

PL-ABL-506

**COLLABORATIVE PLANNING EXERCISE WITH WHO/AFRO  
IN SUPPORT OF IMMUNIZATION  
AND DISEASE CONTROL PROGRAMS IN AFRICA**

Brazzaville, Congo

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## ACRONYMS

AFR	Africa Region of the World Health Organization
BASICS	Basic Support for Institutionalizing Child Survival
CAR	Central African Republic
CDC	U.S. Centers for Disease Control and Prevention
CDD	Control of Diarrheal Diseases
EPI	Expanded Program on Immunization
FY	Fiscal Year
GPV	Global Programme for Vaccines and Immunization
ICC	Inter-agency Coordinating Committees
MLM	Mid-level Managers
MOH	Ministry of Health
MSF	Medicins sans Frontieres
NGO	Non-governmental Organization
TA	Technical Assistance
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USAID/G	USAID/Global Bureau
VSQ	Vaccine Supply and Quality
VVM	Vaccine Vial Monitor
WHO	World Health Organization
WHO/AFRO	WHO/Africa Regional Office
WHO/GPV	WHO/Global Programme for Vaccination
WHO/GVA	WHO/Geneva
WHO/HQ	WHO/Headquarters
WHO/WPRO	WHO/Western Pacific Regional Office

## **I. Executive Summary**

The purpose of the trip was to participate in a collaborative planning exercise with WHO/AFRO, USAID/G, and USAID/Africa Bureau staff to outline immunization activities to be undertaken collaboratively by BASICS and WHO/AFRO over the course of the next two years.

The Africa Bureau of USAID is providing a grant to WHO/AFRO to contribute to the reduction of child mortality, particularly in the areas of immunization and malaria. Similarly, the Africa Bureau has provided BASICS with funds designated for strengthening systems and capacity-building for immunization and disease control programs in Africa.

The timing of this visit to WHO/AFRO was opportune for a number of reasons. Under the able leadership of Drs. Barakamfitye and Okwo Bele, WHO/AFRO is rapidly assembling a strong team at the regional, sub-regional, and country levels. WHO/AFRO has developed a regional plan of action for EPI which was presented in November 1994 at a series of meetings for EPI managers, donors, and technical agencies in Cape Town. Furthermore, BASICS has recently completed an explicit work plan consisting of technical objectives and activities for the sustainability of immunization programs. Also, BASICS has hired a regional EPI specialist for West Africa with the support of designated funds from the USAID Africa Bureau.

The majority of the time in Brazzaville was spent in assisting WHO/AFRO to prepare a proposal for an EPI grant from the USAID Africa Bureau. The funds come from the Development Fund for Africa under an African disease control grant with an initial obligation of \$2 million in FY95 and \$5 million over the life of the project.

The draft proposal for the EPI grant from the USAID Africa Bureau to WHO/AFRO appears as Appendix 3. The proposal covers some of the funding gaps to support implementation of the ambitious regional plan of action, which WHO/AFRO prepared in 1994 and will formally submit to the 45th Session of the regional committee in September 1995.

Once the draft WHO/AFRO grant proposal is received and approved by the USAID Africa Bureau, it is expected that funds will be transferred to WHO/AFRO by July 1995. The duration of the first block of funds under the grant is two years. The amount of the grant is \$780,050 in Year 1 and \$535,950 in Year 2, as detailed at the end of Appendix 3. In addition, WHO's project support costs are 13 percent, for a total of \$1,487,080.

The stated purpose of the WHO/AFRO grant proposal to USAID Africa Bureau is to increase the effectiveness and sustainability of EPI in Africa by improving the regional and national capacity to plan, manage, monitor, and evaluate immunization programs. Specifically, the grant emphasizes the following: planning of national immunization programs; vaccine supply and quality assurance; training; and strengthening of logistics and cold chain systems.

While not intended to limit WHO/AFRO as to the countries which will benefit from the USAID Africa Bureau grant, it is recognized that those countries within Africa which have USAID missions, particularly those countries with BASICS involvement, will be given a general preference by WHO/AFRO in the expenditure of grant funds.

After the grant proposal was drafted, the remaining limited time was used to brainstorm with Dr. Okwo Bele about areas of technical assistance which BASICS could provide. Okwo views BASICS as a technical repository to strengthen EPI in general and to build national capacity in such areas as service delivery (e.g., reducing drop-out and missed opportunities), logistics and cold chain, and monitoring.

A "note for the record", that details objectives and activities for which BASICS is available to provide technical support to EPI in Africa over the next 24 months, was begun on the last afternoon in Brazzaville and appears in Appendix 11. As agreed with Okwo, the note for the record was subsequently reviewed and modified in Washington by concerned BASICS and USAID staff and will be provided to WHO/AFRO for additional input. BASICS will use a variety of funding mechanisms to provide technical support, principally the designated funds from the USAID Africa Bureau, but also funds available in the core contract and in "buy-ins" to BASICS from USAID missions.

The next step is for BASICS and USAID to agree on the contents of the note for the record (Appendix 11), especially in light of activities to be supported by the USAID grant to WHO/AFRO (Appendix 3.) BASICS will then finalize a detailed work plan with WHO/AFRO, so that activities are well-coordinated and strategically timed with WHO/AFRO and WHO/HQ.

## **II. Purpose of the Trip**

The purpose of the trip was to participate in a collaborative planning exercise with WHO/AFRO, USAID/G, and USAID/Africa Bureau staff to outline immunization activities to be undertaken collaboratively by BASICS and WHO/AFRO over the course of the next two years.

## **III. Background**

The Africa Bureau of USAID is providing a grant to WHO/AFRO to contribute to the reduction of child mortality, particularly through activities in the areas of immunization and malaria control. Last year, the Africa Bureau provided WHO/AFRO with a grant to conduct disease surveillance workshops related to vaccine-preventable diseases. Similarly, the Africa Bureau has provided BASICS with funds designated for strengthening systems and capacity-building for immunization and disease control programs in Africa.

The USAID Africa Bureau has been providing grants to individual UNICEF countries in Africa for each of the past two years. (See Appendix 1 for a list of countries and amounts of the awards.) To a large extent, these funds have helped UNICEF to meet short-term gaps in commodities for the respective EPIs in these countries. It has been the USAID Africa Bureau's hope that EPI technical assistance from BASICS could be made available to complement UNICEF efforts in Africa in connection with the implementation of these grants.

However, the pace of utilizing BASICS TA on EPI has been slow. The timing of this visit to WHO/AFRO was opportune for a number of reasons. WHO/AFRO has developed a regional plan of action for EPI which was presented in November 1994 at a series of meetings in Cape Town for EPI managers, donors, and technical agencies. BASICS has recently completed an explicit work plan consisting of technical objectives and activities for the sustainability of immunization programs. And BASICS has hired a regional EPI specialist for West Africa with the support of designated funds from the USAID Africa Bureau.

#### **IV. Trip Activities and Methodology**

Together with Hope Sukin (Africa Bureau), who was present for the entire week, and Al Bartlett (Global Bureau), who was present for the first two days, the writer consulted with Dr. Okwo Bele and his staff at WHO/AFRO. (A list of persons contacted appears in Appendix 2.) The majority of the time was spent in assisting WHO/AFRO to prepare a proposal for an EPI grant from the USAID Africa Bureau. After the grant proposal was drafted, the remaining limited time was used to brainstorm with Okwo about areas of technical assistance which BASICS could provide.

WHO/AFRO had assembled some key documents in a very useful briefing folder for the visitors. This folder consisted of:

- Report of the first meeting of the Africa Regional Interagency Coordination Committee, 18 November 1994, Cape Town.
- Second meeting of the Task Force on Immunization in Africa, Cape Town, South Africa, November 17-18, 1994: Meeting final report.
- A one-page fax from Hope Sukin to Dr. Barakamfitye dated January 3, 1995 on the programming meeting in Brazzaville in February.
- A memo from Dr. Barakamfitye to Hope Sukin, dated September 21, 1994 summarizing use of an Africa Bureau grant for training in disease surveillance and control.
- Report entitled "Attendance at the EPI Meetings Held in Cape Town from 14-18/11/95" (sic: 1994).

- AFRO needs for training and personnel
- EPI Work Plan 1995: meetings and training courses
- Annual WHO/AFRO Programme Budget for Technical Cooperation with Countries
- Training priorities
- Logistic training strategy for Africa
- EPI in the African Region in the 1990s: Situation Analysis and Plan of Action

## **V. Findings**

The draft proposal for an EPI grant from the USAID Africa Bureau appears as Appendix 3. The proposal covers some of the funding gaps to support implementation of the ambitious technical plan of action, which WHO/AFRO prepared in 1994 and which will be formally submitted to the 45th session of the regional committee in September 1995.

Prior to this visit to Brazzaville, WHO/AFRO had outlined its needs for training and personnel, when it had been assumed that the level of funding from the USAID grant would be higher. This is provided only for historical purposes as Appendix 4, but has been superseded by the budget which appears at the end of Appendix 3. The unmet needs which had been identified by WHO/AFRO in the regional plan of action appear in Appendix 5.

Appendix 6 contains the activity data sheet, prepared by the USAID Africa Bureau for the Development Fund for Africa. It outlines the nature of the grant for African disease control with an initial obligation of \$2 million in FY95 and \$5 million over the five year life of the project. Because of the existence of these funds, the detailed grant proposal was drafted (Appendix 3.) Once the draft WHO/AFRO grant proposal is received and approved by the USAID Africa Bureau, it is expected that funds will be transferred to WHO/AFRO by July 1995. The duration of the first block of funds under the grant is two years.

The stated purpose of the WHO/AFRO grant proposal to USAID Africa Bureau is to increase the effectiveness and sustainability of EPI in Africa by improving the regional and national capacity to plan, manage, monitor, and evaluate immunization programs. Specifically, the grant emphasizes the following areas: planning of national immunization programs; vaccine supply and quality assurance; training; and strengthening of logistics and cold chain systems. A summary of the draft grant proposal, which appears in its entirety in Appendix 3, indicates the following principal areas of support:

### 1) planning of national immunization programs

The grant will support TA (salary, per diem, and travel) for the development by WHO/AFRO and MOHs of national five-year immunization plans in twenty countries, which will serve as blueprints to guide governments, partner agencies, and NGOs in their support for EPI. A standardized model format and methodology for the plan of action will be developed and field tested. It is expected that inter-agency coordination committees (ICCs) will be established in each country.

### 2) vaccine supply and quality assurance

The grant will support TA (salary, per diem, and travel) for twelve countries in the areas of vaccine demand forecasting, sustainable financing and procurement strategies, management of vaccine supply and distribution, and quality control to ensure administration of safe and potent vaccine.

