

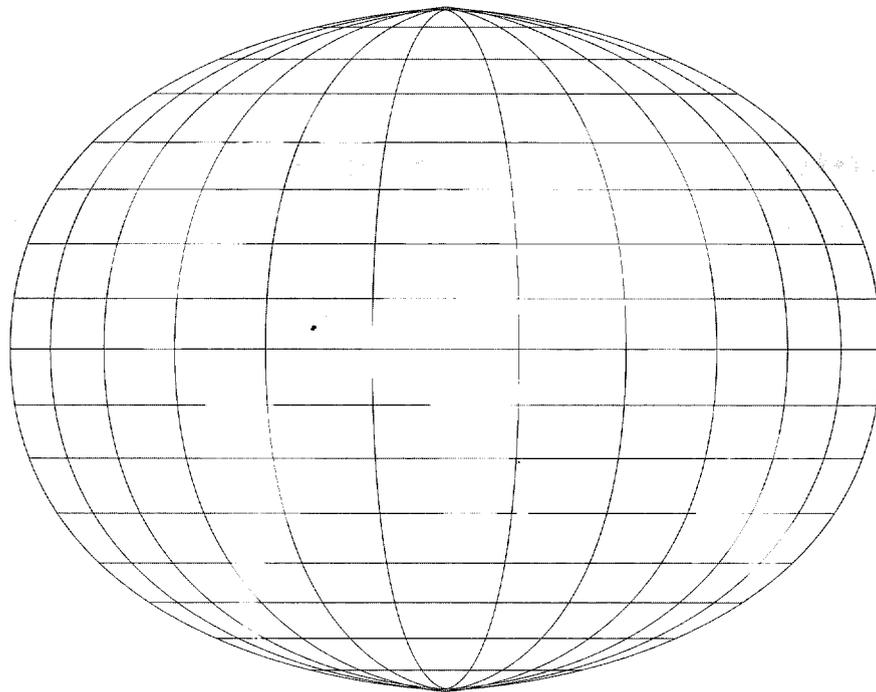
# Report of Audit

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## **Audit of the Bureau for Europe and New Independent States' Humanitarian Health Assistance Activity in Ukraine Under Cooperative Agreement with the Program for Appropriate Technology in Health (PATH)**

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**Audit Report No. 8-121-96-009  
July 29, 1996**



**Regional Inspector General for Audit/Frankfurt  
OFFICE OF INSPECTOR GENERAL  
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT**



OFFICE OF THE REGIONAL INSPECTOR GENERAL  
AMERICAN CONSULATE GENERAL FRANKFURT  
21 SIESMAYERSTRASSE  
60323 FRANKFURT AM MAIN  
GERMANY

U.S. AGENCY FOR  
INTERNATIONAL  
DEVELOPMENT

July 29, 1996

**MEMORANDUM**

**TO:** ENI/HR/EHA, Rita Hudson

**FROM:** RIG/A/Frankfurt, John P. Competello

**SUBJECT:** Audit of the Bureau for Europe and New Independent States' Humanitarian Health Assistance Activity in Ukraine under Cooperative Agreement with the Program for Appropriate Technology in Health (PATH). Audit Report No. 8-121-96-009.

This is the final report on the subject audit. In preparing the report we considered your written comments on our draft report on this activity and have included these in Appendix II.

The report contains one recommendation. Based on your comments and actions we consider the recommendation resolved. In accordance with Agency guidance please submit documentation and request for closure to M/MPI/MIC.

I appreciate the cooperation extended to my staff during the audit.

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**Background**

The International Disaster Assistance Program of the United States assists persons affected by natural and man-made disasters. The goal of USAID humanitarian assistance is to save lives and minimize suffering. There are three principles to USAID's humanitarian assistance. First, emergency response, which aims at saving lives and reducing suffering. Second, prevention and mitigation of the effects of disasters must be built into response programs. The third principle is the importance of ensuring that

countries make successful transitions from crises. Timeliness and cost-effectiveness are also important benchmarks of USAID humanitarian assistance.

The Bureau for Europe and New Independent States' (ENI) Emergency Humanitarian Assistance Division<sup>1</sup> is responsible for leading and coordinating USAID's response to emergency and humanitarian assistance requirements in the New Independent States (NIS). Specifically, the Emergency Humanitarian Assistance Division's mandate is to provide food, medicine and shelter to address the consequences of economic and political dislocation, civil strife, and ethnic conflict.

