

## 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>