### 3) training

The grant will cover costs for conducting a large number of training courses, including:

- EPI national program managers training: One course for anglophone countries to be held in Tanzania in September 1995, and one for francophone countries somewhere in West Africa in November 1995.
- EPI national managers meetings: Each year one anglophone and one francophone meeting will be funded. The meetings will be held immediately after the EPI managers training at the same venue.
- EPI mid-level managers training: These courses will be conducted in Niger, Ethiopia, Eritrea, and Rwanda.
  - Logistics/repair courses: Twenty-five courses intended for district-level officers will be conducted.
  - Senior level logistics workshops: One anglophone course covering 12 countries will be offered in the first year of the grant and one francophone course covering another 12 countries in the second year.
  - Inter-country exchanges of management experience: The grant will finance informal exchanges of three to five days every six months for each

of five groups of countries, with each grouping consisting of three neighboring countries.

4) strengthening logistics and cold chain systems

The grant will finance discrete logistics and cold chain activities, as well as the salary, per diem, and travel expenses of one long-term operations officer (logistics) assigned to WHO/AFRO for one year, including:

- assessment of cold chain needs: The grant will finance assessments in ten countries including Benin, Burkina Faso, Burundi, Chad, Eritrea, Ethiopia, Guinea, Niger, Uganda and Zambia.
- introduction of commodities and logistics management: Newly-developed software will be introduced into three countries.

The amount of the grant is \$780,050 in Year 1 and \$535,950 in Year 2, as detailed at the end of Appendix 3. In addition, WHO's project support costs are 13percent, making a grand total of \$1,487,080.

While not intended to limit WHO/AFRO as to the countries which will benefit from the USAID Africa Bureau grant, it is recognized that those countries within Africa which have USAID missions, particularly those countries with BASICS involvement (see Appendix 7), will be given a general preference by WHO/AFRO in the expenditure of grant funds.

Staffing

Under the able leadership of Drs. Barakamfitiye and Okwo Bele, WHO/AFRO is rapidly assembling a strong team at the regional, sub-regional, and country levels. The present EPI staffing pattern and future plan for staffing within AFR, including the name of the incumbent, source and duration of funding, and duty station are shown in Appendix 8.

An information officer and a VSQ (vaccine supply and quality) officer have recently been assigned to Brazzaville. New inter-country epidemiologists have been recruited and will shortly take up assignments in the Western (Dr. Tapsoba) and Eastern (Dr. Klaucke) epidemiological blocks, as well as in the country program in Ethiopia (Dr. Moriniere.) Several regional and inter-country positions are under recruitment at present.

A network of twenty national officers is being created with Rotary funding. In southern and eastern Africa, these officers will concentrate on surveillance activities, while in western and central Africa, they will concentrate on general EPI strengthening. These officers are expected to serve as focal points between the MOH and external agencies.

Given the importance of sub-regional EPI technical meetings and training courses, WHO/AFRO expects to augment its staff with an administrative officer provided by CDC. This person would free up the time of the other members of the EPI unit to focus on technical consultation, planning and strategy development.

The vaccine supply and quality control officer will be funded for two years by the USAID Africa Bureau grant. The scope of work for this position is attached as Appendix 9. It is expected that the incumbent will create a network of regional and national expertise in vaccine demand forecasting, supply, local production, and quality control.

A post for a logistics officer, presently funded with extra-budgetary support from Geneva, will be created within the region for twelve months starting from July 1995, once funds from the USAID grant are transferred to WHO/AFRO. In the second year of the grant, it is expected that this position will be funded from the WHO regular budget. Okwo prefers that the EPI grant not be used to cover a network of cold chain officers assigned at the epidemiological block level, as had been previously discussed in Cape Town. This option was considered too expensive, necessitating administrative, secretarial, and transport support. Instead, Okwo prefers to develop a cadre of African consultants who can be called upon to provide periodic technical support.

In addition to WHO/AFRO staff, BASICS also has staff with strong EPI skills and responsibilities in the region. Dr. Mutombo wa Mutombo is based in Dakar and serves as the EPI and child survival specialist for West Africa. His position description appears in Appendix 10. BASICS also has country programs with field staff experienced in EPI, particularly in Nigeria (Ayodele) and Madagascar (Dr. Mary Carnell.) Okwo views BASICS as a technical repository to strengthen EPI in general and build national capacity in such areas as service delivery (e.g., reducing drop-out and missed opportunities), logistics and cold chain, and monitoring.

#### Areas for BASICS technical support

Okwo recognizes that BASICS has a potentially valuable programmatic role to play in strengthening capacity and building routine immunization systems. Okwo and his staff are the first to acknowledge that the adoption of multiple epidemiologically-driven disease control/elimination/eradication targets in the past few years must not distract the EPI from attending to the fundamental need to sustain, and in some countries to create, effective immunization programs.

The Africa Bureau of USAID/W has provided the core BASICS contract with designated funds for strengthening EPI in Africa. At the EPI meeting in Cape Town in November 1994, it was agreed that USAID and BASICS would work with WHO/AFRO to develop a work plan identifying regional needs for staffing, technical assistance, and training to support the implementation of the WHO/AFRO EPI plan of action.

A note for the record (see Appendix 11), that details areas in which BASICS is available to provide technical support to EPI in Africa over the next 24 months, was begun on the last afternoon in Brazzaville. As agreed with Okwo, the note for the record has been substantially reviewed and modified in Washington by concerned BASICS and USAID staff and will be faxed to WHO/AFRO for comments. BASICS will use a variety of funding mechanisms to provide technical support, principally the designated funds from the USAID Africa Bureau, but also funds available in the core contract and in "buy-ins" to BASICS from USAID missions.

#### Operating Procedures and Coordination

It was mutually agreed that once the grant is approved and broad areas of technical support from BASICS have been identified, BASICS and WHO/AFRO will establish direct, frequent, and open communications channels to enable flexible and responsive programming, keeping the relevant USAID bureaus informed of progress.

### **VI. Conclusions and Recommendations**

The timing of this visit to WHO/AFRO was opportune for a number of reasons. Under the able leadership of Drs. Barakamfitye and Okwo Bele, WHO/AFRO is rapidly assembling a strong team at the regional, sub-regional, and country levels. WHO/AFRO has developed a regional plan of action for EPI which was presented in November 1994 at a series of meetings in Cape Town for EPI managers, donors, and technical agencies. Furthermore, BASICS has recently completed an explicit work plan consisting of technical objectives and activities for the sustainability of immunization programs. And BASICS has hired a regional EPI specialist for West Africa with the support of designated funds from the USAID Africa Bureau.

The stated purpose of the draft WHO/AFRO grant proposal to USAID Africa Bureau is to increase the effectiveness and sustainability of EPI in Africa by improving the regional and national capacity to plan, manage, monitor, and evaluate immunization programs. Specifically, the grant emphasizes: the planning of national immunization programs; vaccine supply and quality assurance; training; and strengthening of logistics and cold chain systems.

Dr. Okwo Bele views BASICS as a technical repository to strengthen EPI in general and build national capacity in such areas as service delivery (e.g., reducing drop-out and missed opportunities), logistics and cold chain, and monitoring. A note for the record that details objectives and activities for which BASICS is available to provide technical support to EPI in Africa over the next 24 months, was begun on the last afternoon in Brazzaville. It was subsequently reviewed and modified in Washington by concerned BASICS and USAID staff, and will be provided to WHO/AFRO for additional input. BASICS will use a variety of funding mechanisms to provide technical support, principally the designated funds from the USAID Africa Bureau, but also funds available in the core contract and in "buy-ins" to BASICS from USAID missions.

The next step is for BASICS and USAID to agree on the contents of the note for the record, especially in light of activities to be supported by the USAID grant to WHO/AFRO (Appendix 3). BASICS will then finalize a detailed work plan with WHO/AFRO, so that activities are well-coordinated and strategically timed with WHO/AFRO and WHO/HQ.

## **VII. Follow-up Actions**

1. The first step is for BASICS and USAID to agree to the contents of Appendix 11, especially in light of activities to be supported by the USAID grant to WHO/AFRO (Appendix 3). BASICS will then inform WHO/AFRO and WHO/HQ about technical areas of interest to the project (Appendix 11), so that activities are well-coordinated with WHO/AFRO and strategically timed. Ms. Rebecca Fields will travel to Brazzaville in April to pinpoint more precisely the upcoming technical activities in which BASICS will play a role.
2. As BASICS will provide extensive technical support to immunization programs in Africa, the role and responsibilities of the BASICS EPI and child survival specialist for West Africa, Dr. Mutombo wa Mutombo, will need to be reviewed by the project. Similarly, the respective roles of other BASICS staff at regional and headquarters levels will need to be defined and channels of communication and supportive supervision delineated. The concentrated efforts of Dr. Mutombo will be essential to develop a role for BASICS in EPI within existing BASICS-emphasis countries in West Africa, so that BASICS child survival projects are well-rounded and appropriate to the public health needs.
3. As soon as possible, BASICS staff should provide Hope Sukin or Mary Harvey at USAID Africa Bureau with comments on the draft grant proposal for their consideration and negotiation with WHO/AFRO, before WHO/AFRO submits the proposal. Statements on reporting requirements, annual review and update of the grant work plan, and mid-term evaluation are still needed. A small line item for local costs for rapid assessments of the safety of injection and disposal practices should be added, in case local UNICEF offices, for example, prove unwilling to underwrite these expenses. Since the visit to Brazzaville, WHO/HQ has sent a request to BASICS for \$75,000 to translate into French and print 1,000 sets of the "Manual for Instructors of Primary Health Care Workers to Strengthen the Teaching of Immunization Services in Basic Training Programmes." The USAID Africa Bureau will need to decide whether to increase the grant budget to support this. Funds should be included in the grant to support the travel of Okwo to Washington on one occasion during the first two years.
4. BASICS advises the USAID Africa Bureau to request that UNICEF, as part of the approval process for future USAID grants, should cover the local costs of cold chain assessments in selected countries and that these assessments should be completed in collaboration with WHO/AFRO (with or without BASICS involvement, as the case may

be.) Similarly, the USAID Africa Bureau should consider requesting that UNICEF utilize a portion of future grant funds to underwrite local costs to assess the safety of injection and disposal practices in selected countries.