As of March 31, 1996, ENI obligated about \$307 million and expended approximately \$269 million for the emergency humanitarian assistance component of the NIS Special Initiatives Project (110-0001). The current life of project funding for the NIS Special Initiatives Project (No. 110-0001) is \$429.1 million through September 30, 1997. The Regional Inspector General for Audit in Frankfurt (RIG/A/F) has previously audited a number of emergency assistance activities under the NIS Special Initiatives Project.

This audit focuses on USAID's June 1994 cooperative agreement with the Program for Appropriate Technology in Health (PATH). ENI/HR and USAID/Kiev share oversight responsibilities of PATH activities. The cooperative agreement originally provided over \$11.3 million in response to an emergency request from the Government of Ukraine for assistance on three immediate medical problems: a diphtheria epidemic, lack of insulin for insulin dependent children, and the transmission of hepatitis B among health workers (bloodborne infections). The cooperative agreement with PATH was amended in June 1995 to increase authorized funding to a total of approximately \$13.3 million and extend the project completion date to October 31, 1996. As of December 30, 1995, approximately \$8.6 million of the \$13.3 million had been spent.

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## **Audit Objective**

This audit was conducted as part of the Office of Inspector General's worldwide audit of the effectiveness of USAID's response to disasters and

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<sup>1</sup> The Emergency Humanitarian Assistance Division (ENI/HR/EHA) is part of the Bureau for Europe and New Independent States' Office of Human Resources (ENI/HR). Because the Office of Human Resources exercises overall management of ENI/HR/EHA, and has tasked other divisions to support ENI/HR/EHA activities, we will use the acronym ENI/HR when referring to the collective management of the Emergency Assistance Activity in Ukraine.

emergencies. Specifically, this audit was designed to answer the following audit objective:

**Did the Bureau for Europe and New Independent States' Office of Human Resources and USAID/Kiev ensure that the Program for Appropriate Technology in Health's activities accomplished the objectives envisioned in the cooperative agreement?**

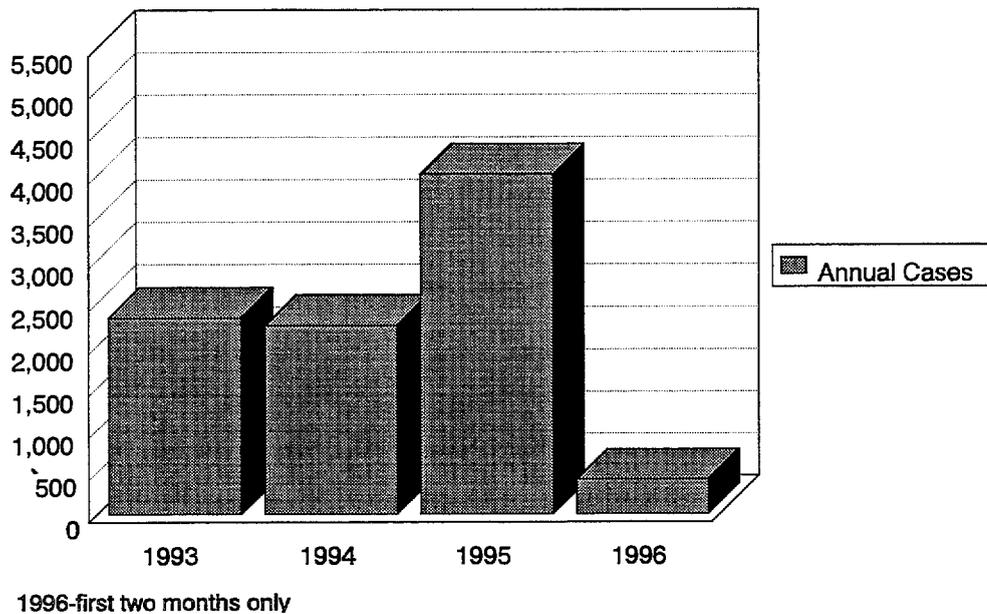
See Appendix I for a discussion of the scope and methodology for this audit.

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## **Audit Findings**

The Bureau for Europe and New Independent States' Office of Human Resources (ENI/HR) and USAID/Kiev ensured that the Program for Appropriate Technology in Health's (PATH) activities accomplished the objectives envisioned in the cooperative agreement by providing significant quantities of diphtheria (Td) vaccine, insulin and technical assistance. However, despite these efforts, the diphtheria epidemic in 1994 and 1995 was not controlled and, as shown on the following page, statistics indicate that incidence of the disease has increased. Also, implementation of the bloodborne infection control component was delayed.

