

پاکستان
انسداد
پولیو
پروگرام



PAKISTAN
POLIO
ERADICATION
PROGRAMME

PAKISTAN POLIO ERADICATION INITIATIVE

support to

COVID-19 RESPONSE

National Emergency Operations Centre

ISLAMABAD



24 April 2020

TABLE OF CONTENTS

1. Executive summary	3
2. Background	3
3. Structure of the Report	4
4. Coordination	4
5. Surveillance	5
6. Data and Risk Analysis	7
7. Risk Communication and Community Engagement	7
8. Infection Prevention and Control	10
9. Operational Support and Logistics	10

1. EXECUTIVE SUMMARY

Pakistan reported its first case of COVID-19 on 26 February 2020. So far, the country has confirmed over 10,000 cases and over 200 deaths (by 24 April 2020).

Following the Global Polio Eradication Initiative (GPEI) guidelines, all Polio campaigns in Pakistan have been suspended, at least up to 1 June 2020, except for essential activities like surveillance.

With direction of the Ministry of National Health Services, Regulations, and Coordination (MoNHSR&C), and based on the need for optimal utilisation of all public health infrastructure in the country, all polio assets including surveillance, data, and communication have been rerouted since March 2020 to support COVID-19 response. Pakistan's PEI team have organised and realigned roles and responsibilities at the National Emergency Operations Centre, Provincial EOCs, and District levels with special efforts towards establishing and supporting the COVID-19 response. Pakistan PEI staff are supporting Pakistan's response by strengthening surveillance, strengthening infection prevention and control, contact tracing, supporting new data systems to track the disease, and raising awareness of the disease via risk communication and community engagement.

To date, key contributions of the Polio Eradication programme include:

- Strengthened COVID-19 surveillance through integration within existing PEI structures.
- 4,903 COVID-19 samples have been processed by PEI personnel from 25 March 2020 to date.
- Improved data management system through gathering and entering available data on COVID-19 in the Integrated Disease Information Management System (IDIMS) for real-time analysis and display to supporting the response's decision-making.
- Facilitated the establishment of big quarantine camps in Quetta, Sukkur, and Dera Ismail Khan districts. In addition, support towards investigations, screening, interviewing, and filing of risk assessment and data forms is ongoing. In total, PEI Staff have traced 16,915 contacts and have identified and isolated 1,946 symptomatic travellers. PEI staff have investigated 3,277 suspected cases and facilitated sample collection from 4,102 suspected cases.
- Facilitated the establishment of Risk Communication and Community Engagement structures at national and provincial level. The PEI is providing continuous support with behavioural research and designing and implementing interventions for risk communication and preventive behaviours.

The National EOC Coordinator is a key member of the National Committees for the response; while national, provincial and district personnel continue to serve as essential team members of various Rapid Response Teams (RRTs) and other teams supporting the response.

2. BACKGROUND

The Emergency Operations Centres (EOCs) were envisioned to be central in health-related emergencies, with structures fit for purpose in times of crisis. Following the decision of the Government of Pakistan through the Ministry of National Health Services Regulations, and Coordination (MoNHSR&C), the Pakistan Polio Eradication Programme has repurposed to provide surge capacity and fully contribute to COVID-19 pandemic response.

PEI Staff across Pakistan have actively been involved at (national, provincial, district, and community) levels with specific responsibilities entrusted to the programme by the Government of Pakistan due to the broad-based technical strength and footprint across the country to support the current crisis.

The Pakistan Polio Eradication Programme has realigned roles and responsibilities as per emerging needs at all levels including the National and Provincial EOCs, Divisional Task Forces, and District EOCs. These realigned activities are tailored towards the establishment and support of COVID-19 surveillance and data management systems to support the critical decision making on COVID Response, and to support to Risk Communication and Community Engagement activities.

This bimonthly report is a collective effort by the programme to document progress on the thematic areas highlighted in Pakistan's COVID-19 National Action Plan assigned to the National Emergency Operations Centre for support.