5. The USAID Africa and Global bureaus should take the lead in approaching the World Bank, which increasingly has funds to invest in the hardware aspects of EPI. Before BASICS is involved in any cold chain assessments, a joint USAID/UNICEF/WHO team should make a special effort to mobilize possible resources by generating interest at the World Bank in the process, needs, and findings of the assessment.
6. BASICS has been requested to provide a consultant specialist in costing for the EPI review in Ethiopia, scheduled for October 5-27, 1995. The author will contact USAID/Addis Ababa and James Cheyne in WHO/GVA to clear the participation of Carl Hasselblad, who is acceptable to WHO/AFRO as a member of the review team, in addition to a costing consultant. BASICS will also coordinate with WHO/HQ and WHO/AFRO on the previously identified role for BASICS in drafting instruments for the review.
7. BASICS will confirm with WHO/HQ and WHO/AFRO that the agenda for the regional meeting of cold chain consultants in Accra in March 1995 will include sufficient time to present the assessment protocol on the safety of injection and disposal practices and the approach needed to develop national plans. Rebecca Fields will also confirm that these participating cold chain/logistics consultants will be expected to include the injection practices assessment and plan development on their upcoming cold chain assessments. As mentioned above, Rebecca will visit Brazzaville to plan in greater detail for BASICS future involvement in many of the activities discussed in this report. Rebecca will also locate a former Kenya EPI staff member to determine his suitability and availability to attend the Accra course. BASICS will propose that its designated funds be used to support Rebecca's travel and that of the Kenyan cold chain consultant.
8. BASICS will explore with the USAID Africa Bureau and UNICEF the possibility of involving MSF to prepare for an anticipated measles epidemic in Niger. This needs to be done as soon as possible, as there is a strong possibility that the epidemic could begin in the next few months.
9. Close coordination among USAID Africa and Global bureaus, WHO/AFRO, and BASICS will be needed to track progress in transferring grant funds (current target date: July 1995.) Since activities using these funds cannot otherwise be initiated, WHO/AFRO and BASICS need to time certain activities carefully.
10. Closer coordination should be maintained by headquarters staff of USAID, UNICEF, and BASICS to avoid missed opportunities for advocacy and training. For example, the writer learned from WHO/AFRO that UNICEF country health officers responsible for EPI, CDD, and dracunculiasis eradication within the region will be meeting in the CAR the

week of March 13. Neither WHO/AFRO nor BASICS will be involved in this training program.

11. The USAID Africa Bureau is aware of groups of facilitators in several countries who are skilled in designing and organizing country and regional meetings and courses. The names of these firms and individuals should be shared with WHO/AFRO and BASICS, who expressed interest in utilizing the grant to procure these services for selected meetings, especially since it is anticipated that EPI meetings in the future will be more challenging to design. These meetings will stress core training less and place more emphasis on creative exchanges of experience, common problem-solving, and development of country action plans.
12. BASICS will communicate with WHO/HQ and WHO/WPRO to get examples of the latest protocols which have been developed for conducting cold chain and logistics assessments.
13. BASICS will assemble a roster of available consultants with experience and expertise in the identified areas.

## **APPENDICES**

## **APPENDIX 1**

## Appendix 1

### COUNTRIES WHERE UNICEF RECEIVED USAID/AFRICA BUREAU GRANTS

First Tranche		Second Tranche	
<u>country</u>	<u>amount (\$)</u>	<u>country</u>	<u>amount (\$)</u>
Burundi	1,000,000	Tanzania	1,236,000
Cameroon	540,000	Ethiopia	1,265,000
CAR	1,117,000	Uganda	933,000
Chad	1,060,000	Guinea	700,000
Mali	1,110,000	Ghana	997,000
Niger	1,060,000	Chad	689,000
Zambia	1,113,000	Benin	700,000
	<hr/>	Namibia	827,000
	\$7,000,000	Mali	424,000
		Burkina Faso	793,000
		Malawi	909,000
		Headquarters	528,000
			<hr/>
			\$10,000,000

**APPENDIX 2**

## **Appendix 2**

### **PERSONS CONTACTED**

D. Barakamfitye, Director, Disease Prevention and Control, WHO/AFRO, Brazzaville

Okwo Bele, Regional Advisor, EPI, WHO/AFRO, Brazzaville

Andrei Lobanov, Medical Officer, EPI, WHO/AFRO, Brazzaville

Mpayamaguru Musoni, Technical Officer, EPI, WHO/AFRO, Brazzaville

Keith Shaba, Technical Officer (HIS), EPI, WHO/AFRO, Brazzaville

Donald Miller, Budget and Finance, WHO/AFRO, Brazzaville

Dennis Carroll, USAID/Global Bureau, Washington

John Paul Clark, USAID/Africa Bureau, Washington

## **APPENDIX 3**

DRAFT

## Africa Regional Disease Prevention and Control

### Background

The 1993 World Bank Development Report on Health identifies immunization as one of the most cost-effective public health interventions for reducing child mortality. Since vaccine-preventable diseases have been a major contributor to high child mortality in Africa, EPI remains one of the most important primary health care interventions for reducing under-five mortality in the region.

Significant progress was made in the the 1980s by national immunization programs in Africa resulting in substantial reductions in the incidence of vaccine preventable diseases and related mortality. However, declines in vaccination coverage have been documented in the 1990s in approximately 21 African countries. Reasons for this trend include civil unrest in a number of countries, increasing country financial constraints, changing donor priorities accompanied by decreasing budgetary resources for EPI, and overall poor program management and implementation.

In November 1994, the WHO Regional Office for Africa (AFRO), presented a report entitled EPI in the Africa Region in the 1990s Situation Analysis and Plan of Action to the Africa Regional Task Force on EPI- meeting in Cape Town, South Africa. This report presents a detailed analysis of the current situation in Africa and outlines principle strategies for increasing vaccination coverage and EPI sustainability throughout the region. These strategies include:

"renewed commitment at all levels among national authorities and partner agencies to ensure sustainability of national immunization programmes and to develop technically and programmatically sound 5-year national plans of action to meet the EPI targets of the 1990s including budgets specifying unmet resource requirements and annual work plans;

delivery of safe, potent vaccines to the appropriate target population using effective immunization strategies, both routine and supplemental to achieve the disease control, elimination and eradication targets;

development of high quality surveillance for vaccine preventable diseases followed by appropriate response measures to permit effective control/eradication of disease."

immunization coverage rates and improved disease surveillance control activities. For some of these diseases, the ultimate goal of disease eradication (poliomyelitis), elimination (neonatal tetanus) or control (measles and yellow fever), is being pursued and is likely to be achieved in most countries within the next few years.

#### B. Purpose

To increase the effectiveness and sustainability of EPI in Africa by improving regional and national capacity to plan, manage, monitor and evaluate immunization programs.

#### C. Grant Components:

The components of the project are as follows:

1. - Planning of national immunization program

The level of funding for EPI has been reduced substantially during the recent years, as compared to the eighties, resulting in faltered logistics and decreasing immunization coverage rates. UNICEF has provided most of the resources required for the support of EPI in Africa, but the organization has now reduced its own contribution to shift its priorities and competing health problems to address. There remains a cost-effective intervention that may attract other donors' interest, especially if information on the needs is presented in a systematic way. Investments will follow a planning process that carefully identifies the funding gaps and proposes a well thought vision for the expansion of a sustainable programme.

Most national immunization programs in Africa do not have updated strategic action plans that would provide the information necessary for its support. It is rather common to get plans developed by the agencies (in general UNICEF, but also DANIDA, SCF, etc.) most involved in the support of the programme. These plans have limited interest, as far as the national programme is concerned, as they have been developed to respond to the respective agencies' specific needs.

This project grant is aimed at providing assistance to national health authorities (in twenty countries) who will update or develop technically sound and realistic national year plans of action to reach the EPI targets, which include a budget specifying unmet resource requirements, and an annual work plan.

With such action plans, it is expected that Government partner agencies and NGOs collaborating with EPI will mobilize

the necessary national and external resources to improve the management of the program in order to reach the EPI targets. They will also develop the appropriate structures, networks and mechanisms to ensure coordination and programme sustainability.

Working under the direction of the appropriate national health authorities, National Inter-agency Coordination Committees (ICCs) or their equivalents will be established or activated in all Member States.

The ICCs will

- participate in the planning, coordinating, monitoring, evaluating and modifying of EPI strategies;
- mobilize the necessary resources;
- coordinate donor support;

#### Implementation - Planning section

The project will provide support for the development of national immunization plans in twenty countries. A standardized model format for the plan of action and the method of work will be developed and field tested. Then, a few EPI officers and consultants will receive the necessary briefing for conducting such work in the countries. The planning process at the country level will request a few number of visits (possibly three to four) to collect the necessary information and prepare the plan, have it discussed and endorsed by partners and some follow-up visits. It is estimated that 80 person-weeks will be required by the AFRO staff, consultants and experts from agencies such as BASICS. Travel cost is estimated at \$48,000, per diem at \$188,000 and salary (only for consultants) at \$60,000, for a total of 94,000 each year.

#### 2. - Vaccine Supply and Quality assurance

During the 1980s, Member States enjoyed adequate provision of high quality vaccines to meet the needs of their immunization programs from international and bilateral agencies and NGOs. Thus, when donor support contracted in the 1990s, vaccine procurement and supply problems immediately emerged.

As of now, eight African governments (Benin, Burkina Faso, Burundi, Cameroon, Gabon, Kenya, Swaziland, and Tanzania) have allocated their national budgets to finance partially the vaccines needed for their national programmes and five countries are almost self-sufficient (Botswana, Cote d'Ivoire, Nigeria, South Africa, Zimbabwe).

In October 1994, UNICEF announced a new support strategy national immunization programmes, including the introduction of additional vaccines. This strategy prioritizes support based on need which is defined by population, GNP/capita GNP, and divides countries into four categories based on these factors. Under this strategy, it appears that most African countries will still be donor dependent for the acquisition of the vaccines they need.

The grant is intended to support all efforts to establish networks of expertise in the Region related to vaccine demand forecasting, financing, procurement, supply, and quality control, including the establishment of National Control Authorities in each Member State.

The WHO Africa Regional Office in close collaboration with UNICEF will also provide the needed technical assistance to countries in the area of:

- demand forecasting of national vaccine needs;
- development of appropriate and sustainable financing and procurement strategies;
- management of vaccine supply and distribution;
- ensuring administration of safe and potent vaccine.

#### Implementation

The project will provide funds for the recruitment of an officer to be based in AFRO who will coordinate the support of the development of country plans for vaccine procurement. For a two-year position, the amount needed is USD 200,000. The grant will also provide funds for field visits in 12 countries during two years period. Funds needed to cover these country missions are USD 20,000 each year. In addition, some additional funds (8,000 each year) may be needed for possible extra travels and local costs.

