



# POLIO IN PAKISTAN

## Current situation as at September 2012

- Unexpected rise in cases in 2011; decline in cases in 2012 (35 cases, compared with 89 cases)
- Only remaining reservoir of wild poliovirus type 3 (WPV3) in Asia (in Khyber Agency, Federally Administered Tribal Areas – FATA)
- Three transmission foci: Balochistan (Killa Abdullah, Pishin and Quetta districts); Sindh (Karachi, in particular Gadap Town, and northern Sindh); and parts of FATA and Khyber Pakhtunkhwa (KP). Environmental surveillance indicates ongoing geographically widespread transmission
- Two-thirds of all cases in known worst-performing districts in Balochistan and FATA, affecting particularly Pashtun populations
- Responsible for international spread in 2011; virus from Pakistan caused outbreak in western China
- During polio supplementary immunization activities (SIAs), children missed due to operational challenges due to poor management and inadequate commitment at district- and union-council level; and, in some areas, due to access due to insecurity (notably some areas of FATA)
- Situation complicated in mid-2012 by suspension of immunizations by some local leaders in some areas, as well as attacks on polio eradication staff in July

## Implications

- Polio in Pakistan poses significant risk to neighbouring countries, including border areas of Afghanistan (which are polio-free)
- Ongoing WPV3 transmission poses particular risk, as this strain is on verge of eradication in Asia, and could re-seed the continent with WPV3

## Emergency approach

- Augmented National Emergency Action Plan launched; Shahnaz Wazir Ali appointed Focal Person for Polio Eradication, responsible for roll-out and implementation of Plan
- Technical support increased to clearly identified, worst-performing districts and union-councils
- District Commissioners held responsible for overall operational implementation; Union-Council Medical Officers responsible for local planning and implementation
- Systematic and targeted social mobilization to increase demand
- Special strategies to identify and reach mobile populations and underserved groups, particularly Pushtun populations
- Active review of vaccinator team performance and composition
- Expansion of target age group and increase use of Short Interval Additional Dose (SIAD) approach in newly-accessible areas or population groups
- Engagement with new partners, such as eminent social worker Abdul Sattar Edhi
- Ongoing engagement of religious and traditional leaders
- Local-level access negotiations
- Increase in domestic contributions, including through loan from Islamic Development Bank
- New emergency approach already having impact in 2012: decline in cases over 2011, and improved coverage in some worst-performing areas of Karachi and Quetta

Learn more and take action at [www.polioeradication.org](http://www.polioeradication.org)



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May to September 2012