3. STRUCTURE OF THE REPORT

In line with Pakistan's National Action Plan for COVID-19, the report is a summary of the thematic areas supported by the PEI. Through the coordination of the NEOCs, the report is a summary compilation of activities at national, provincial, district, and community levels across the country. The themes highlighted are Coordination, Surveillance, Data and Risk Analysis, Risk Communication and Community Engagement, Infection Prevention and Control, Operations and Logistics.

4. COORDINATION

The National EOC Coordinator is a member of the National Committees for the response, regularly providing technical guidance and updates regarding surveillance and data as relevant.

The PEI staff at the national level are playing coordination roles in working groups and committees focused on providing technical support on COVID-19 surveillance, data, and risk communication and community engagement. All relevant activities conducted through these working groups and committees are updated to the national committees through the National Coordinator for Government's decision-making as the pandemic progresses.



The Provincial EOC Coordinators are members of the provincial committees for the response, depending on the requirements of a province. They are regularly providing technical guidance and updates regarding surveillance, data, and risk communication and community engagement as relevant.

The PEI staff at the provincial and district levels are playing coordination roles in working groups and committees focused on providing technical support on COVID-19 surveillance, data, and risk communication and community engagement. All relevant activities conducted through these working groups and committees are updated to the provincial EOCs through the Provincial Coordinators and provincial government structures for decision making as the pandemic progresses.

5. SURVEILLANCE

In full compliance to the GPEI's interim guidance for the polio surveillance network in the context of COVID-19, the national, provincial, and district Surveillance structures are providing full support to the COVID-19 response. This support is provided under the guidance and direction of national and provincial Incident Management System (IMS).

Active surveillance for influenza-like illness (ILI), severe acute respiratory infections (SARI) and suspected COVID-19 have been integrated into the ongoing acute flaccid paralysis (AFP) active and passive surveillance system. High-priority active sites are visited at least weekly for AFP, ILI, SARI and COVID-19 surveillance. 1,431 SARI and 11,755 ILI cases have been reported through the Open Data Kit (ODK) platform used by PEI surveillance staff. 1,025 confirmed COVID-19 cases, 4,419 suspected COVID-19 cases and 498 probable COVID-19 cases were also reported during these active surveillance visits. 3,255 suspected COVID-19 cases were notified to the District RRT by PEI surveillance staff. Under the guidance of the national and provincial IMS, further enhancement of ILI and SARI surveillance through the incorporation of testing for COVID-19 is planned.



Similarly, passive surveillance for ILI, SARI, and suspected COVID-19 surveillance has been integrated into the passive surveillance for AFP, commonly known as zero reporting.