**Adult Diphtheria Cases in Ukraine  
1993-1996**



The health assistance objectives as stated in the cooperative agreement were to: (1) assist Ukraine in terminating the 1994-1995 diphtheria epidemic; (2) provide Ukrainian diabetic children below age 15 with a one-year supply of insulin, needles, syringes and diabetic monitoring supplies; and (3) assist Ukraine in reducing the exposure of health care workers to infections caused by contact with blood (bloodborne infections). The audit found that USAID-funded commodities and related assistance were delivered and used to help accomplish these objectives. For example:

### **Diphtheria**

- ▶ As of December 31, 1995, the majority of Td vaccine,<sup>2</sup> approximately 22.8 million doses, had been shipped to Ukraine. Of this amount, about 21.4 million were distributed to 27 regions throughout Ukraine. This makes USAID the largest single donor to the diphtheria program.
- ▶ In collaboration with the U.S. Center for Disease Control (CDC), the World Health Organization and other international donors, PATH and USAID have contributed to a new diphtheria control strategy.

### **Children with Diabetes**

- ▶ PATH procured about 95,300 vials of insulin and related diabetic monitoring supplies.
- ▶ PATH is distributing insulin and diabetic monitoring supplies to approximately 4,000 children, and has also provided educational materials to endocrinologists and patients.

### **Bloodborne Infection Control**

- ▶ The Odessa Oblast Hospital and the Lviv Railway Hospital participated in a total of four studies to provide data on blood exposures.
- ▶ Regional conferences will be held at two demonstration hospitals (Lviv and Odessa) to highlight the experience of the hospitals and provide educational materials.

Results of the audit showed that despite ENI/HR and USAID/Kiev's efforts to ensure that PATH activities accomplished the objectives envisioned in the cooperative agreement, ENI/HR should reach written agreement with Government of Ukraine clarifying the implementation process.

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<sup>2</sup> The cooperative agreement focuses only on immunization of the adult population using diphtheria toxoid vaccine (Td). USAID decided on this focus as approximately 80 percent of all cases were occurring in adults, and the immunization of children with diphtheria-tetanus-pertussis (DTP) was being covered by UNICEF.

## **ENI/HR Should Reach Written Agreement With Government Of Ukraine**

The cooperative agreement with PATH states that the emergency humanitarian assistance should respond to the urgent, life-threatening health conditions in Ukraine. With regard to assistance with the diphtheria epidemic, the initial objective was to control the spread of diphtheria during the 1994-1995 epidemic season. The strategy, according to the cooperative agreement, was to provide 22 million doses of adult diphtheria toxoid (Td) vaccine to the 11 million adults residing in the ten regions with the highest diphtheria rates.

USAID-funded vaccine was provided to the Ministry of Health (MOH) in support of the agreed-upon strategy. However, in December 1994 PATH and ENI/HR officials noted that the MOH was not following the strategy. In fact, the MOH distributed vaccine to 27 regions in Ukraine, rather than just ten regions as originally planned. According to ENI/HR, the initial ten region strategy was probably too restrictive, politically unacceptable, and was unresponsive to the emerging pattern of the growing epidemic.

By March 1995, a second and new strategy for combatting the epidemic was developed based on recommendations from the World Health Organization (WHO). According to ENI/HR, the "WHO strategy" was discussed in meetings with the MOH, WHO, USAID, PATH and other donors. As a result of these meetings, it was determined that the most effective strategy should be a "mass immunization" of all adults ages 15 through 59 who have not received Td immunizations since 1992.

The MOH conducted its first mass immunization campaign in April 1995 in the southern region of Ukraine and conducted a follow-up campaign in June 1995. Other campaigns throughout Ukraine were conducted between September and November 1995. However, PATH and ENI/HR officials stated that compliance with strategy protocols were inconsistently followed in these later campaigns. According to PATH and ENI/HR officials, although the MOH seems to be receptive to implementing a mass immunization strategy, the actual implementation of the strategy by the 27 regions has generally not occurred.

