



Permanent Mission of Pakistan to the UN **Geneva**

National Statement **On the High-level meeting of Global Polio Partners Group** **8th December 2017**

Madam Chair,

At the outset we wish to express our appreciation for your leadership in taking this process forward. We are optimistic about the progress we are making towards eradication of Polio from the world. We will get to the 'zero' polio world.

As one of the countries with ongoing wild poliovirus (WPV) transmission, we are aware of our responsibility to ourselves and to the world. The Pakistan Polio programme has demonstrated steady progress towards the interruption of transmission. To achieve this, the country deployed thousands of health workers, social mobilizers, and volunteers to carry out various polio eradication activities. There is strong evidence that the programme supported other efforts to deliver other health benefits, including health systems strengthening; outbreak investigation of other vaccine preventable disease and vaccine logistics. As Pakistan moves towards eradication, it becomes critical to document and transition the knowledge, lessons-learned, assets, and infrastructure accumulated by the programme. This goal of Polio Legacy Transition Planning (PLTP) is to sustain a polio-free Pakistan and to ensure that years of investments in polio eradication contribute to the delivery of a better public health care delivery system in the country.

As the Polio Eradication Initiative approaches its completion in Pakistan, and without distracting from completing the task of stopping all wild poliovirus transmission, it becomes critical for the country to initiate a transition process. A key outcome of transition planning will be to ensure the anticipation and circumvention of a potentially ruinous fiscal cliff.

Pakistan must equally avoid a hard Global Polio Eradication Initiative (GPEI) funding transition and exit.

The current 2017 financial resource requirement for Pakistan was recently increased from US\$219 to US\$255 million with Pakistan directly contributing 20% through loan financing in addition to an estimated US\$100 million indirectly through Government and security staff. Over the next three years, a delicate balance will need to be maintained between the competing pushes for interruption and certification and transition. An Approximate US\$200 million to zero support by 2020 simply carries too many risks for the programme. The Government will be directly involved in not just transition planning but financial decision making and timelines for an orderly and responsible transition.

Over the same time period, Pakistan will be phasing out from Gavi support putting additional pressure on the available resources. Careful planning and discussions between these global health initiatives and the GoP will need to take place to ensure a smooth process that does not adversely impact child health in Pakistan.

As Pakistan is still in the active phase of polio eradication, discussions will start in 2018 and the planning for the polio legacy transition is expected to start in the first quarter of 2019. This will provide enough time to focus on stopping transmission without diverting focus at this critical moment.

Madam Chair,

As recognized by our partners, Polio eradication initiative remains of the highest importance and is being dealt with as a national emergency under the direct auspices of the Prime Minister of Pakistan. The National Emergency Action Plan (NEAP) 2017-18 approved by the Prime Minister is being implemented in full letter and spirit at all levels. The NEAP is a logical continuation of the previous version with strategies fine-tuned based on the lessons learnt from 2016/17. The NEAP defines clear and targeted priorities, aimed at addressing remaining programmatic gaps and milestones with timeline and provides strong guidance on exact mechanism of execution of the devised strategies with a defined goal of stopping transmission within the current low season. The implementation of the NEAP accountability framework is being ensured at all levels, with a clear approach of “accountability for all”.

The reduced WPV1 case count looks very encouraging however, virus is still being detected consistently from sewerage samples collected from the hotspots of Karachi, Quetta block, and Islamabad-Rawalpindi. All the three hotspots, also identified in IMB’s report, are being given due focus by the federal and provincial governments and respective district teams:

- Of three core reservoirs, indigenous transmission has been interrupted in Khyber-Peshawar during 2016 and the primary aim now is to maintain highest possible population immunity levels in greater Peshawar to prevent any re-establishment of local virus transmission after reintroduction from anywhere.
- The situation in Karachi is being dealt aggressively. Following discussions during National Task Force meeting held on 25th August, the provincial task force under Chief Minister Sindh reviewed last campaign season performance and urged for enhancing management, oversight and accountability at all levels to address any operational gaps; covering refusals; reaching and vaccinating each and every child including both resident children as well as the visiting guests and nomadic children that arrive to and from across Pakistan and Afghanistan.
- Subsequent to NTF, the provincial Task Force under Chief Secretary Balochistan thoroughly reviewed the situation in Quetta Block and urged the Commissioners, DCs and DHOs to ensure stronger government leadership, accountability, refusals conversion and vaccination of mobile populations across international and provincial borders. The joint southern corridor action plan (for Quetta – Kandahar region) developed mutually with Afghanistan team is being implemented with full zeal with the assistance of global experts to ensure that the remaining chains of transmissions are effectively stopped.
- The Islamabad-Rawalpindi Coordination Committee on Polio Eradication, notified by the Prime Minister Office at the start of low season is striving hard to urgently mitigate the risks associated with the presence of virus in Rawalpindi-Islamabad by addressing the challenges of fragmented health systems and human resource to ensure high quality campaigns during the current low season.

The program is continuing and enhancing its focus on effectively tracking and vaccinating the high-risk mobile populations, moving within the country and between Pakistan and Afghanistan. A number of assessments have been conducted to define who these groups are and their vaccination status and an action plan is developed to respond to these findings. We are working closely with Afghanistan to ensure the mitigation and eradication.

The country program is also maintaining the focus and thrust on “surveillance for eradication”. The surveillance for polioviruses has been given special focus in the NEAP 2017/18 and under the national level supervision, desk and field reviews are being regularly carried out at the district level with clear time bound action plans as outcome. Besides regular orientation sessions, thorough investigations for AFP cases & environmental samples of concern have been scaled up and used for further improving the surveillance quality. Use of ODK software has now been initiated for recording and documenting the active surveillance visits, which is helping on regularizing the visits as well as on ensuring high quality documentation.

Madam Chair,

In the end let me once again reiterate the strong commitment of the government of Pakistan in our collective fight against Polio. I also wish to convey our sincere appreciation for the work that this forum is doing. We also acknowledge the support of our partners in our efforts to prevent the spread of Wild Polio virus. We stand together with international community to end of this crippling virus forever.

I thank you.