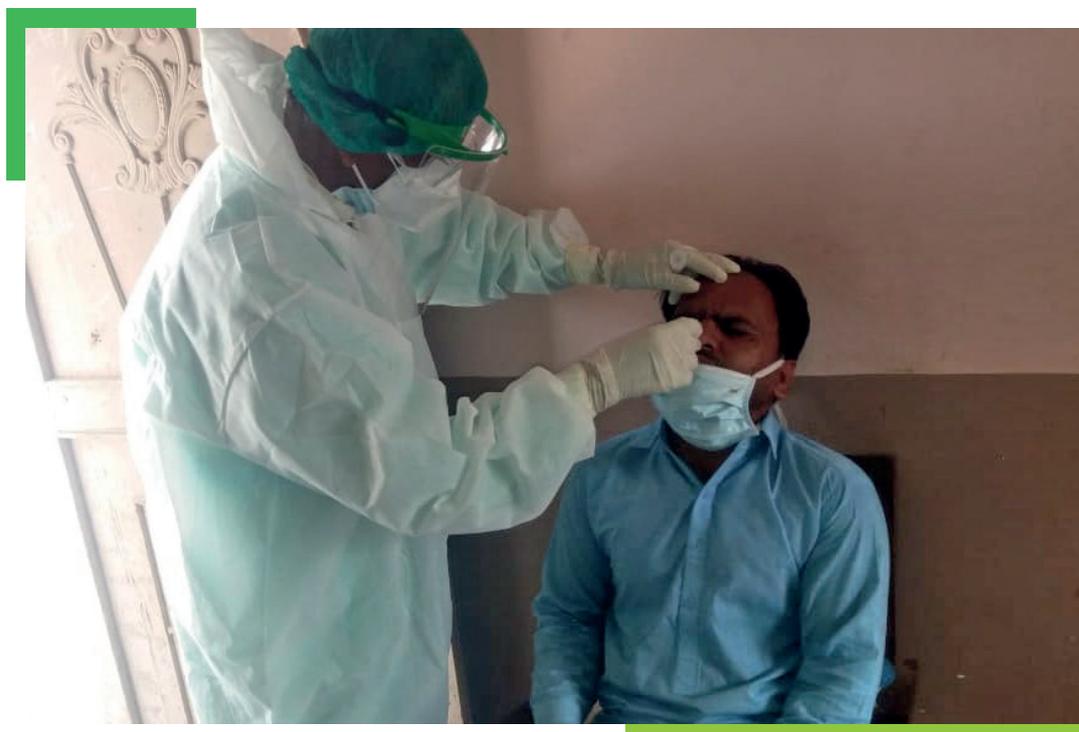
Additional information about ILI, SARI and suspected COVID19 is reported by all 10,536 zero reporting sites from across the country along with AFP, neonatal tetanus and suspected measles. Since the launch of this initiative, 5,631 SARI, and COVID-19 notifications have been made through passive surveillance via updated zero reporting formats in IDIMS software from EPID week 10 onwards.

There is a plan to initiate reporting of ILI/SARI cases supported by the PEI surveillance as per case definitions from sentinel sites to the designated labs. This will help increase testing of suspected COVID-19 patients who are hospitalized or visit outpatient department in hospitals through syndromic hospital-based surveillance.

Community-based surveillance for both COVID-19 and Polio is being strengthened in lockdown areas by using technology. 4,639 community members have been oriented by the PEI surveillance staff on COVID-19 risk communication and have been engaged in community-based surveillance.

355 PEI surveillance officers have been trained on 9 pillars of COVID-19 preparedness and response. Through cascade training, PEI staff have trained and oriented 7,090 medical personnel, 8,883 paramedical staff, 1,814 support staff, 832 informal healthcare providers, 3,579 frontline workers, 119 courier staff and 1,429 janitorial and cleaning staff in hospitals in the last 7 weeks. These trainings have focused on case definitions, case investigation and rapid response, Infection Prevention and Control, Risk Communication and Community Engagement and clinical management.

PEI staff are supporting and facilitating integration of COVID-19 response within the relevant national and provincial Incidence Management Systems (IMS).



LABORATORY SUPPORT:

- PEI Lab staff are involved in testing of COVID-19 samples since 25 March 2020. 4,903 samples have been tested for COVID-19 from 25 March 2020 to date.
- The NEOC has been coordinating with provinces for identifying labs performing tests

for COVID-19, guiding them in establishing contact with health authorities. Trainings have been conducted with these labs' data entry operators for daily reporting to the district health authorities, and timely data submission to district and provincial EOCs. Assessments and daily SitReps have been submitted to the NEOC and National Command and Operation Centre (NCOC) on lab progress for decision making.

- PEI staff have supported the integration of all labs with IDIMS. A total of 69 labs across the country are having the capacity of COVID-19 testing, out of which 36 are functional and sharing information with the district and provincial health authorities.

6. DATA AND RISK ANALYSIS

PEI data systems have been upgraded to support the expanded portfolio of work that needs to be done for COVID-19 response. NEOC has developed a COVID-19 module in IDIMS for data collection of COVID-19 case investigations, rapid response and contact tracing data. Variables include case sociodemographic data, clinical information, exposure and travel data, contact tracing, lab data and outcome status. The module feeds into the Polio and COVID-19 dashboard at NEOC which is also one of the sources of data being used for decision making at NCOC.