According to the ENI/HR's August 1995 mid-course review of the activity, ENI/HR found that there was a disconnect between the WHO strategy and MOH's implementation of the strategy. ENI/HR's report recommended that USAID/Kiev should negotiate a Memorandum of Understanding with the MOH which sets forth MOH's, USAID's and PATH's roles and responsibilities which emphasize the importance of adhering to the agreed-

upon diphtheria control strategy. However, USAID/Kiev did not negotiate the Memorandum of Understanding with the MOH. According to PATH and USAID/Kiev officials, USAID/Kiev did not believe a Memorandum of Understanding would enhance efforts to get the MOH to adhere to an agreed-upon strategy.

In March 1996, PATH coordinated an international conference on the diphtheria program in Ukraine. As a result of the conference, ENI/HR noted that the MOH, USAID and PATH have agreed to a new and third strategy of administering to all persons 15-59 years old one dose regardless of previous immunization history. ENI/HR stated that the MOH appears more committed than ever to adopt the mass immunization strategy. However, because we learned that the MOH, while indicating it was committed to each new strategy, had not implemented any of the prior strategies, we believe that formalizing this understanding in a written agreement with the MOH will help ensure that the remaining Td vaccine (9.1 million doses) is used in accordance with the new strategy.

**Recommendation No. 1: We recommend that the Bureau for Europe and New Independent States' Office of Human Resources in coordination with USAID/Kiev obtain a written agreement with the Ministry of Health (MOH) affirming MOH support for the agreed upon mass immunization strategy and explaining how the final 9.1 million doses of USAID-funded Td vaccine will be utilized in accordance with the strategy.**

#### **Management Comments and Our Evaluation**

ENI/HR agreed with our finding and recommendation. USAID/Kiev has sent a letter to the Ministry of Health that clarifies the agreed upon control strategy and requests the Minister to take all actions needed to ensure that the campaigns will be successfully executed. Based on ENI/HR's response and planned actions, Recommendation No. 1 is considered resolved. For their complete comments see Appendix II.

#### **Other Matters**

During the course of the audit two matters arose which we brought to management's attention in the draft audit report. Based on management's response to these matters, we are not issuing any recommendations. However, we believe a discussion of the issues is useful.

**PATH's Technical Assistance Group Unable  
To Track Distribution and Use of USAID-funded Vaccine**

According to the June 1994 cooperative agreement, PATH should actively involve itself in the details of the distribution of Td vaccine down to the lowest levels of the immunization chain. At the beginning, ENI/HR recognized that unless PATH was actively involved, significant amounts of humanitarian commodities would not reach the intended beneficiaries because of poor communication to the public, political diversion or waste through the misuse of multi-dose vials.

ENI/HR's August 1995 mid-course review report recommended that PATH should give priority attention to developing an approach to track the distribution and use of USAID-financed Td vaccine. In response, PATH established a Technical Assistance Group (TAG) to provide technical support to strengthen Kiev-based project management. This group was to implement a system to ensure that accurate data is collected for monitoring program commodities and activities. According to trip reports prepared by the TAG and discussions with a member of the TAG, despite their efforts in trying to get complete and accurate data from the MOH, problems in tracking use and number of adults immunized continue to exist.

We found that since project inception, PATH has been unable to confirm the total number of doses received by the 27 regions and does not have information regarding the total number of adults immunized with USAID-funded Td vaccine. We attempted to confirm the total number of Td vaccine doses received by the regions during December 1995 and found that five regions reported receiving different amounts than shown on the central storage facility records. The regions contacted reported receiving 4,496,000 doses, or a shortfall of 500,000 doses.

Given the late stage of this activity, and recognizing the prior failures of the MOH to implement the desirable strategies and the inability of PATH to ascertain complete and reliable data from the MOH, we recommended in our draft report that ENI/HR should conclude all TAG activities relating to the diphtheria component. ENI/HR commented that if USAID terminated TAG activities USAID would lose the possibility of further analysis of the impact of 32 million doses of USAID-funded vaccine. ENI/HR believes that given the uniqueness of this epidemic and worldwide implications, it is essential for the MOH, USAID and other donors to assess the real impact of their efforts in Ukraine and to capture the lessons learned for worldwide application. For their complete comments see Appendix II.

## **Bloodborne Infection Control Component Delayed**

The June 1994 cooperative agreement called for an implementation plan for the bloodborne infection control component (BBIC) which PATH submitted on August 31, 1994. However, PATH did not reach agreement with USAID/Kiev on implementation details until May 31, 1995. Shortly thereafter, ENI/HR conducted a mid-course review of the project and found that BBIC activities would not be completed by the original agreement completion date of April 30, 1996, but that the component activities could be completed by the activity completion date of October 31, 1996.