### 3. TRAINING

To foster the achievement of the objectives of the USAID grant for the WHO/AFRO EPI, a number of training activities have been planned at both regional and national levels.

#### A. REGIONAL-LEVEL

##### 1. EPI Program Manager's Training:

This course is intended to upgrade the technical and management skills of national EPI managers and national training coordinators. The course will cover various technical and programmatic components of an immunization program, including strategies for increasing coverage, improving quality of services, and disease control.

The current USAID grant will support two EPI Managers' courses, one for English-speaking countries scheduled to be held in Arusha, Tanzania (Sept. 1995) and one for french-speaking countries to be held in Dakar, Senegal or Lome Togo (Nov. 1995). For efficient resource and time management, each course will be held the week immediately preceding the national EPI program manager's meeting. The training will be facilitated by 2 regional/external consultants and 2 WHO/AFRO staff.

## 2. National EPI Managers' Meeting

The National EPI Program Managers' meeting is an annual event that provides EPI Managers the opportunity to share programmatic experiences, constraints/solutions and to review/revise their annual plan of action. Recent developments in providing efficient and efficacious vaccines are also shared during this meeting.

### Implementation

As stated earlier, this meeting will be held immediately after the EPI Program Managers' training course. The meeting will take the form of limited plenary sessions and more time spent in small working groups. It is anticipated that the working groups will provide participants adequate time for exchange of experiences and discussion. Two such meetings (1 for francophone and 1 for anglophone countries) are scheduled annually under this grant.

## B. National-level

### 1. Mid-level Managers' Course

This course will be funded for each of four countries (Eritrea, Ethiopia, Rwanda and Niger) under this grant. The course is intended to strengthen the technical and management capabilities of provincial/district level EPI managers.

It is anticipated that one international consultant from the region will assist local facilitators in the planning and implementation of each course.

### 2. LOGISTIC/MINOR REPAIR COURSE

This course will upgrade the skills of participants in the repair and maintenance of cold chain (e.g. refrigerator, steam sterilizer) and transportation (motor cycle) equipment. There will be conducted at the district level (one participant per district) in the countries cold chain and logistic assessment has been completed.

It is anticipated that 25 such courses will be supported under the grant. The course will be facilitated in-country consultant with additional external technical assistance.

### 3. Inter-Country Exchange of Management Experiences

Throughout the Region, there are natural groupings of neighboring countries facing similar constraints in managing their immunization and disease control programs. One country may have creatively solved a common problem concerning timely release of budget. Another may have developed a simple set of performance indicators which are used for advocacy with district governors in the new decentralized system. These successful experiences need to be shared on a more informal, intimate and regular basis than is possible in larger EPI Meetings.

The GRANT will finance informal exchanges every six months for each of five groups of countries, with each grouping consisting of three neighboring countries. A small honorarium, travel and per diem will be covered for up to five days per exchange for the three managers, including local costs for field visits. WHO/AFRO international country and Regional staff will assist in developing the agenda and participate in the exchange as much as possible.

Costs will be \$25,000 per year.

### 4. Strengthening Logistics And Cold Chain Systems

#### Rationale:

In the push to achieve UCI by 1990, many countries in Africa received large quantities of cold chain equipment from UNICEF and other donors to extend the cold chain and expand availability of immunization services. Much of this material will need to be replaced over the coming few years with equipment which is carefully specified, so as to meet the needs of a changing EPI and conform to changing environmental requirements.

Since the start-up of EPI, WHO has been particularly active in developing training materials and conducting training courses in vaccine logistics, managing the cold chain, and repair and maintenance. Innovations and technological breakthroughs have been developed but are not yet widely used.

The areas of cold chain and logistics still form the backbone of an effective immunization and disease control program. However, renewed attention in these areas is required for a variety of reasons:

- routine staff turn-over necessitates in-service a

refresher training

- new tools and technologies have been developed which require widespread introduction (such as vaccine vial monitors and injection devices)

- new procedures, mechanisms and management tools have been developed for improved vaccine forecasting, procurement, and stock control.

Activities which will be funded under the grant include the following:

1. Assignment of an Operations Officer for Cold Chain and Logistics

As funding for this current extra-budgetary post will lapse in the summer of 1995, WHO/AFRO will use the grant to hire an Operations Officer for two years. The Officer will be posted at a sub-regional level. The grant will cover a salary of \$70,000 in the first year only. Other funds will be utilized for the second year. The Grant will cover \$40,000 in travel and per diem of the Operations Officer for each of the two years. Responsibilities will include: conducting cold chain needs assessments, introducing improvements in cold chain, logistics and transport management practices, conducting training courses, etc. Once the funds are provided, WHO/AFRO intends to convert this post into a regular budget position.

2. Assessment of Cold Chain Needs

Cold chain needs in a total of 10 countries will be assessed by the Operations Officer, existing WHO/AFRO cold chain staff stationed at the Regional Office, and by newly-recruited cold chain consultants from within the Region. The assessments will be coordinated closely with potential donor agencies. Countries which will be targeted for early assessments include: Benin, Burkina Faso, Burundi, Chad, Eritrea, Ethiopia, Guinea, Niger, Uganda, and Zambia. Additional to support of the Operations Officer, the Grant will cover salaries, travel, per diem and field costs of cold chain consultants in the amount of \$66,500 each year for the two years.

3. Conduct Senior Level Logistics Workshops

Two Senior Level Logistics Workshops will be conducted. An Anglophone course will be conducted in the first year of the grant, and a Francophone one in the second year. Two cold chain staff from each of 12 countries will participate in each course. Each year \$60,000 will be required to cover costs of travel and per diems for the participants, and associated costs for the course.

#### 4. Cold Chain Consultancies

A pool of cold chain consultants will be identified and trained from within the Region. After the Senior Level Logistics Workshop (above), these funds will cover the travel, per diem, and salaries of cold chain consultants to visit up to five countries per year for 10 days per visit. Costs per year under the Grant will amount to \$20,000.

#### 5. Introduction of Commodities and Logistics Management

Newly-developed software will be introduced into three countries during the course of the Grant. A total of \$6150 is budgeted to cover per diem and travel of existing staff to permit a single trip per country. Additional external technical assistance may be required from other sources.

## LOGFRAME

**Goal:** Contribute to the reduction of morbidity and child mortality in Africa due to vaccine-preventable diseases.

**Indicator:**

Declining regional trends in vaccine-preventable diseases;

Reduction in child mortality

**Purpose:** To increase the effectiveness and sustainability of EPI in Africa by increasing regional and national capacity to plan, manage, monitor and evaluate immunization programs.

**Indicator:**

Reduced drop-out rates in target countries,  
eg. (DPT 1 -DPT 3);

Increased national and donor resources for EPI;

Decreased vaccine wastage;

Increased Number and Utilization of African Technical  
Expertise in region;

Policies and systems in place and functioning to  
improve quality of EPI services

**Outputs:**

PLANNING

1. Increased EPI planning capacity at the national level

**Indicators:**

Twenty national five-year action plans developed with  
EPI resource requirements identified;

Annual Work Plans and Budgets in all countries  
reviewed and revised;

2. Improved donor and government coordination and commitment to  
EPI;

**Indicators:**

Increased resource mobilization at the country and  
regional level for EPI;

ICCs functioning in twenty countries

## HUMAN RESOURCE DEVELOPMENT/TRAINING

### 1. Increased capacity to manage EPI at country level

#### Indicators:

Twenty national EPI Managers trained;

Provincial/ District level EPI managers trained in  
countries;

EPI training plans developed in 20 countries;

Actions taken in target countries to improve  
management information systems, logistics, cold  
chain, supply forecasting, etc.

### 2. Develop and utilize a cadre of trained African experts planning, logistics and management

#### Indicator:

Twenty countries visited by African planning,  
logistics, management experts

## LOGISTICS/ COLD CHAIN

### Increased effectiveness of logistics/cold chain systems at the national level

#### Indicators:

Logistics/cold chain systems improvements  
demonstrated in 50% (10) target countries;  
Eg. policies developed, vaccine wastage  
reduced, etc.

Systems in place for monitoring logistics/cold  
chain improvements in 20 countries;

48 Logistics Officers trained from 24 countries;

Provincial/district level logistics officers  
trained in 4 countries for refrigerator repair;

## INJECTION SAFETY

### Increased injection safety policies and practices adopted in target countries;

#### Indicators:

Developed and/or revised policies in 20 countries;

Assessments of practices in 20 countries;

Demonstrated improvements in target countries.

VACCINE SUPPLY AND QUALITY

Develop regional and national capacity to forecast vaccine supply requirements

Indicator:

Vaccine supply plans completed in target countries

## PROJECT SUMMARY

Project purpose: To increase the effectiveness and sustainability of EPI in Africa by increasing regional and national capacity plan, manage, monitor and evaluate immunization programs.

Indicators:

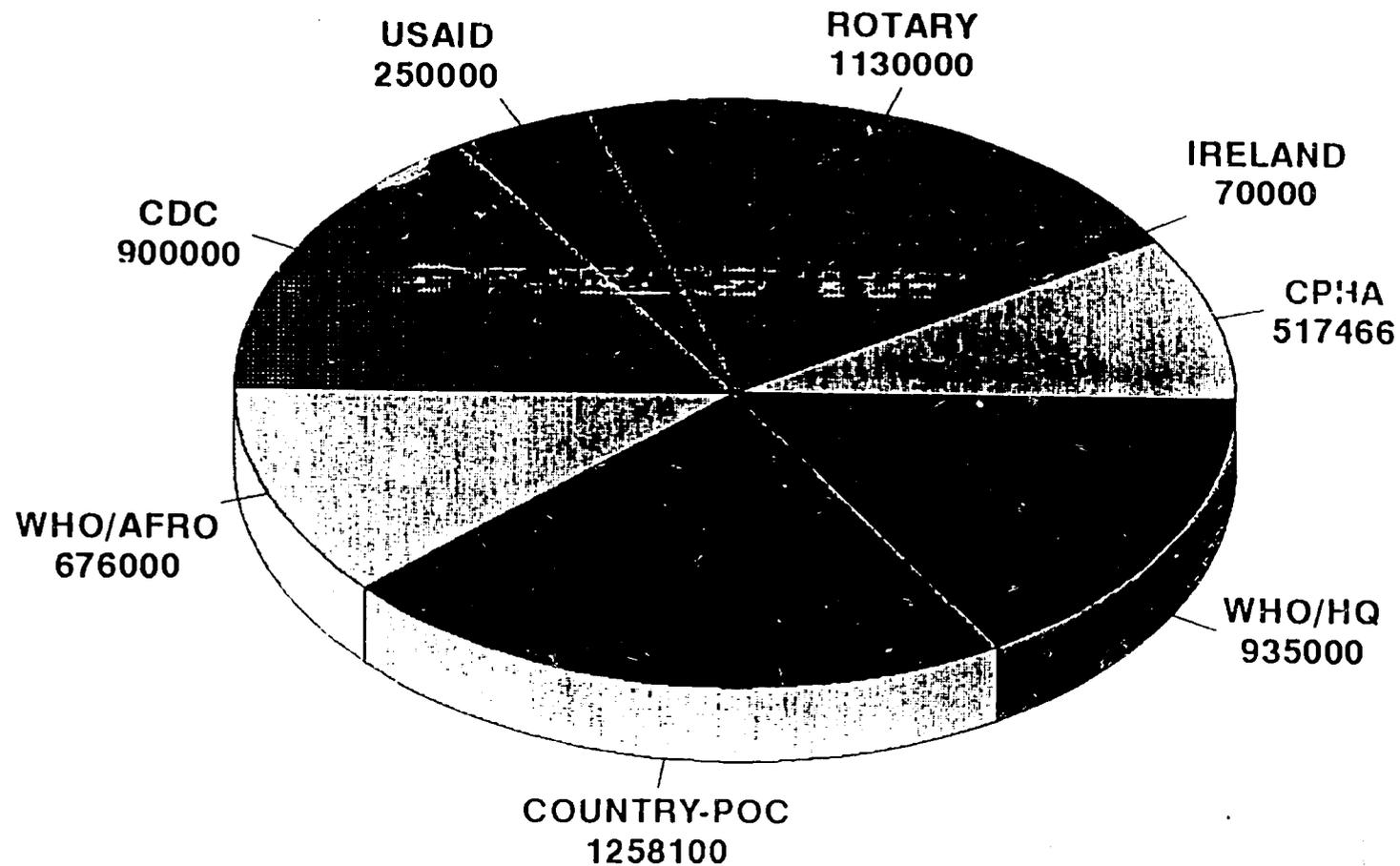
- Increased number and utilization of trained African Technical Assistance
- Increased national and donor resources for EPI
- Decreased DPT1-3 drop out rates
- Decreased vaccine wastage

Areas of action	Activities/Expected outcomes	Year one	Year two
PLANNING NATIONAL EPI	- 20 strategic five year action plans prepared with resource requirements identified - 20 countries with functioning ICCs	94,000	94,000
VACCINE SUPPLY AND QUALITY CONTROL	- VSO AFRO Officer Salary Duty Travel (12 country visits) - Additional travel	100,000 20,000 8,000	100,000 20,000 8,000
LOGISTICS SUPPORT	- AFRO Logistic officer Salary Duty travel - Two Senior level logistic workshops - Assessment of CC/logistics needs in twenty countries - Follow-up of country assessment - Introduction of CLM in three countries	70,000 40,000 60,000 66,550 20,000 5,000	70,000 40,000 60,000 66,550 20,000 5,000
HRD/MEETINGS	- Two EPI Managers meetings  - Exchange of management experience in five sub-groups of three countries, two time a year in each sub-group	77,400  25,000	77,400  25,000
HRD/TRAINING	- 2 MLM courses for EPI managers - 4 countries (ERI, ETH, RWA, NIG) targeted for MLM courses for provincial/district staff - 25 District level training on logistics - Training materials	130,000 34,100 25,000 5,000	130,000 34,100 25,000 5,000
<b>TOTAL</b>		<b>780,050</b>	<b>535,900</b>

Total budget = 1,316,000  
 13% PSC = 171,080  
 Grant total = 1,487,080

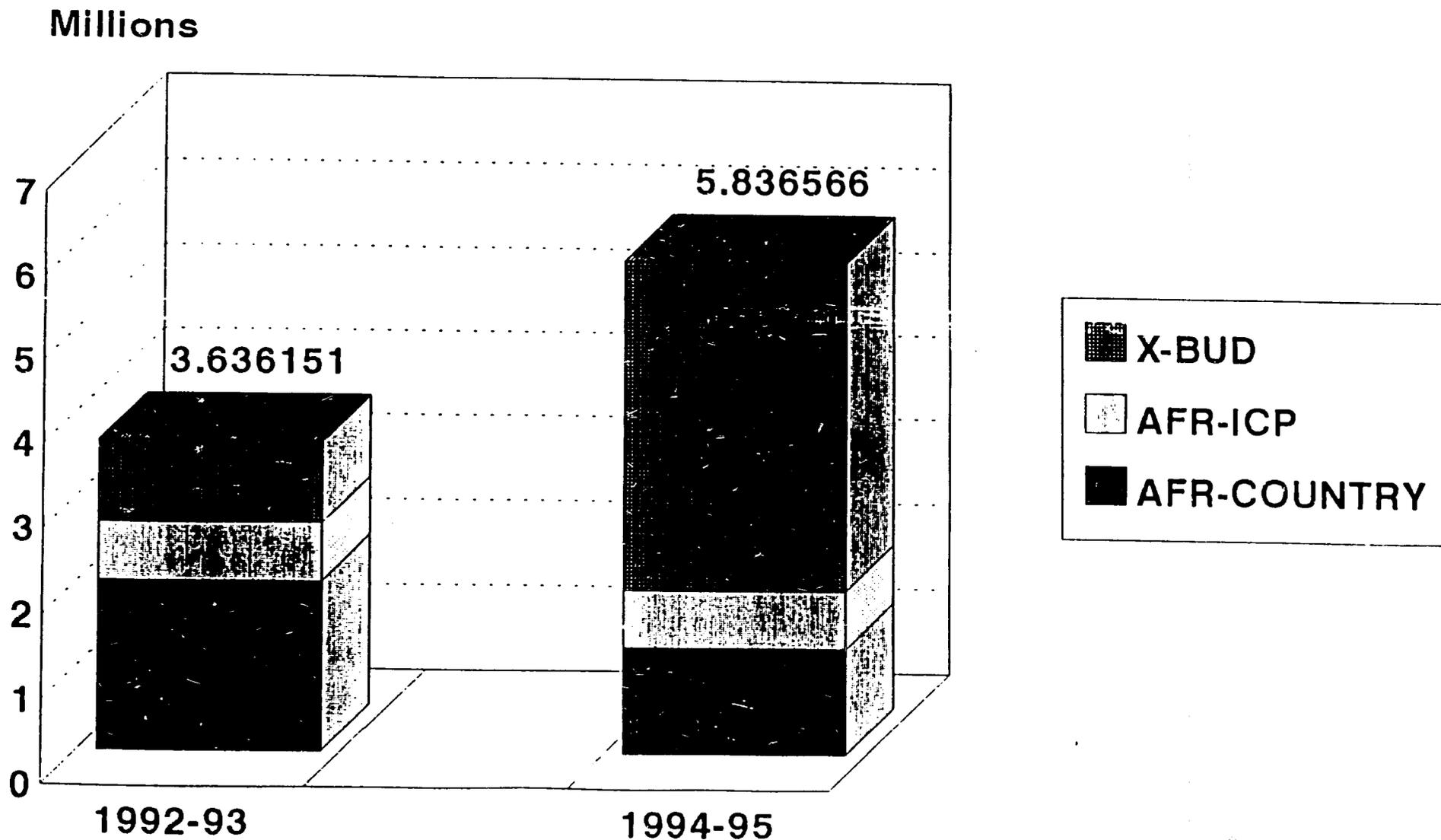
# EPI BUDGETS BY SOURCE OF FUNDING

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**1994-95 BIENNIUM (\$ 5,836,566)**

# EPI FUNDS, Biennium 1992-93 and 1994-95



## APPENDIX 4

## AFRO Needs for Training and Personnel

Budget item	1995	1996
<b>AFRO staff</b>		
Logistics officer	100,000	100,000
VSQ officer	30,000	100,000
<b>Consultants</b>		
Country visits (situation analysis, needs assessments, evaluations, reviews)	90,000	90,000
Logistics/cold chain - country assessment	70,000	70,000
Vaccine supply & quality - technical assistance	55,000	60,000
<b>Training</b>		
Inservice EPI management training	275,000	225,000
Repair technicians course - cold chain	110,000	100,000
Refrigerator use and maintenance course	90,000	90,000
MLM management of cold chain	90,000	90,000
EPI software training	70,000	45,000
Reproduction/translation of training materials	20,000	30,000
<b>Total</b>	<b>1,000,000</b>	<b>1,000,000</b>

100% →

No longer relevant.

## **APPENDIX 5**

## Unmet needs for WHO/AFRO EPI activities, 1995-2000

AFRO budget category	Activity	Calculation	1995	1996	1997	1998	1999	2000
Human resources								
Admin Officer	Admin/info base of country needs	1P3						
Surveillance Officer	Surveillance activities	1P5	75,000	75,000	75,000	75,000	75,000	75,000
Logistician/VSQ	logistics, cold chain, VSQ	P4	125,000	125,000	125,000	125,000	125,000	125,000
MO's in difficult co's	Revitalize EPI, surveillance	P5 x 4	100,000	100,000	100,000	100,000	100,000	100,000
EPI consultant	POA's/Resource needs assessment	24 person-months	500,000	500,000	500,000	500,000	500,000	500,000
16 Surv off's-diff. co's	Revitalize EPI & surveillance	1\$15,000/yr x 4 officers x 4 co's	168,000					
20 surveillance officers	Strengthen surveillance	1\$15,000/yr x 20 officers	240,000	240,000	240,000	240,000	240,000	240,000
20 Operational off's	Cold chain/logistics-franco, diff co's	1\$15,000/yr x 20 officers			300,000	300,000	300,000	300,000
Logistician (STC)	CC, logistics, suppl'l immunization	1\$7000 x 18 person-months/year	300,000	300,000	300,000	300,000	300,000	300,000
Intro new vaccines (STC)	Yellow Fever, hepatitis B vaccines	1\$7000 x 6 person-months/year	126,000	126,000	126,000	126,000	126,000	126,000
VSC consultant (STC)	Vaccine prod'n, supply, procure., quality	1\$7000 x 1-6 person-months/year	42,000	42,000	42,000	42,000	42,000	42,000
Epidemiologist (STC)	surveillance/outbreaks/disease control	1\$7000 x 6 person-months/year	42,000	42,000	21,000	14,000	7,000	7,000
Team (STC)	surveillance /dz control/certification prepare	1\$7000x10x3 personsx5 team-mos	42,000	42,000	42,000	42,000	42,000	42,000
Virologist (STC)	strengthen polio laboratories	1\$7000 x 3 person-months/year	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000
EPI consultant (STC)	Sit'n analysis in 4 difficult countries	1\$7000 x 2 person-month/year x 4 co	21,000	21,000	21,000	21,000	21,000	21,000
In-service training (STC)	Strengthen training in difficult co's	1\$7000 x 2 person-month/year x 4 co	56,000					
In-service training (STC)	2 senior-level mgt training courses	1\$7000 x 1 person-months/year	56,000	56,000	56,000			
In-service training (STC)	4 facilitators' courses	1\$7000 x 1 person-months/year	7,000					
Preservice training (STC)	Preparatory planning in 8 co's	1\$7000 x 2 person-months/year	7,000	7,000				
Preservice training (STC)	Curriculum dev't workshops in 8 co's	1\$7000 x 3 person-months/year	14,000	14,000				
Preservice training (STC)	Monitoring/teacher training in 8 co's	1\$7000 x 2 person-months/year	21,000	21,000				
Subtotal			14,000	14,000				
Mtg's/coordination			4,056,000	3,825,000	4,048,000	3,985,000	3,978,000	3,978,000
Inter-regional mtg's	Coordinate activities between AFRO & EMR							
Inter-country mgr/lab/TFI	Monitor progress, plan, exchange info	1\$100,000 x 3 mtg's/year		20,000	20,000	20,000	20,000	20,000
Polio Certification mtg's	Prepare for country & regional certification	1\$40,000 x 1 mtg/year	300,000	300,000	300,000	300,000	300,000	300,000
Preservice training	Coordinate w/ W. African College of Nursin	2 visits / year			40,000	40,000	40,000	40,000
Preservice training	Network w/ Univ's & WHO collab. center	2 visits/year	4,000	4,000				
Subtotal			8,000	8,000				
			312,000	332,000	320,000	360,000	360,000	360,000

