With the development and evaluation of bivalent oral polio vaccine in 2009, the Global Polio Eradication Initiative now has an armory of five different vaccines to stop polio transmission. These vaccines are as follows:

I. Oral polio vaccine (OPV)
ii. Monovalent oral polio vaccines (mOPV1 and mOPV3)
iii. Bivalent oral polio vaccine (bOPV)
iv. Inactivated polio vaccine (IPV)

1. The World Health Assembly is the decision-making body of WHO.
2. Http://www.polioeradication.org/Polioandprevention/Historyofpolio.aspx

If enough people in a community are immunized, the virus will be deprived of susceptible hosts and will die out. High levels of vaccination coverage must be maintained to stop transmission and prevent outbreaks occurring. The Global Polio Eradication Initiative is constantly assessing the optimal use of different vaccines to prevent paralytic polio and stop poliovirus transmission in different areas of the world.

Most Frequent Questions about Polio Vaccines

1. **How many doses of OPV are required to provide immunity?**
   Oral polio vaccine needs to be administered multiple times to be fully effective. To be fully protected a child should get at least seven to ten doses of oral polio vaccine. Until a child is fully immunized, HE/SHE IS STILL AT RISK FROM POLIO. Every missed child is a potential place for the polio virus to hide and breed. Every extra dose means a child gets extra protection against polio.

2. **Why some children get infected by polio even after having received multiple doses of polio drops?**
   Building immunity against virus is a very complex biological process. We are all different; same are organisms' reactions to medications and vaccines. Few children may acquire strong immunity after just five or six doses of the polio vaccine, while most need more than ten. Immune system of children who are underweight, malnourished or they are suffering from diarrhea responds to the polio vaccine in a way different from that of healthy children. Therefore, in order to remain protected, all children under five years of age should receive polio vaccine during every immunization round.

3. **Why so many vaccination campaigns?**
   To stop polio transmission, no less than 95% of all children should be immunized during each campaign. To achieve this high coverage is very challenging logistically. In other words, the remaining 5% that make almost 2 million un-immunized children should be reached during consecutive campaigns in a short interval to ensure all children are covered. Furthermore, once the polio virus is detected in a certain area, an additional campaign will need to be carried out for that district to prevent potential outbreak of polio among the children in the community. That is why multiple polio campaigns are organized every year. In fact, **no child should miss a single dose of polio vaccine!** Each additional dose is an additional layer of protection against polio!

4. **Is oral polio vaccine safe?**
   Oral polio vaccine (OPV) is one of the safest vaccines ever developed. It is so safe that it can be given even to sick children and newborns. It has been used all over the world to protect children, saving at least 5 million children from permanent paralysis by polio. The vaccine has gone through a rigorous process of testing by the World Health Organization and various Governments.

5. **Does oral polio vaccine cause infertility?**
   Since it has been tried and tested worldwide for many decades there is no known link between OPV and infertility or impotence. It is internationally and nationally endorsed by doctors and governments worldwide including Saudi Arabia, and other Muslim countries.

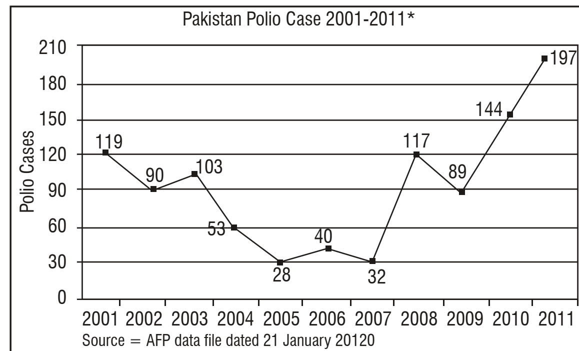
6. **Is oral polio vaccine *halal*?**
   Various muftis and religious Islamic institutions in Pakistan and across the world have endorsed OPV and vaccination against polio. Some of the prominent international institutions endorsing OPV include Dar al Uloom Deo-Band, India; the Organization of the Islamic Conference; the International Union for Muslim Scholars (Mufti Dr. Yousuf al-Qaradawi); Imam of Masjid Al Aqsa (Bait ul Muqades) and other prominent scholars and muftis from all sects in all provinces of Pakistan. All hajjis (pilgrims) travelling for Haj (Pilgrimage) are now required to be vaccinated against polio.