ENI/HR stated that the implementation of the BBIC has been delayed because of a lack of specificity in the original cooperative agreement and implementation plan. ENI/HR and PATH also gave relatively higher priority to the other two activity components, diphtheria and insulin. Even though assistance was not started until September 1995--almost 15 months after the signing of the cooperative agreement--ENI/HR concluded that the component activities would be completed by the activity completion date. However, in April 1996, ENI/HR stated that the completion of the component's activities was dependent on the procurement of barrier items and would require an extension beyond the completion date of October 31, 1996.

In light of the above, we questioned whether ENI/HR should continue with the commodity procurement and suggested it consider not granting PATH an extension for completion of this component. Our question was based on ENI/HR's acknowledgement that there was significant slippage in this component, and its position that assistance targeting the bloodborne infection component was always considered short-term and humanitarian in nature. ENI/HR stated that it agreed with our point that the procurement of BBIC products was delayed over what was initially intended, but believed the procurement has followed a strategic and logical process. ENI also stated that they have made commitments to Ukraine participating hospitals and Ukraine officials and not fulfilling this commitment would seriously damage relationships and put the health program in Ukraine at risk.

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## SCOPE AND METHODOLOGY

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### Scope

As part of an Office of Inspector General worldwide audit, the Regional Inspector General's Office in Frankfurt audited the Bureau for Europe and New Independent States' (ENI) Humanitarian Assistance Activity in Ukraine in accordance with generally accepted government auditing standards. The fieldwork took place from January 22 through March 15, 1996 and included work at the Bureau for Europe and Independent States in Washington, D.C. and USAID/Kiev. Work was also performed at the Ukrainian office of the USAID recipient (Program for Appropriate Technology in Health), and at various Ukrainian Ministry of Health offices, regional health offices, several hospitals and one central storage warehouse.

The audit covered ENI's Office of Human Resources management of humanitarian assistance provided to the Government of the Ukraine to alleviate three immediate medical problems: a diphtheria epidemic, a lack of insulin for insulin dependent children, and the transmission of bloodborne diseases. As of December 30, 1995, approximately \$8.6 million of \$13.3 million had been used.

In addition to the methodology described in the following section, we have requested written representations from ENI/HR management confirming information that we consider essential for answering our audit objective.

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### Methodology

In answering the audit objective we met with USAID/Washington and USAID/Kiev officials to assess the implementation of this assistance. We also met with Program for Appropriate Technology in Health (PATH) officials, and officials from participating organizations such as the Ukrainian Ministry of Health and several hospitals in Kiev and Lviv.

**APPENDIX I**

**Page 2 of 2**

We made site visits to Washington, D.C., and to Kiev, Lviv and Ubukhiv in Ukraine. Lviv was visited because the three components (diphtheria, insulin and bloodborne infection control) of the activity had representative efforts in progress there. Ubukhiv was visited because the procured items were processed through this Ukrainian Government central storage area.

To assess whether the objectives of the humanitarian assistance were being met, we obtained and analyzed data on the procurement, transfer and distribution of the USAID-financed diphtheria vaccine, insulin and medical supplies. We also reviewed the cooperative agreement and the amended cooperative agreement, the Memorandums of Understanding, Memorandums of Implementation, quarterly progress reports, site visit reports, and other germane USAID and PATH documentation.

We also obtained a copy of the activities mid-course review performed by ENI/HR. We assessed the review and found it accurately reported on the activities progress and identified substantive implementation issues. Therefore, we relied on the work performed in conducting the mid-course review, and accordingly, reduced the amount of testing performed.

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MANAGEMENT COMMENTS

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PAGE 2



U.S. AGENCY FOR  
INTERNATIONAL  
DEVELOPMENT

June 24, 1996

MEMORANDUM

TO: RIG/A/Frankfurt, Andrew J. Olsen, Acting

FROM: ENI/HR/EHA, Rila Hudson, Division Chief (Acting)

SUBJECT: Draft Report - Audit of the Bureau for Europe and New Independent States' Humanitarian Health Assistance Activity in Ukraine under Cooperative Agreement with the Program for Appropriate Technology in Health (PATH)

This memorandum is in response to your memorandum to me dated May 13, 1996, transmitting the subject draft report and inviting written comments. As with our April 26, 1996 response to RIG/A/Frankfurt's Record of Audit Finding No. 1, we have collaborated closely with the USAID Mission in Kiev on this response. In addition, we have sought PATH's perspective on specific points.

