

COUNTRY PROFILE: PAKISTAN

Global Polio Eradication Initiative (GPEI) Status: Endemic

Overview

- Pakistan is one of only three remaining polio-endemic countries, along with Afghanistan and Nigeria.
- Persistent wild poliovirus transmission is restricted to three groups of districts: Karachi city (Sindh Province); the Quetta block - Quetta, Pishin and Killah Abdullah districts (Balochistan Province); and, three adjoining areas ('agencies') in the Federally Administered Tribal Areas (FATA) bordering Afghanistan, and the Peshawar district (North-West Frontier Province, or 'NWFP').
- In total, only a small number of Pakistan's 152 districts, agencies and towns have persistent wild poliovirus transmission. Within these places, the virus circulates primarily in a number of sub-district administrative units known as 'union-councils' (in the districts) or 'tehsils' (in the agencies). In addition, re-infection is common in the border area between Pakistan and neighboring Afghanistan, due to low immunization coverage within and between the countries.

Context

- The provinces of Balochistan and Sindh—particularly localized areas where sectarian violence, urban conflict and pervasive poverty are common—remain the country's two poliovirus epicenters, with nearly three-quarters of the country's reported cases or genetically linked to them.
- Health system mismanagement is reported throughout the country, but poor performance is most prevalent in FATA and Balochistan Province as reflected in their consistently high numbers of missed children.
- The two main reasons reported for missed children during vaccination campaigns are a child's unavailability or a vaccination team not visiting households. Other barriers to vaccination include the use of underage vaccinators, gender issues, language and distrust by parents.
- Engaged local political, religious and administrative leaders are vital to the success of eradication efforts.
- Strategic programming improvements - including refinements in immunization coverage monitoring efforts, the implementation of an Emergency Action Plan, the creation of an Interprovincial Committee for Polio, the appointment of a Polio Focal Point by the Government of Pakistan, the adoption of a community-based social mobilization network (COMNet) and focused communications - aim to enhance targeting efforts as well as immunization campaign quality and coverage, and accountability.

Challenges

- Deep religious beliefs frequently run counter to polio campaign efforts and restrict exposure to health interventions.
- Warfare and political insecurity taint polio vaccination as a western strategy to harm Muslim populations.
- Migrating populations, such as the Pashtuns, contain high numbers of missed or under-vaccinated children.
- Distrust of child and male vaccinators frequently limits access to households for vaccination of children in Balochistan Province.

Key Actions Needed

- Building on the lessons learned both in Pakistan and in other countries, and implement district-specific plans to interrupt poliovirus transmission.
- Supplement district plans with regular national and subnational polio immunization days to maintain population immunity against importations in the polio-free areas.
- Refine social mobilization activities based on the issues which are particular to each district/agency/town.
- Improve coordination with Afghanistan, in particular to track and map population movements, and establish additional temporary or permanent vaccination posts at key gathering sites and border crossings.

To learn more about the roles and responsibilities of UNICEF and other GPEI partners, visit:
<http://www.polioinfo.org/index.php/about-us/partners>