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## Unmet needs for WHO/AFRO EPI activities, 1995-2000

AFRO budget category	Activity	Calculation	1995	1996	1997	1998	1999	2000
<b>Documentation</b>								
Surveillance manual	translate, typeset, print, distribute to 3000 districts		100,000					
Mid-level mgr's training materials			100000					
Instructor's manual-basic	translate, typeset, print, distribute to all co's		25000	5000				
Immunization manuals	4000 English, 4000 French, 2000 Portugus	5000x\$15 ('95), 5000 x \$15 ('96)	75000	75000				
<b>Subtotal</b>			<b>300,000</b>	<b>80,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Equipment/supplies</b>								
Emergency vaccine stock								
YF lab supplies	\$2000/lab/year, 20 labs	\$2000 x 20	1,000,000					
Polio lab equip/supplies	\$5000 supplies/lab, 20 labs + equipmen	(\$5000 x 20) + 130000	40,000	40,000	40,000	40,000	40,000	40,000
Specimen kits/carriers	specimen kits(\$5), carriers(\$28), dist'n	(3000 x \$28) + (10000x\$5) + distr.	230,000	100,000	100,000	100,000	100,000	100,000
Office equip. - MOs in diff co's		\$12,000 x 4 countries	150,000			100000		
<b>Subtotal</b>			<b>48,000</b>					
			<b>1,468,000</b>	<b>140,000</b>	<b>140,000</b>	<b>240,000</b>	<b>140,000</b>	<b>140,000</b>
<b>Operational costs</b>								
lab network op costs	coordination, newsletter, reagents	\$15000/year	\$15000	\$15000	\$15000	\$15000	\$15000	\$15000
20 operations officers	operations (fuel, communication, perdiem)	\$1000/month x 20 officers	200,000	200,000	200,000	200,000	200,000	200,000
20 surveillance officers	20 vehicles + fuel	(\$20,000/vehicle x 20 officers) + (\$	\$500,000	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
16 surv off's, 4 MO's	20 vehicles	\$20,000/vehicle x 20 officers	\$400,000	\$400,000				
16 surv off's, 4 MOs	operations (fuel, maintenance, perdiem)	\$1000/month x 16 disease control o	\$480,000	\$480,000	\$480,000	\$480,000	\$480,000	\$480,000
16 surveillance officers	duty travel	\$5000/year x 16 dz control officers	\$80,000	\$80,000	\$80,000	\$80,000	\$80,000	\$80,000
4 MO's in difficult co's	duty travel	\$12000/year x 4 MO's	\$48,000	\$48,000	48,000	48,000	48,000	48,000
4 MO's in difficult co's	communications/administration/secretary	\$20,000 x 4 MO's	\$80,000	\$80,000	80000	80000	80000	80000
<b>Subtotal</b>			<b>\$1,788,000</b>	<b>\$1,388,000</b>	<b>\$988,000</b>	<b>\$988,000</b>	<b>\$988,000</b>	<b>\$988,000</b>
<b>Training</b>								
Senior-level mgr's cours	2 courses, 25 participants	2 x 25 participants x \$3000/partic	150,000					
In-service fac course	46 co's, 2 participants, 4 courses	92 participants x \$3000/participen	278,000					
Mid-level mgr's course	6 courses, 20 part's, 46 co's, \$17 perdie	6 courses x 30 part's x 46 x \$17		1,173,000				
Peripheral level mgr's co	500 participants/co, \$10/part., 46 co's	500 participants x 46 co's x \$10		230,000				
Pre-service fac course	25 participants, 2 facilitators, \$3000/cour	27 participants x \$3000 each	81,000	81,000				
Curriculum strengthenin	2 workshops/co, 8 co's, \$10,000 each	8 x \$10,000 in 1995 & 1996	80,000	80,000				
Lab tech's course-polio	1 anglophone (partial), 1 francophone	anglo@\$30,000, franco@60000	90,000					
Lab tech course-YF	1 anglophone, 1 francophone	\$80000 per course	120,000					
Pathologists' course-YF	1 anglophone, 1 francophone	\$80000 per course	160000					
<b>Subtotal</b>								
<b>Grand total</b>			<b>957,000</b>	<b>1,564,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
			<b>\$,881,000</b>	<b>7,329,000</b>	<b>5,498,002</b>	<b>5,573,000</b>	<b>5,466,000</b>	<b>5,466,000</b>

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## **APPENDIX 6**

**AGENCY FOR INTERNATIONAL DEVELOPMENT  
ACTIVITY DATA SHEET**

PROGRAM: Africa Regional

TITLE African Disease Control		FUNDING SOURCE DFA	PROPOSED OBLIGATION (In thousands of dollars) FY 95      2,000      LIFE OF PROJECT (Anth.) 5,000		
NUMBER 698-0559	NEW <input checked="" type="checkbox"/> CONTINUING <input type="checkbox"/>	PRIOR REFERENCE none	INITIAL OBLIGATION FY 95	ESTIMATED FINAL OBLIGATION FY 98	ESTIMATED COMPLETION DATE OF PROJECT FY 99
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>					

CF 81-05 (4-85)

**Purpose:** To reduce infant and under-five mortality in Africa due to malaria and immunisable diseases by strengthening health planning, health care delivery and surveillance systems.

**Background:** The Africa Regional Office for Health (AFRO) has played a leadership role in the development of regional strategies for strengthened disease prevention and control of malaria and vaccine preventable diseases such as measles, tetanus and poliomyelitis.

The Interregional Conference on malaria in Africa, held at AFRO in October 1991, was a landmark meeting which influenced the shape and adoption of the World Declaration on the Control of Malaria and Global Strategy for Malaria Control. This strategy identifies the steps for implementation of malaria control activities and identifies the constraints to malaria control in Africa.

AFRO has also played a critical role in the implementation of immunisable disease prevention and control strategies. While tremendous progress has been made in the African Region during the past decade through immunisations, much remains to be done if Africa is to achieve its goals of disease reduction and control through a sustainable Expanded Program on Immunisation (EPI). Currently, most African countries are experiencing painful and rapid changes politically, socially, and economically. Simultaneously, the external support structure that Africa once enjoyed is changing.

**Project Description:** This project will support the development and implementation of strategies for malaria epidemic prevention and control in Africa and for improvement of regional and country level capacities to strengthen and sustain routine immunisation services for childhood vaccine preventable diseases. In order to reduce malaria mortality in epidemic prone areas and to strengthen EPI technical and administrative capacities in the region, increased capacity building at the regional level is needed to provide and transfer the necessary skills and knowledge to country programs. The project will support: 1) the development of a cadre of African technical experts that will assist countries develop and implement sustainable malaria and EPI strategies; 2) the training and trainers at a subregional and country level to ensure the overall effective functioning, monitoring and evaluation of malaria and immunisation programs at the country and

district level; 3) training of malaria and EPI country program managers in strategic planning and budgeting, logistics management, disease surveillance, program monitoring and evaluation; 4) implementation of country program assessments, including logistics management assessments, training needs, procurement practices, etc.; and 5) development and implementation of tools, eg. vaccine supply forecasting, commodity logistics management software packages, to improve the performance of country programs.

**Host Country and Other Donors:** Host countries are responsible for implementing malaria and EPI programs and contribute funding for health workers, logistics, training health information systems, and other operational expenses.

**Beneficiaries:** Children under five and mothers throughout Africa as a result of increased malaria control and vaccination of other childhood vaccine preventable diseases.

**Major Outputs:** 1) Improved functioning of EPI delivery systems; 2) Increased country capacity to respond to malaria epidemics; 3) Innovative malaria and vaccine-preventable disease control strategies implemented in ten countries; and 4) Improved long-term planning and budgeting for programs that address major diseases including malaria, measles, tetanus, polio, diphtheria, whooping cough, etc.