We found the report's narrative and analysis to be generally accurate and reasonable. The discussion below offers additional information for your consideration and proposes specific language and actions intended to resolve the recommendations.

**Recommendation No. 1:** We recommend that the Bureau for Europe and New Independent States' Office of Human Resources in coordination with USAID/Kiev negotiate a Memorandum of Understanding with the Ministry of Health establishing roles and responsibilities in regard to implementing the agreed upon mass immunization strategy for the remaining project period.

We understand and appreciate the intent of the recommendation. USAID/Kiev has already taken steps to address it. As explained below, while we believe it is now too late to negotiate a formal MOU, USAID Kiev will seek written agreement from the MOH in regard to implementing the mass immunization strategy.

Practically speaking, the diphtheria component of the project is almost finished, the entire 32 million doses of Td vaccine provided under this activity have been safely delivered to Ukraine, and the only vaccine still not utilized (9.1 million doses) is being currently administered during the June mass immunization campaigns. RIG/A/Frankfurt will recall that the MOH recommitted itself to the mass immunization control strategy during the March 1996 international workshop on the diphtheria

2

program in Ukraine. The MOH, PATH and USAID are closely monitoring this activity to assure that the remaining doses of USAID-funded vaccine are indeed distributed and used in accordance with the agreed strategy.

Pursuant to the March 1996 agreement, the MOH recommitted to conduct mass campaigns in all oblasts that had not conducted mass immunization campaigns already, starting with the three oblasts experiencing the highest incidence of diphtheria, namely Lugansk, Donetsk and Dnipropetrovsk. At the MOH's request, USAID and PATH have provided additional technical and logistical support for these oblast campaigns. To ensure that the MOH, PATH and USAID were all in accordance with this plan for the utilization of the remaining 9.1 million Td doses, USAID/Kiev's Mission Director sent a letter to the Minister of Health on May 22, 1996. The letter reviewed the agreed upon control strategy and requested that the Minister take all actions needed to ensure that the campaigns will be successfully executed (copy of letter attached).

We propose the following steps to resolve the recommendation, and to close it by September 15, 1996:

- a) That the recommendation be modified to read: **We recommend that USAID/Kiev reach written agreement with the Ministry of Health, affirming MOH support for the agreed upon mass immunization strategy and explaining how the final 9.1 million doses of USAID/PATH Td vaccine were utilized in accordance with that strategy.**
- b) That USAID request the MOH to provide, by September 15, 1996, written affirmation of MOH support for the agreed upon mass immunization strategy and explain how the final 9.1 million doses of USAID/PATH Td vaccine were utilized in accordance with that strategy.

**Recommendation No. 2: We recommend that the Bureau for Europe and New Independent States' Office of Human Resources conclude all further activities related to PATH's Technical Assistance Group under the Diphtheria component. (page 9+)**

By July 1995, the project's scope had been extended from primarily a "commodities drop" to include technical support in several areas, such as management information systems, program monitoring, vaccination coverage and impact evaluation, vaccine policy assessment, and studies associated with bloodborne infection control (BBIC) and local production of BBIC materials. Since September 1995, the Technical Assistance Group (TAG) has been an integral element of each of these diphtheria control and other program components. The TAG was formed in response to Mission and ENI/HR concerns that PATH needed to strengthen in-country senior level technical and management oversight; technical assistance and counsel to the Ministry of Health (MOH); technical advice to the Mission; and analysis of program impact.

3

We believe the PATH TAG has accomplished a great deal in its difficult tasks. For example, field studies and epidemiologic analyses carried out entirely by the TAG since last December, have made available to the MOH, USAID, and the international community, process and impact evaluations of the adult immunization campaign. At the international meeting on diphtheria held in March 1996, the TAG played a central role in providing support for continuing the internationally endorsed policy of adult mass campaigns. In fact, the policy ultimately adopted by the Government of Ukraine at the conclusion of the meeting was the one proposed and advocated by the PATH TAG. Working intensively with the highest officials in the MOH and at the oblast level, the TAG has: designed a vaccine information system and continues to work with the MOH in its implementation; accumulated additional consumption data since the audit; been given access to the diphtheria case database, and analyzed these data, sharing the results and methodology with the MOH and the Institute of Epidemiology; and trained personnel in the conduct of a case-control study.