Ad hoc summary reports for COVID-19 are shared by each of the Provincial Chief Minister Offices directly with NEOC. These are shared with the Federal Health Ministry as official figures for Pakistan after data validation.

Daily trend analysis, morbidity and mortality analysis for COVID-19 is done and presented at National Emergency Operations Centre supported by PEI staff.

Support is being provided by the PEI data staff in data entry and data cleaning of suspected, probable and confirmed and asymptomatic cases, and contacts reported from different data sources like hospitals/isolation facilities, quarantine, labs, District RRTs and others. This is being done manually and through QA/QC tools.

IDIMS has been seamlessly integrated with the provincial data systems, streamlining the data with the national database in real-time through APIs and reverse APIs.

A new domain for [IDSr.eoc.gov.pk](https://idsr.eoc.gov.pk) has been registered for hosting COVID-19 module. Integrated Disease Surveillance and Response (IDSr) is termed to host future outbreaks under the broader umbrella of Ministry of NHSr&C.

7. RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

PEI personnel are offering technical support for the coordination of the Risk Communication and Community Engagement (RCCE) Working Group for the COVID-19 response, utilising behavioural research by the Polio Eradication programme assets to determine the direction of interventions for risk communication and preventive behaviours.

The PEI Anthropologist is continuously designing and fielding tools through phone interviews with key informants to collect information on awareness, key concerns, rumours and misconceptions, major influencers and sources of information, and care seeking behaviours. This informs the national RCCE strategy and communication materials.

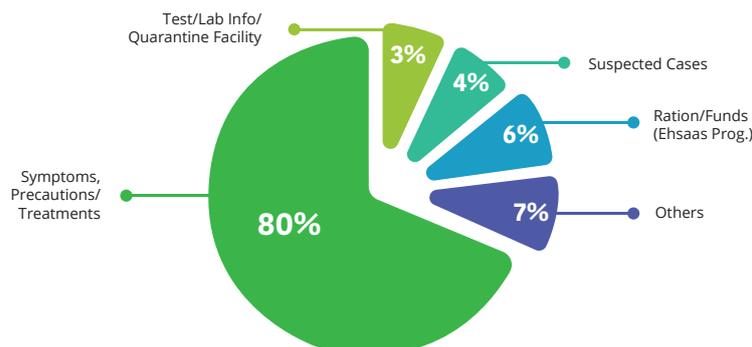
At the provincial level, PEI personnel are offering technical support for the coordination of provincial RCCE working group. The provincial, district, and community PEI personnel are also implementing COVID-19 related risk communication and community engagement.



“I’ve been working in this Helpline since the inception. I feel so proud that I’m serving so many people only by providing information on polio and Coronavirus,”
 Sadia said with pride.
 She is one of the 250 agents working in the Helpline. The Helpline operates from 8 am to 12 midnight in three shifts for seven days a week.

As of 23 April 2020, the following are among the key contributions of PEI towards risk communication and community engagement:

- **“Sehat Tahaffuz” (Protection of Health) Helpline (1166):** The Helpline, which supports Polio and health information, was co-opted by the government to support COVID-19 response. Technically, the Helpline was not ready for such rapid change in call load which happened due to public anxiety about COVID-19. Both technical and human resource capacity was immediately boosted (from 55 to 250 personnel) to receive and address additional COVID-19 call load. All 250 helpline agents have been trained on COVID-19 information and support. Additionally, 16 doctors address issues and questions that need medical advice. Cumulatively, 1,820,408 calls have been received on the Helpline as of 18 April, and 313,485 have been answered from 31 January when the Helpline started receiving COVID-19 calls. The limited capacity in the number of agents at the beginning of the pandemic limited the number of calls answered. As of 23 April, over 60% of received calls are answered and assisted. The breakdown of reasons for calls on Sehat Tahaffuz Helpline is as below:



- **Social Media Reach and overcoming misinformation:** Over 3 million people have been reached through PEI social media cell (PEI social media accounts-Facebook and Twitter posted 236 COVID-19 related awareness messages including statements of celebrities/religious leaders). Steps are also underway to block or limit dissemination of misinformation posts. So far, 25 links have already been blocked, and others are reported to the telecommunication authorities and Facebook for action.
- Additionally, **using the polio frontline worker networks** (CBVs, ComNet), about 5,402 videos have been recorded with celebrities and local influencers and shared on multiple local WhatsApp groups engaging high- risk populations.
- **Influencer engagement and social mobilisation:** 25,357 Religious leaders & 203,481 other influencers have been engaged through existing polio alliances. Religious leaders have been mobilised at different levels (national, provincial, district & Union Council Level), especially to promote social distancing and praying at home. The National Islamic Advisory Group and Islamic Advisory Group met under the leadership of WHO Regional Director EMRO, guiding development of messages before Ramadan. The provincial religious support networks met virtually to discuss and share experiences on community engagement related to social distancing. Religious leaders have given video messages and offered their social pages for dissemination of materials and messages.



"I received messages from Polio workers. I'm using 'WhatsApp' to explain the threat of Coronavirus to my followers and asking them to maintaining social distancing, frequent hand-washing with soap for 20 seconds, use of hand-sanitizers, gloves and masks. It will help us all staying safe." Qari Zafar, from Lahore UC 69 is one of the thousands of influencers leveraged by the Polio Eradication programme in Pakistan.

- **Mapping of mosques by the Polio Programme** has been utilised to reach out imams and for mosque announcements. Mosques remain central for information dissemination.

Additionally, public address systems mounted on motorbikes and rikshaws are being utilised to disseminate information. It is estimated that 173,976,363* have been reached through mosque announcements alone.

- **Journalists & bloggers engagement:** Orientations have been conducted with 3,500 journalists and bloggers to counter negative media and COVID-19 myths. Existing good will of the Polio Eradication programme has been utilised with the journalists to access their social pages.
- **Leveraging innovative Polio partnerships:** Polio Eradication programme entered several innovative partnerships to disseminate COVID-19 messages and get support of key industries and business communities. The most notable among these is with Daraz.pk, the largest online retailer in Pakistan. Daraz.pk distributed COVID-19 information, education and communication material IEC along with its parcels throughout Karachi and is going to extend the same service in Punjab. Daraz also shared the animated video (Allahyaar) on their social media pages. Partnerships are also being pursued with the stock exchange and industrialists as we move towards the relaxation of the lockdown. Capacity building through online platforms is scheduled in the coming weeks.

(*Cumulative figure, multiple attenders may have been counted more than once)

8. INFECTION PREVENTION AND CONTROL

Infection Prevention and Control (IPC) focal persons were nominated from PEI staff both at the federal and provincial levels to facilitate the IPC activities in COVID-19 response. A total of 26 focal persons have been supporting in Islamabad, Punjab, Balochistan, KP, GB, AJK and Sindh provinces.

The PEI staff visited 736 health facilities which include tertiary care hospital, DHQ, CH, RHC, BHUs and dispensaries to collect the suspected COVID-19 patients' data on one hand and to assess the isolation and triage centres. During these visits, 8,049 health professionals (doctors, nurses, paramedics, janitorial staff) have so far been oriented on standard IPC practices as per WHO guidelines.

- IPC training has been provided to 355 surveillance officers across Pakistan.
- PPEs have been provided for all Polio Lab staff and the field surveillance staff in all provinces for carrying out AFP surveillance activities where needed. 200 bottles of sanitizers, 1,000 boxes of gloves, 1,000 pieces each of N95 masks, surgical gowns and goggles have already been sent from Federal PEI to provinces and distributed in district on equitable basis.