**USAID Financed Items:**

**Life of Project (\$000)**

Human Resources Development	1,000
Country Assessments	500
Travel	500
Material/Equipment	1,000
Training	2,000
<b>Total</b>	<b>5,000</b>

U.S. FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1993	0	0	0	
Estimated Fiscal Year 1994	0	0	0	
Estimated Through September 30, 1994	0	0	0	
		<b>Future Year Obligations</b>	<b>Estimated Total Cost</b>	
Proposed Fiscal Year 1995	2,000	3,000	5,000	

## **APPENDIX 7**

## **Appendix 7**

### **CURRENT EMPHASIS COUNTRIES FOR BASICS IN AFRICA**

Ethiopia  
Eritrea  
Zambia  
South Africa  
Madagascar  
Nigeria  
Niger  
Mali  
Senegal  
Guinea

## **APPENDIX 8**

### Appendix 8 - Current and Expected EPI Staffing within WHO/AFRO (as of February 1995)

Position	Name	Source of Funding	Duty Station	Duration of Funding
1. Regional EPI Advisor	Okwo Bele	WHO regular budget	Brazzaville	Renewable, 2 year periods
2. Regional Polio Coordinator	Andrei Lobanov	Rotary	Brazzaville	Renewable, 2 year periods
3. Regional NNT Coordinator	VACANT	CPHA	Brazzaville	18 months
4. Regional Information Officer	Keith Shaba	WHO HQ	Brazzaville	?
5. Regional Vaccine Supply and Quality Officer	VACANT	a) Gov. of Ireland b) USAID grant	Brazzaville	a) thru June 1995 b) from July '95-March '96
6. Regional Logistics Officer	Lionel Pierre	a) WHO HQ b) USAID grant	Brazzaville	a) thru June 1995 b) from July '95-March '96
7. Regional Administrative Officer	Melinda Mailhot	CDC	Brazzaville	?
8. Virologist	?	Rotary	Harare	?
9. Inter-country Epidemiologist	Tapsoba	Rotary	Abidjan	?
10. Inter-country Epidemiologist	Robin Biellik	CDC	Harare	?
11. Inter-country Epidemiologist	Doug Klaucke	CDC	Nairobi	?
12. Epidemiologist	Bernard Moriniere	CDC	Addis Ababa	?
13. Inter-country Epidemiologist	VACANT	CDC	Accra	24 months
14. Epidemiologist	VACANT	?	Lagos	?
15. Epidemiologist	VACANT	?	Kinshasa	?
16. Epidemiologist	VACANT	?	Luanda	?

NB. An additional posting of National Officers in 20 countries will funded by Rotary.

**APPENDIX 9**



Message No. 3571 Page 1 of 2 pages

Date: 13 December 1994

From: Dr J. B. Milstien, VSQ To: Regional Director, AFRO  
Attn: Dr Barakamfitiye

Fax No.: 00242 83 94 00

Our ref.: VSQ

Subject: DRAFT TERMS OF REFERENCE FOR

TEXT

Dear Dr Barakamfitiye,

As requested, here is our first attempt at addressing the terms of reference for He has confirmed his availability, and we can work on a more specific work plan while he is here 16-20 January (at our expense), if you wish.

Please confirm you will be doing the actual recruitment, and let us know what the final terms of reference will be.

After briefing at HQ and participation in a week-long assessment of vaccine supply strategies in Nepal, will serve as consultant to AFRO for a three-month period on vaccine supply issues. Responsibilities to include the following:

1. To provide support to AFRO in activities which will lead to self-sufficiency of countries in vaccine supply, through, primarily, development of National Vaccine Supply Plans. Priority countries for this period will include South Africa, Namibia, Burkina Faso, Nigeria, Kenya, Burundi, and Tanzania.
2. To work with HQ to develop the tools package for development of National Vaccine Supply Plans to be used by AFR member countries.
3. To begin an inventory of countries with respect to number of doses of each vaccine from each source (UNICEF, local production, or direct import - including manufacturer) and funding (donor or government). These data will be entered into a Regional data base which can be annually updated, and communicated to HQ.
4. To begin an inventory of countries with respect to exercise of national control functions, using the document developed in 1994. As part of this activity, to work specifically with South Africa on development of a National Control Laboratory for vaccines.

14 DEC. 1994

Signed: VSQ 

## **APPENDIX 10**

# BASICS

## BASIC SUPPORT FOR INSTITUTIONALIZING CHILD SURVIVAL

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### POSITION DESCRIPTION

**POSITION:** EXPANDED PROGRAM ON IMMUNIZATION/CHILD SURVIVAL ADVISOR

**SUPERVISOR:** OPERATIONS OFFICER

**BASICS PROJECT OVERVIEW:** BASICS is a worldwide United States Agency for International Development (USAID) contract, awarded in October 1993, to the Partnership for Child Health Care, Inc., a joint venture between the Academy for Educational Development, John Snow, Inc., and Management Sciences for Health. Subcontractors include Program for Appropriate Technology in Health, Johns Hopkins University, Emory University, Clark Atlanta University, and Porter Novelli. The BASICS Project was created by USAID to provide technical and material assistance for programs--both public and private sector--which aim to improve child survival. Heavy emphasis is placed, over the life of the project, on the development of sustainable health programs and services.

**OVERALL RESPONSIBILITIES:** The Expanded Program on Immunization (EPI) Advisor, to be based in the BASICS regional office in Senegal, will participate in the development, implementation, monitoring, and evaluation of BASICS EPI activities, particularly in West Africa. The EPI Advisor will act as a coordinating link between BASICS/Washington and the countries in West Africa where BASICS anticipates carrying out work in the area of immunization. These countries may include Mali, Nigeria, Niger, and Senegal.

### **SPECIFIC RESPONSIBILITIES:**

- Work with BASICS/Washington staff and host country health officials to develop country activity plans with reference to EPI;
- Work with BASICS/Washington and host country partners (primarily Ministries of Health) to develop workplans, including setting targets, defining scopes of work, and developing schedules for EPI activities;
- Develop EPI profiles for countries where BASICS is involved and update on a regular basis;
- Provide technical assistance in the implementation of country activities in EPI, e.g. development or review of protocols, identification of appropriate in-country technical resources and consultants;

A USAID-financed project administered by the Partnership for Child Health Care, Inc.  
Partners: Academy for Educational Development (AED), John Snow, Inc. (JSI)  
and Management Sciences for Health (MSH)  
1600 Wilson Boulevard, Suite 300, Arlington, VA 22209 USA  
Phone 703-312-6800 Fax 703-312-6900

Position Description/BASICS

EPI Advisor

Page 2

- Develop and routinely use systems for monitoring BASICS' country activities, in order to keep both BASICS/Washington and host countries apprised of progress and obstacles in carrying out workplans, as well as new opportunities for further work;
- Work with resident advisors and BASICS/Washington staff to conduct the preparation for follow up from Temporary Duties (TDYs) on immunization, as needed;
- Assist in the design and implementation of EPI evaluations;
- Prepare for BASICS/Washington and BASICS/Dakar routine technical reports on EPI activities in countries where BASICS is working, plus occasional papers on EPI issues, as appropriate.

**QUALIFICATIONS:**

- Fluency in French and English;
- Degree in Public Health or similar field;
- Minimum five years of experience working in Africa in EPI (at least 50% time);
- Experience required in program monitoring and disease surveillance;
- Prior experience working on USAID-funded projects or activities is desirable.

June 15, 1994

Contact: Jean Asam  
Human Resources Manager

**AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER**

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and Management Sciences for Health (MSH)  
1600 Wilson Boulevard, Suite 300, Arlington, VA 22209 USA  
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## **APPENDIX 11**

## Appendix 11

### **DRAFT NOTE FOR THE RECORD ON BASICS ROLE IN PROVIDING TECHNICAL SUPPORT FOR EPI WITHIN WHO/AFR**

(based on discussions begun in Brazzaville between Robert Steinglass and Okwo Bele on 17 February 1995)

The points below were discussed in Brazzaville between Okwo Bele, Regional EPI Advisor for WHO/AFRO, and Robert Steinglass, EPI Coordinator for BASICS. Opportunities were identified for BASICS' involvement in EPI in countries in the WHO Africa Region. Since the involvement of BASICS is contingent upon approval from USAID/Washington and USAID missions, the notes which follow represent, for the most part, agreements in principle between Okwo and the author. However, given the lack of time on this assignment, there are items included below which were not discussed in Brazzaville.

The next step is for BASICS and USAID to agree on the contents of this note for the record, especially in light of activities to be supported by the USAID grant to WHO/AFRO. BASICS will then inform WHO/AFRO of technical areas of interest to the project, so that activities are well-coordinated with WHO/AFRO and WHO/HQ and are strategically timed.

Some of the activities listed below have already been planned by WHO/AFRO and have precise dates. Other activities will need to be more fully developed and specified in terms of place and time. They are no less important, but their execution will depend largely on mission interest. Therefore, the list below necessarily concentrates on activities which are already being planned by WHO, since the scope of EPI activities in BASICS emphasis countries is either not yet known (Niger, Mali, etc.) or will be funded from "buy-ins" (Nigeria, Ethiopia, Eritrea, Zambia, etc.).

While not intended to limit WHO/AFRO as to the countries which will benefit from the USAID Africa Bureau grant, all parties to the grant agree that those countries within Africa which have USAID missions, particularly those countries with BASICS involvement, will be given a general preference in the expenditure of grant funds. For example, WHO/AFRO will endeavor to invite participants from BASICS-emphasis countries to inter-country training courses and cover their expenses from the grant. Furthermore, given the existence within BASICS of designated funds for technical assistance for EPI in Africa, it is understood that, pending sufficient resources and necessary approvals in Washington and at country level, BASICS will be invited by WHO/AFRO to provide technical support to the countries and activities supported by the grant. In addition to the specific countries and activities listed below, BASICS will be as flexible as possible and collaborate closely with WHO/AFRO and WHO/HQ to provide technical assistance for immunization and disease control programs, as the need and opportunity arise.

As regards existing regional staff that BASICS can bring to EPI activities at country and regional level, Drs. Mutombo and Carnell can serve as resources for EPI managers' meetings, training

courses, and inter-agency coordination committee meetings. Dr. Mutombo will play this role within BASICS-emphasis countries, particularly in West Africa. Dr. Carnell will do the same within Madagascar and selectively at regional meetings to which Madagascar is invited within southern and eastern Africa. Yaya Drabo, Regional IEC Specialist stationed in Dakar, will also provide technical assistance for EPI within West Africa in BASICS-emphasis countries.

## **Areas for BASICS Technical Involvement**

### **OBJECTIVE 1: Strengthen country management of immunization programs**

#### **1.1 Provide intensive country-level technical assistance to strengthen immunization and disease control programs in selected countries.**

In selected emphasis countries, BASICS will seek to improve the delivery of routine sustainable EPI services so that as many children and women are immunized in as complete, effective, and timely a way as possible, targeting services to those at highest risk. This may include investigating systemic and behavioral reasons for non-immunization and drop-out (including missed opportunities and false medical contraindications) and designing corrective action. Likely countries of focus include: Niger, Ethiopia, Eritrea, and Zambia.

#### **1.2 Support MOHs and donor partners to develop multi-year epi program plans and annual updates, including initial creation of ICCs.**

Related to the development of a national vaccine supply plan is the need to develop a more encompassing national plan for EPI. In some BASICS-emphasis countries, it will be more appropriate to start off by collaborating with partner agencies to support the MOH to develop a broader national EPI plan, which will serve as a platform for the coordination of various donors' inputs and the monitoring of progress. In some countries, where appropriate, this activity should be coupled with attempts to forge institutional support for sustainable EPI by advocating for the creation of an inter-agency coordination committee (ICC).