If USAID were to terminate the TAG activities at this juncture, the situation would once again revert to a commodity drop, the very role which previously proved inadequate. The MOH and USAID would have little information about how the Td vaccine was being used, about what was happening with the diphtheria epidemic in Ukraine. We would lose the possibility of further analysis of the impact of 32 million doses of USAID-financed vaccine. PATH would retain only a residual capacity to collect and forward to USAID the periodic MOH diphtheria data spreadsheets, but there would be no analysis about coverage or impact of the diphtheria campaigns, or about the lessons learned from the diabetes and bloodborne infection control components. We would further lose substantial technical input to the MOH, and to international agencies on such issues as mass campaign strategy implementation and diphtheria campaign impact evaluation in Ukraine.

Finally, as we argued in the case of the draft Audit Finding No. 1 (dated April 15, 1996), we believe that deleting any part of the agreement with PATH would be considered a "partial termination" of the Cooperative Agreement. We do not believe that any of the three reasons for termination (a) failure to materially comply, b) convenience, or c) national interest apply in this situation (per 22CFR 226.61). We believe that PATH has performed satisfactorily on this and the other components of the Agreement. We know that PATH would not concur in termination for convenience.

Given the uniqueness of this epidemic and the worldwide implications, we believe it is essential for the MOH, USAID and other donors to assess the real impact of their efforts in Ukraine and to capture the lessons learned for worldwide application. Without the PATH TAG, that information simply will not be available. To complete this task, we will need to examine disease incidence through December 1996 (the peak month for diphtheria cases). Providing time for collection and analysis of the data requires that the TAG continue to function through March 1997. USAID has tentatively agreed to extend the cooperative agreement, in part to allow for the collection and analysis of this

4

data. Accordingly, we propose to resolve the recommendation by assuring that the diphtheria component of the TAG terminate its operations on or before March 31, 1997.

#### OTHER COMMENTS

- Incidence - The draft audit report (page 5) states that "despite these efforts, the diphtheria epidemic in 1994 and 1995 has not been controlled and, as shown below, statistics indicate that the incidence of the disease has increased." It is important to note that this statement and the accompanying graphic are based on national crude data. The data do not accurately reflect what is happening at the oblast level. In March 1996, MOH acknowledged that the diphtheria mass immunization strategy was effective in reducing the incidence of diphtheria. Statistical analyses conducted by the PATH TAG demonstrate that the incidence of diphtheria dropped following the mass immunization campaigns in the southern oblasts of Ukraine. In fact, the incidence has dropped in almost all oblasts with the exception of a few, which include the three oblasts being targeted for campaigns in June.

- Performance and Impact - While the audit report accurately reflects many of the frustrations USAID and PATH have experienced during this cooperative agreement (CA), we would nevertheless like to reaffirm that PATH has met or exceeded most expectations as outlined in the CA. Systemic or institutional reform was not an objective of the CA. Despite implementation difficulties, mostly outside PATH's control, we are confident that there will be substantial program impact on reform. Much of that impact will extend beyond what was anticipated in the CA. The following summarizes our review of accomplishments:

Diphtheria component. USAID and PATH have: delivered 32 million doses of Td toxoid, making USAID the largest single donor to the diphtheria control program; contributed significantly to the definition of a new NIS-wide diphtheria control strategy; introduced new approaches and technologies for maintaining and monitoring the national vaccine cold chain and for immunization information systems; demonstrated in Ukraine the efficacy of Western vaccines, the value of mass immunization campaigns, and the techniques and value of serological studies and immunization coverage surveys; encouraged the MOH to reduce the list of contraindications to vaccination, to increase the number of persons vaccinated, to revise existing policies and clinical practices related to the diagnosis and treatment of diphtheria; and promoted the importance of information, education and communication (IE&C) campaigns as a useful tool in informing and prompting local communities to engage in important public health practices.

Diabetes component. USAID and PATH have: delivered the committed insulin and related supplies; developed a reliable registry/data base containing the names of diabetic children throughout Ukraine; developed and implemented a reliable delivery system and appropriate methods to monitor insulin distribution; and initiated training and

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PAGE 6

5

information programs to improve clinical and home-based monitoring and management of diabetes in children.