7. **What about protection from other diseases?**
   Along with the special effort to eradicate polio, it is important that the routine immunization against polio and other diseases is well established. Every year more than 5 million children are born in Pakistan. If we miss their routine vaccination against polio, measles and rubella, tetanus, pertussis and other life-threatening diseases we shall have a large cohort of children at risk that will need to be "caught up" during special campaigns that require enormous efforts. Every parent must ensure that their child's vaccination is up to date! Parents should take their children to the nearest health site for vaccination.

Polio Eradication Initiative in Pakistan

The Government of Pakistan is signatory to the World Health Assembly resolutions in support of polio eradication. Pakistan is committed to the goal of a polio free world and the achievement of this global public good. Efforts began in 1994 with first national immunization

Figure 2: Polio Cases in Pakistan



round in Pakistan. The initiative was launched on April 27,1994 by the then Prime Minister, Mohtarma Benazir Bhutto Shaheed who set a personal example by starting the campaign with administration of polio drops to her own daughter.

A dramatic decrease was seen in the cases from the estimated 20,000 to 25,000 cases per year to a few hundreds. Efforts were intensified in the year 2000 with increased technical support and number of vaccination rounds up to 7 or 8 per year. Acute Flaccid Paralysis (AFP) surveillance began in 1997 but was given a more focused attention in 2000.

Another evidence of the success of polio eradication activities is the eradication of poliovirus type 2, which has not been found in Pakistan since March 1997. Furthermore, there is a clear evidence of decreasing poliovirus diversity and intensity of transmission. Endemic transmission of polio has also become restricted geographically to three discrete, well defined transmission zones. Number of infected districts went down from 94 in 1997 to 49 districts in 2003, 18 infected districts in 2005 and 17 in 2007, indicating progress. By end 2007, number of Polio cases in Pakistan dropped to as low as 32 and the goal of eradication was well in sight.

National Emergency Action Plan (NEAP)

The continued transmission of poliovirus in Pakistan and the rising numbers of polio cases since 2008 have turned into a national emergency; risking Pakistan to become the last remaining reservoir of endemic poliovirus transmission in the world, and the only remaining threat to achieving global polio eradication.

In the light of the expanding polio outbreak in the country and its national and global implications and the urgent need to address programme risks, the President of Pakistan directed the immediate development of an emergency plan for polio eradication in Pakistan that enables interruption of polio virus transmission by the end of 2011. The plan was prepared after a consultative process involving the Federal Government, the Provincial Governments and the partner organizations. The main objectives mentioned in the Emergency Action plan included:

a) Achieving consistent Government oversight, ownership, and accountability for polio programme performance at each administrative level;
b) Ensuring consistent access to children in security-compromised areas and
c) Ensuring that all children are consistently immunized in the districts/ agencies and populations that are at highest risk of sustaining transmission of poliovirus.

The goal set in the National Emergency Action Plan (NEAP) could not be achieved as the country reported 198 polio cases in 2011; the highest by any country in the world during 2011. The main reason for not achieving the goal has been inadequate implementation of the NEAP strategies especially in key high risk areas.

Intense transmission in Balochistan, particularly in Quetta, Killa Abdullah, and Pishin, and in southern Sindh, in particular in key high risk areas of Karachi, accounts for nearly two-thirds of all polio cases reported in Pakistan. Indeed more than 70% of all cases nationally, including most polio cases outside Balochistan and Sindh, are due to viruses coming from these areas. Virus from these areas has also been reported to be exported internationally to Afghanistan and China.[3] Transmission of virus in security-compromised areas of FATA and neighbouring accessible areas of FATA and KP is continuing, but at a lower rate than in 2010.

In response to the Independent Monitoring Board (IMB) report in October 2011, a critical review of the NEAP was carried out by the Government of Pakistan and the Provincial Governments in collaboration with WHO, UNICEF, Rotary International, Bill & Melinda Gates Foundation and other partners. Consultations were held with the independent academia and policy-strategy development institutions. Progress against the NEAP was appraised and key actions for augmenting the implementation of the NEAP strategies were undertaken with an objective to significantly improve accountability and implementation. The augmented plan was officially launched in January 2012.