9. OPERATIONAL SUPPORT AND LOGISTICS

PROCUREMENT AND SUPPLY:

Supplies to Health staff are managed either through the National Disaster Management Authority (NDMA) or provincial Health departments. Provincial Health departments have established procurement committees to supply PPEs to critical Health staff, while essential requirements are being supplied by NDMA, NIH, WHO, and MoNHSR&C.

At a time of critical demand at the beginning of the epidemic, the PEI at the federal level centrally procured relevant PPEs supplies and delivered to all field officers engaged for AFP/SARI surveillance activities.

PPE procurement by WHO	Delivered to field surveillance staff	New list to be procured
Surgical mask (single piece)	1,000 boxes	20,000 pieces
N95 Mask	1,000 pcs	8,000 units
Hand sanitizers 500 ml	1,000 bottles	1,000 bottles
Surgical Gowns (single piece)	1,000 pcs	3,000 pairs
Gloves examination large size (pairs)	500 boxes	20,000 pairs
Gloves examination medium size (pairs)	500 boxes	10,000 pairs
Goggles (single piece)	1,000 pcs	500 pcs

In addition, 30,470 hand sanitizers, 25,000 masks, and 10,000 gloves have been procured through UNICEF and partially distributed for use by CBV staff, ComNet, and data support centres to support their engagement in COVID-19 activities.

The following PPEs and disinfectants were also procured for the Regional Reference Polio Lab through WHO for infection prevention while processing both AFP and environmental samples.

Procurements for Polio Regional Lab/NIH	Delivered
N95 respirator, 3M™ Particulate Respirator 8210V, N95 Respiratory Protection, 80 masks per Pack	350 pcs
Nitrile Gloves, Powder-free, textured, Blue color, Large, Box of 100 gloves	200 boxes
Nalgene Polycarbonate face shield, Clear, 29.5 cm length, 20cm width, Box of 4	5 boxes
Lab Coat, Disposable, Medical Blue color, Standard collar type, knitted cuff style, Snaps closures, 3 pockets, Latex free, SMS material, Large (39 inches), pack of 10	250 units
Hand Sanitizer, Rinse free, Dettol, 200ml per bottle	50 bottles
Lifebuoy Liquid hand Wash, 200ml pump bottle	200 bottles
DuPont Tyvek 122S series Coveralls, Respirator fit, Zipper front, White, with attached boots, elastic, elastic cuff style, 5.3-5.7ft, Medium, Box of 25	50 units
DuPont Tyvek 122S series Coveralls, Respirator fit, Zipper front, White, with attached boots, elastic, elastic cuff style, 5.6-6.2 feet, Large, Case of 25	100 units
Hydrogen peroxide, Aseptic grade, 35% concentration, 1 Liter per pack	3 liters
Glycerol, ACS reagent, 99.5%, 1 liter per bottle	3 liters

LEVERAGING PEI SUPPLY CHAIN OR LOGISTICS:

The PEI supply chain and logistic system is being used for procurement and supplies of field surveillance PPE requirements. PEI reverse cold chain equipment are also being used. (i.e. Polio stool carriers, and vaccine carriers are being utilised in some instances for COVID-19 specimens in the provinces). Where necessary, the PEI has replaced these to the provinces for polio use in future, with 70 extra stool carriers supplied to Punjab. If supplementary immunisation activities resume, logistics supply chain will be further utilised for basic protection requirements of frontline workers.

پاکستان
انسداد
پولیو
پروگرام



PAKISTAN
POLIO
ERADICATION
PROGRAMME



www.endpolio.com.pk



[facebook.com/polioeradicationinitiative](https://www.facebook.com/polioeradicationinitiative)



[@PakFightsPolio](https://twitter.com/PakFightsPolio)



[@pakfightspolio](https://www.instagram.com/pakfightspolio)



https://www.youtube.com/channel/UCa5_WrBkHwAJ1xH2D0kyEA



+92 346 7776546