Consequently, this activity should be undertaken by BASICS in countries where USAID has a potential role to play **only** if it is appropriately launched by high-level decision-makers from the principal donors. With assistance from Dr. Jean-Marc Olive (WHO/HQ), WHO/AFRO plans to develop and field test a process for joint multi-year planning (and annual updates), that is a precursor to formation of ICCs, in two countries within the first half of 1995 (among Zaire, Congo, Ivory Coast, or Benin).

The USAID Africa Bureau grant will finance replication of this activity in twenty countries, resulting in country work plans endorsed by interested donors in the country. Possible countries

of interest for involvement of BASICS HQ, regional, and country staff include: Niger, Mali, Guinea, Senegal, Ethiopia, Eritrea, Nigeria, Zambia, Madagascar.

### **1.3 Develop systems of disease surveillance and control in high-risk urban areas.**

BASICS staff and international consultants are available to prepare for expected epidemics (e.g., measles in Niamey) and to develop accelerated approaches to measles and neonatal tetanus control and surveillance in high-risk urban areas (e.g., Lusaka, Niamey, Accra).

### **1.4 Participate in conducting a baseline EPI survey in Eritrea.**

WHO intends to conduct a baseline EPI survey in Eritrea in 1995. BASICS will get more information on the purpose and scope of this activity. Given that this is an emphasis country for BASICS, the project may participate in this exercise.

### **1.5 Participate in joint multi-agency international EPI reviews.**

BASICS will participate in EPI reviews which may be scheduled in BASICS-emphasis countries, particularly in those countries (e.g., Ethiopia and Eritrea) where USAID is committing substantial financial resources for primary health care.

Pending the agreement of WHO/HQ and USAID/Addis Ababa, BASICS will send Carl Hasselblad to participate in the EPI Review in Ethiopia, scheduled October 5-27, 1995. As BASICS intends to involve Carl on a longer-term basis as a regular consultant in Ethiopia, the review represents an important opportunity to be involved in joint planning and programming from the start. Pursuant to a request from WHO/HQ and USAID/Addis Ababa, BASICS also plans to provide a consultant specialist in costing for the Review and to draft instruments for the Review.

### **1.6 Develop national vaccine supply plans.**

BASICS will participate in efforts by BASICS-emphasis countries to develop national plans for vaccine supply. (In some countries, it may be more appropriate to approach this task as part of a larger effort to develop broader national EPI plans.) As estimates of vaccine needs are highly dependent on disease control objectives and delivery strategies of the MOH, this activity will be conducted in close collaboration with donor partners. It will be especially important to engage UNICEF in this process, since they have developed a global strategy which will guide financing of existing and new vaccines. BASICS can contribute HQ staff or consultants skilled in vaccine forecasting and development of appropriate strategies for sustainable vaccine procurement.

The USAID Africa Bureau grant to WHO/AFRO will fund a VSQ officer who will be responsible for developing national vaccine supply plans. He is scheduled to begin his assignment with funds from the Republic of Ireland in April and with the USAID grant during the summer. BASICS can complement his areas of expertise; however, the countries currently scheduled by WHO/AFRO for early development of plans are not of high priority for USAID and BASICS. A logical set of emphasis countries for BASICS' participation would include countries where BASICS is or will have long-term involvement and where the local UNICEF office has received or is about to receive a grant from the USAID Africa Bureau. This would include: Zambia, Ethiopia, Niger, Mali and Guinea.

### **1.7 Support national vaccine self-sufficiency.**

BASICS is available to work with the MOH and the local UNICEF and USAID offices to develop sustainable strategies for financing and procuring vaccines, including the design of a vaccine independence initiative. The choice of country will need to be determined with the involvement of the principal donors.

### **1.8 Develop decentralized use of data for decision-making.**

BASICS will be able to develop a system for data collection, use, and action at local levels which focuses on a few key indicators appropriate for self-assessment. This activity, and immunization in general, will be part of a larger effort. As some countries decentralize and finance is increasingly controlled at district level, such indicators will be used to advocate with and engage local decision-makers. Zambia and Ethiopia are possible locations.

## **OBJECTIVE 2: Strengthen training capabilities**

### **2.1 Support inter-country EPI national managers training course.**

Dr. Mutombo will serve as a technical resource at the EPI National Managers Training Course in Ougadougou, August 14-19, 1995. He will also be available as a technical resource at a similar training in 1996.

### **2.2 Participate in training national EPI in-service training coordinators.**

WHO/HQ and WHO/AFRO plan to train newly-designated national EPI training coordinators on "expanded" mid-level management, including in some countries of particular interest to BASICS, such as Ethiopia. The BASICS training officer at HQ or a consultant will be exposed to the technical materials in at least one inter-country course for national EPI training coordinators from BASICS-emphasis countries. He will collaborate with WHO trainers to improve the skills of the

national EPI training coordinators in planning, designing, managing, and evaluating training activities based on participatory training methodologies. The product will be the formulation of national training plans in each participating country. BASICS will then be in a position to apply/leverage other financial resources in support of national training plans in its emphasis countries.

### **2.3 Revise pre-service EPI/CDD training curricula at country level.**

Sole reliance on in-service refresher training has been the mainstay of EPI, as well as CDD. Given the substantial financial burden of this approach, this is probably not sustainable. There is a need to institutionalize the teaching on EPI/CDD in pre-service education programs for the greatest number of health professionals in the shortest possible time. WHO plans to provide technical assistance for strengthening basic training on EPI/CDD in at least 16 African countries, including a few BASICS-emphasis countries such as Ethiopia and Senegal. The BASICS training officer at HQ or a consultant will participate in countries where BASICS will continue to be involved.

## **OBJECTIVE 3: Strengthen logistics and cold chain management**

### **3.1 Support training of regional logistics consultants, Accra.**

BASICS will send Rebecca Fields to provide technical support to this course from March 20-31, 1995. Rebecca will prepare and introduce a draft protocol for assessment of injection and disposal practices and the approach to developing a national plan. She will get input from the participating consultants to finalize the instrument. These consultants will then apply the approach as part of their cold chain and logistics needs assessments in the coming two years. A protocol for cold chain needs assessments will be finalized by WHO at this meeting. She will continue on to Brazzaville to finalize this Note for the Record and outline a plan for technical assistance. BASICS will fund the attendance of a Kenyan cold chain specialist, who will then be available for consultancies in Anglophone countries.

### **3.2 Participate in trial development of senior logistics course.**

BASICS will provide a HQ technical staff or consultant to participate in a newly-designed senior logistics course, to be held in Ethiopia May 15-26, 1995, at which new materials will be tested and improved for wider use. Funding will come from core or the "buy-in".

### **3.3 Support senior-level logistics workshops.**

BASICS will provide a HQ technical staff or a consultant to one francophone inter-country workshop, scheduled for the second year of the grant, to train senior logistics officers in logistics management. This course is being financed by the USAID Africa Bureau grant to WHO/AFRO.

### **3.4 Assess and strengthen cold chain and logistics systems.**

BASICS will participate in cold chain assessments in selected countries, such as Niger, Zambia and Ethiopia. This can include improving systems of vaccine forecasting, supply, and distribution; systems of cold chain/transport inventory, repair, and maintenance; and injection safety. The scheduling of these activities will be decided by AFR at a later date. BASICS may send an international consultant to work with an African cold chain specialist in the selected countries.

## **OBJECTIVE 4: Improve vaccination safety and effectiveness**

### **4.1 Improve safety of injection and disposal practices.**

BASICS will coordinate with WHO/GPV to develop an approach for improving injection and disposal practices in WHO/AFR, including a protocol for a rapid assessment to identify the problem and possible interventions. The approach will be tried in one to two countries in Africa, possibly including Zambia, Uganda, or Malawi, and culminate in the development of national plans. BASICS designated funds should be made available. WHO/AFRO has indicated that it does not have the staff to devote sufficient attention to the development or implementation of a protocol; therefore, it will rely on BASICS to the extent possible in this area.

### **4.2 Introduce, document and assess the impact of vaccine vial monitors.**

BASICS is available to assist select countries in the introduction of vaccine vial monitors and to document a model introduction, so as to speed introduction efforts elsewhere in the region. BASICS is also interested in documenting in one country the impact on cost, vaccine use, service delivery changes, missed immunization opportunities, etc.

## **OBJECTIVE 5: Develop and support mechanisms for regional coordination and networking**

### **5.1 Support EPI national managers meetings and the task force on immunization/regional inter-agency coordinating committee.**

Dr. Mutombo will serve as a technical resource and country-specific facilitator for break-out groups in an EPI national managers meeting, scheduled to take place November 14-17, 1995 in

Dakar, Accra, or Lome, for EPI managers and surveillance officers from West African countries. This meeting will be followed by a two-day meeting of the Task Force on Immunization and Regional Inter-agency Coordinating Committee, which will also be attended by BASICS (Dr. Mutombo and possibly HQ staff). Unlike past meetings, future EPI managers meetings will be action-oriented, with each country developing detailed plans of action for EPI in the coming year.

Depending on when she will be posted to Madagascar, Dr. Carnell may be able to serve as a technical resource and facilitator for Madagascar in the break-out groups at the EPI National Managers Meeting for Central African and Indian Ocean countries in Kinshasa or Brazzaville June 12-16, 1995, to which country representatives from Madagascar will be invited.

In 1996, BASICS staff will also serve as technical resources and facilitators at similar EPI national managers meetings that target BASICS-emphasis countries and other countries of potential involvement.

## **5.2 Facilitate inter-country exchanges of management experience.**

The skill to overcome management difficulties is a prerequisite for successful immunization programs. The USAID Africa grant will finance periodic exchanges in the spirit of "TCDC" (technical cooperation between developing countries.) In addressing common problems, one country may have arrived at a solution which is replicable in other countries. In selected geographic groupings of emphasis countries (e.g., Mali, Niger and Burkina Faso), BASICS will be available to provide periodic facilitation for these informal problem-solving exchanges.

## **OBJECTIVE 6: Other/miscellaneous**

### **6.1 Conduct mid-term review of activities funded under the USAID Africa Bureau grant.**

Approximately 18 months after the grant award, BASICS will send a HQ staff to participate with staff from WHO/AFRO and USAID Africa and Global bureaus in a review of the progress achieved with the grant and BASICS support.

### **6.2 Promote BASICS staff development.**

Dr. Mutombo will attend the EPI briefing provided by WHO/GPV in Geneva for one week in March 1995.

Drs. Mutombo and Carnell will attend a training course on EPI software, scheduled for Ivory Coast at a date still to be specified.