3. Official Brief for Parliamentarians prepared by UNICEF

Table 2: Polio Cases in the past 10 Years in Pakistan

PROVINCE	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
PUNJAB	55	45	11	25	16	10	2	1	31	17	7	9	2
SINDH	65	28	39	29	28	5	12	12	18	12	27	33	4
KHYBER PAKHTUNKHWA (KP)	49	20	17	19	5	3	8	8	38	28	24	23	25
FATA	8	11	16	14	3	2	8	3	14	21	74	59	20
BALOCHISTAN	18	15	7	15	1	8	10	8	11	11	12	73	4
AZAD JAMMU AND KASHMIR (AJK)	2	0	0	0	0	0	0	0	0	0	0	0	0
GILGIT-BALTISTAN (GB)	0	0	0	0	0	0	0	0	0	0	0	0	1
ISLAMABAD	2	0	0	1	0	0	0	0	5	0	0	0	0
PAKISTAN	**199**	**199**	**90**	**103**	**53**	**28**	**40**	**32**	**117**	**89**	**144**	**198**	**56**

Reasons of Increasing Cases

Pakistan has seen a progressive upsurge in the number of polio cases since 2008. The country reported 117 polio cases in 2008, 89 in 2009, 144 in 2010 and 198 in 2011. This rise in the number of cases can be attributed to the following:

a) Relatively poor security conditions in the north-western parts of the country; the Federally Administered Tribal Areas (FATA) and some parts of adjoining Khyber Pakhtunkhwa
b) Inadequate campaign preparation and implementation in some townships of Karachi; particularly among the known high-risk under-served groups
c) Sub-optimal preparations of the campaigns leading to low vaccination coverage in the three districts of Balochistan; mainly due to management issues and lack of accountabilit

Polio Reservoirs and Augmented National Emergency Action Plan (NEAP) 2013

It is recognized that to interrupt transmission in early 2013 innovative and integrated strategies must be developed by end 2012, and implemented in the first six months of 2013, in all geographic reservoirs. In addition strategies need to be developed for the other areas of the country that are most vulnerable and at highest risk, in order to ensure the interruption of wild virus transmission in 2013.

To achieve this goal, a consultation among all stakeholders was held in November 12-14, 2012. Participants and stakeholders developed a comprehensive and integrated operations/communications/advocacy/accountability action plan to support the Government of Pakistan efforts in each of the reservoirs. These strategies and action plans became a part of the **Augmented National Emergency Action Plan for 2013** after their formal endorsement and approval by National Task Force, headed by the Prime Minister of Pakistan in December 2012.

Goal of the Plan
To interrupt transmission of poliovirus in Pakistan by the end of 2012.

Elements of the Augmented NEAP
Key milestones along the road to achieving this goal are detailed in the augmented plan, as are augmented strategies, some of which are enhancements of strategies already included in the NEAP, and some of which are new and innovative approaches.

i. Re-defining polio as a national emergency that must be urgently addressed, and ensuring that all arms of Government are engaged in eradicating polio
ii. Achieving oversight at district, province, and national level through National Task Force presided by the Prime Minister with wide representation of stakeholders including community leadership. Shifting emphasis to implementation of activities at Union Council (UC) level
iii. Concentrating efforts on highest risk areas and

populations and ensuring that all children in these areas are reached with polio vaccine during every immunization round, by the implementation of innovative strategies and partnerships where necessary.

iv. Implementing a broad ranging communications programme to engage communities and build demand for immunization at household level.

v. Closely monitoring the quality of programme performance to identify problems, and to design specific actions to address them

Reviewing Implementation

The implementation of the augmented NEAP 2012 is reviewed by the Prime Minister's Task Force for Polio Eradication every three months, Provincial Task Forces chaired by the Chief Ministers of Provinces (and by the Governor Khyber Pakhtunkhwa in the case of FATA) every month. A dedicated full-time senior officer in the Prime Minister Secretariat and in each of the Chief Minister (CM) Secretariats have been appointed since January 2012 for coordination for the smooth implementation of the Plan and a report to the Prime Minister and Chief Minister fortnightly. As per advice of the Prime Minister, performance of Deputy Commissioner / District Coordination Officer / Political Agents and Executive District Officer Health based on the performance indicators in the augmented NEAP is to be reflected in their Annual Confidential Reports.

Objectives of the Augmented NEAP

a) Achieve consistent government oversight, ownership, and accountability of polio programme performance at each administrative level in Pakistan
b) Ensure highest quality polio vaccination in the high risk districts/ agencies and populations that suffer from persistent transmission of poliovirus or recurrent re-introductions of poliovirus through improved quality and innovative approaches
c) Ensure consistent access to children in security-compromised areas especially in FATA and Khyber Pakhtunkhwa

