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Polio Eradication in Afghanistan: Challenges and Solutions

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Dear editor-in-chief

Polio is a debilitating and contagious disease caused by the poliovirus. In 1988, the World Health Assembly approved a resolution to eliminate polio worldwide and established the Global Polio Eradication Initiative. Cases of wild poliovirus worldwide have declined by more than 99% since 1988. As of 2022, wild poliovirus type 1 remains endemic only in Pakistan and Afghanistan (1). Efforts to combat polio have been hindered due to prolonged conflicts, political instability, illiteracy, and poor socio-economic conditions in these countries.

Despite significant efforts and progress in the global fight against polio, Afghanistan continues to face challenges that impede the complete eradication of the disease. In 2023, six cases of wild poliovirus type 1 were detected in this country (2). The efforts mainly include door-to-door vaccination campaigns in 70% of the country and campaigns in mosques, health clinics, and other gathering places for the remaining areas (3). A major achievement in recent years is the establishment of a polio diagnostic lab center in Kabul (4). Despite these achievements, some challenges prevent the eradication of polio in Afghanistan. The most important threat to polio eradication is public skepticism and refusal, especially in the southeastern provinces, towards polio vaccination campaigns. People think that there are specific goals behind these campaigns, and with clever manipulations under the pretext of vaccination, the thoughts and views of the children of the future generation will change. Other main challenges include suboptimal campaign quality, cultural beliefs of Afghans, high movement of people across the Pakistan-Afghanistan border without polio vaccination, low immunization coverage in high-risk polio provinces in Khyber Pakhtunkhwa, challenging terrain, security concerns, systemic corruption, a lack of female workers, and a lack of safe drinking water and sanitary facilities (5). About 1.2 million children are born in Afghanistan every year (6). According to the culture of the people, these children are not taken out of the house for forty days. In addition, male vaccinators are not allowed to enter the house, so a large number of newborns remain unvaccinated.

To overcome these challenges, a range of strategies can be implemented. First, the community should be engaged in the process and can be educated through a partnership with religious leaders, community influencers, and local authorities dispel to misconceptions about the vaccine and underscore its vital role in protecting children from polio. Second, to improve the quality of vaccination campaigns, top-level and mid-level managers should be trained, as many left the country due to recent political changes. These managers will monitor the campaigns closely and address any logistical barriers. The local government and international partners should take corrective actions to minimize corruption by promoting transparency,

accountability, and oversight. Third, the polio surveillance and monitoring system should be established in underrepresented areas to quickly identify and respond to polio cases. In addition, routine immunization coverage should be enhanced in poliohigh-risk provinces. Fourth, we recommend the governments of Afghanistan and Pakistan foster crossborder collaboration and boost vaccination efforts to detect suspected cases of polio by implementing syndromic surveillance. Fifth, we encourage all involved stakeholders in polio eradication to hire female healthcare workers and to educate policymakers to make them committed to not politicizing health and medical issues. The local government should also implement security measures to safeguard healthcare workers in conflict-affected regions and collaborate with local authorities and communities to facilitate access to vaccination services.

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Competing interests

There is no competition between the interests of the authors.

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