Key Statistics of Polio Rounds

1. 8 rounds of the anti-Polio campaign are held every year with 4 nation-wide and 4 sub-national campaigns for High Risk districts.
2. Approximately 33.4 Million children less than 5 years of age are immunized throughout the country in the national round whereas over 20 Million children are covered during the sub-national campaigns in high risk areas[4].
3. A total of 76,587 trained house-to-house vaccination teams conduct the vaccination activity during the national campaigns. Each team comprises two members with one of the members preferably a female to allow easier access to households.
4. A total of 5,184 trained transit teams work to cover children at busy markets, bus terminals, district borders, etc.
5. A total of 9,723 fixed points trained vaccination teams work at designated vaccination centres to vaccinate children brought in by parents during the campaign.
6. A total of 20,104 team supervisors oversee the work of the teams.
7. A total of 1,830 Medical Officers supervise the entire operation.
8. Permanent & active cross-border teams are placed on border with Afghanistan including the following:
   i. In FATA 22 teams work at 8 crossing points
   ii. In Balochistan 6 teams work at 3 crossing points

Comparison with Neighbouring India

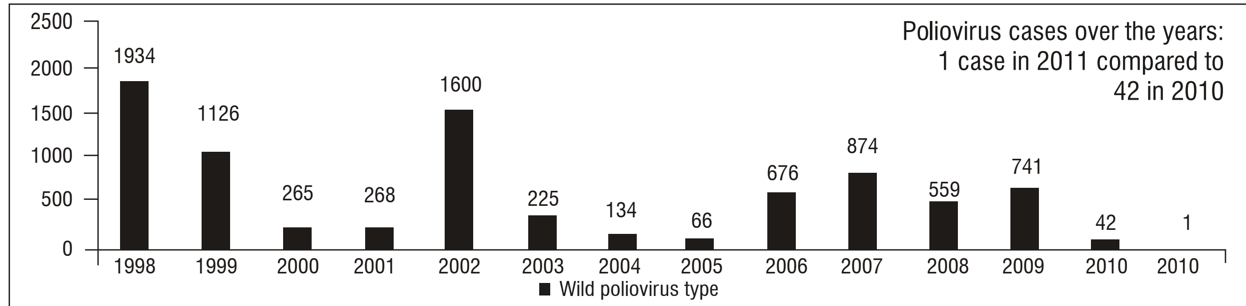
Before the launch of the Global Polio Eradication Initiative, polio crippled an estimated 200,000 children in India each year. As recently as 2009, India reported almost half of the world's cases – 741 out of a total of 1604 cases worldwide. Many health experts predicted at that time that India would be the last country to eradicate polio. However, in 2012 India achieved a major milestone by passing one full year without recording any polio case, India is no longer considered a polio endemic country.

India overcame huge challenges to stop poliovirus transmission, implementing strategies with unrelenting focus and rigour, continually evaluating the programme and introducing innovations to ensure vaccination campaigns reached all children – especially those at highest risk of getting polio. The programme accomplished this by persuading the families which ordinarily refused vaccination.

The positive results were achieved also by immunizing the most vulnerable newborns and migrants – whether at brick kilns, in transit on trains or boats, or living in remote regions of the country such as the access-compromised Kosi River flood plains. By promoting strong community ownership to ensure parents continued to immunize their children every time polio drops were offered and by maintaining a rigorously monitored and highly accountable

4. Official Brief prepared by Prime Minister's Polio Monitoring and Coordination Cell

Figure 3: Polio Cases in India [7]



programme. The journey from 200,000 to zero cases has included billions of dollars of investment and the delivery of billions of doses of vaccine, tireless work of millions of frontline workers – vaccinators, social mobilizers, community workers, health workers, religious leaders, legislators, influencers and parents – in often difficult circumstances and environments. It is also the result of rigorous management and well planned vaccination campaigns that have provided a model for ending polio.[5]

Financial Input – India

For the year 2012, Government of India contributed 252.71[6] US$ out of total 294.26 US$ for oral polio vaccine and other operational costs, while the donors contribution costs 41.54 US$ that covers the cost of total AFP surveillance, social mobilization and total technical assistance.

Financial Inputs - Pakistan

The PEI launched in 1994, protects nearly thirty-four million children through administration of polio drops during each round of SIAs which are commonly known as National Immunization Days (NIDs), Sub-National Immunization Days, Short Interval Additional Doses and Mopping Up operations. The annual cost per child thus works out to Rs. 285.00. The SIAs were commenced following a serious outbreak of polio in 1993 which crippled thousands of children throughout Pakistan. In the initial couple of years, NIDs were conducted adopting a fixed site strategy but as an element of lethargy permeated into the SIAs, the strategy was altered from fixed site to door-to-door service delivery. This strategy has yielded good results and as such has been continuing.

During the initial years of the launching of SIAs, the cost involving procurement of Oral Polio Vaccine (OPV) and operational expenses was borne by the Government of Pakistan. But as the cost soared with the adoption of a new door to door strategy, international partners especially the Rotary International, World Bank and the Japan International Cooperation Agency (JICA) came forward to assist Pakistan in accomplishing the task of Polio Eradication. The financial assistance provided by these partners was either in the shape of grants or soft loans convertible into grants subject to satisfactory performance of its implementers in the Districts.

However, the funding partners have now stopped providing grants or soft loans which were convertible into grant. **They are now providing loans which must be repaid with mark up by the Government of Pakistan**. The loan of US$ 227.00 million being provided by the Islamic Development Bank (IsDB) and the loan of US$ 24.00 million being provided by the World Bank shall have to be repaid by the Government. However, the amount of mark up on these loans will be picked up by the Melinda & Gates Foundation. These loans and a grant of US$ 14.00 million being provided by JICA are being utilized through PC-1 for which the Planning Commission has already accorded anticipatory approval of the three-year project which aims at Polio Eradication with a total allocation of US$ 302.00 million.[8]

During the year 2012, a total amount of US $ 127.59[9] Million has been spent for purchase of OPV, provision of logistics, social mobilization, AFP surveillance and other technical support. International support is provided through two lead partners, WHO and UNICEF. The Government of Pakistan contributes through provision of human resources from its health infrastructure and by designating Basic Health Units, Rural Health Centers and Government hospitals as dedicated vaccination facility along with manpower during campaigns.

5. http://www.unicef.org/india/Polio_Booklet-final_(22-02-2012)V3.pdf
6. http://www.polioeradication.org/Portals/0/Document/FRR/FRR_ENG.pdf
7. http://www.unicef.org/india/Polio_Booklet-final_(22-02-2012)V3.pdf
8. Figures taken from the PC-1 document approved by the Government of Pakistan for 3 year Polio Eradication Plan
9. http://www.polioeradication.org/Portals/0/Document/FRR/FRR_ENG.pdf

Implications of being Polio Endemic Country

The particular strain of the Polio virus, which is specific to Pakistan, has traveled to other countries and caused outbreaks in China in 2011, and in Afghanistan (ongoing). This causes concern for the public image of Pakistan overseas. In part, because of this increase, Pakistanis going to Hajj or Umrah are required to have a polio vaccination. Recently India has also made polio vaccination compulsory for Pakistani children travelling to India and for Indian children traveling to Pakistan. If the situation does not improve, travel restrictions upon citizens of Pakistan endorsed by other states may be considered.

Role of Parliamentarians

A practical strategy developed to involve the parliamentarians in the Polio Eradication Initiative is being implemented where members of the National Assembly and Senate are being linked with Deputy Commissioners in the district to ensure their active partnership with and support to the district team. All Deputy Commissioners have been directed to make the Parliamentarians part of the District Polio Eradication Committees, seek their support in dealing with refusals, engage female team members in teams, participating in launches and mobilizing the communities through their influence and network. Parliamentarians and Legislators at the provincial level can support the initiative through the following means:

1. Through internal communications within the party, convey to all party workers, the polio campaign dates and target age group (0-5 years of age), to ensure families of all party workers are protected against this crippling virus. Encourage party workers to look for missed children in their communities.
2. Personally Monitor the campaignYou personally can get involved in the polio team at the district level. Offer to monitor NIDs in your district to ensure that no children are missed.
3. Help overcome refusalsin areas where there are refusals, work with the teams to ensure parents/caregivers understand the importance of polio immunization during every campaign. Routine immunization must be supplemented with the additional doses of vaccine during every polio campaign.
4. They should highlight the fatal impacts of polio on population in their private and public gatherings, talk shows and interactions.
5. They should question the Government about the effectiveness and measures taken by the Government to combat polio.
6. They should legislate to provide universal access to necessary primary health and also oversee the implementation of such a scheme.
7. They should persuade their political parties and the Governments to increase health budget.
8. They should report cases of official lethargy, negligence and other issues, if any, and recommend improvements.
9. They should coordinate with DC/DCOs of their districts to get information about the campaign dates and arrangements. They should nominate their representatives who can coordinate with the district administration regarding the smooth arrangements of polo rounds.
10. They can issue statements a few days ahead of the campaigns, informing dates of upcoming polio round and convince their constituents so that no child below 5 years of age remains unvaccinated.
11. They may support in constituting teams of volunteers ahead of polio rounds who will work under EDO health of the districts for the polio campaigns.

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