Bloodborne infection control (BBIC) component. USAID and PATH have: implemented a training and education program in two demonstration hospitals for BBIC; provided quantities of barrier clothing and supplies; commissioned a market feasibility study and business plan for local production of surgical barrier clothing at the Lviv Railway Hospital; and provided start-up equipment and support for facility renovation at the hospital site.

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15

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PAGE 7

6

Clearances:

ENI/HR/HP:MaryAnn Micka (Draft) Date 6/24/96  
ENI/HR:Carolyn Coleman *CC* Date *6/26/96*  
USAID/Kiev/PCS:Ann Aarnes (draft) Date 6/13/96  
USAID/Kiev/DST:Molly Mort (draft) Date 6/13/96  
ENI/FS:Richard Warin (draft) Date 6/20/96

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PAGE 8  
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**REGIONAL USAID MISSION  
FOR  
UKRAINE, BELARUS AND MOLDOVA**

19 Hishay Val. Kiev, Ukraine  
Fax: +380-44-462-5834; Phone: +380-44-462-5678/79/80/81/82

May 22, 1996

Dr. Y.S. Korolenko  
Minister of Health  
Ministry of Health of Ukraine  
7 Grushevskogo Street  
252021 Kiev 21

Dear Dr. Korolenko,

I am writing you to raise an important issue of concern regarding the upcoming diphtheria mass immunization campaigns being planned by the government of Ukraine in the oblasts of Donetsk, Lugansk and Dnipropetrovsk in May or June 1996. Given that these campaigns are rapidly approaching, an order from the Ministry of Health to the three oblasts directing them to conduct the mass immunization campaigns is urgently needed.

At the Pushcha Ozernaya International Diphtheria Conference on March 11-13, 1996, the Government of Ukraine recommitted itself to the mass immunization campaign strategy for diphtheria control and to providing the resources needed to effectively implement the campaigns this spring. Shortly following, the Ministry of Health decided to conduct the campaigns in the oblasts of Donetsk, Lugansk and Dnipropetrovsk. The U.S. Government's Agency for International Development (USAID) through the Program for Appropriate Technology for Health (PATH) is pleased to be able to provide the needed adult diphtheria toxoid (Td vaccine) for the mass immunization campaigns, based on the agreed diphtheria control strategy in the three oblasts. A total of 9.1 million Td doses is now being reserved for these campaigns. This is part of the U.S. Government's commitment to the Government of Ukraine to provide a total of 32 million Td doses and other needed supplies to support its diphtheria control efforts.

While preliminary planning for the campaigns is underway, it is our understanding from the oblast health care departments that a comprehensive order from the Ministry of Health on the mass immunization campaigns is urgently needed in order for preparations to proceed and the campaigns to be carried-out. Given that the planned campaigns are rapidly approaching, I trust that you will take the actions needed to ensure that they will be successfully executed.

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177

-2-

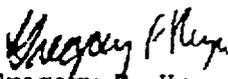
It appears that we must ask for your assistance to solve some pressing problems before the oblasts can finalize their campaign plans:

- The oblasts must be ordered to conduct mass immunization campaigns. Given the preparations necessary to plan a well organized campaign, we suggest that the campaigns be scheduled to start June 10th.
- The oblasts need clear instructions as to who is to be immunized. At the Pushcha Ozernaya conference last March it was agreed that the target age group would be 16 to 59 years of age regardless of previous immunization status with the exception of those adults immunized in 1996. This instruction needs to be stated to the oblasts.
- The oblasts may need support from the Ministry for the provision of syringes, needles, alcohol, swabs and other needed supplies.

At the Ministry of Health's request, USAID and PATH have provided additional technical support for the campaigns in the three oblasts. Currently, USAID and PATH have a mass immunization campaign specialist and a social mobilization expert team working out of the Donetsk mass immunization campaign headquarters to help the oblasts prepare for their upcoming campaigns. Professor Alexia Shelokov has just arrived in Ukraine to conduct seminars for the oblast health care practitioners on the diphtheria control strategy and lessons learned to date.

On behalf of the U.S. Government, I am pleased to be able to provide this humanitarian assistance to help the Ukrainian Government control its diphtheria epidemic. The U.S. Government remains concerned by the continued incidence of diphtheria in Ukraine and strongly supports your government's efforts to complete implementation of the current diphtheria control program which is urgently needed.

Sincerely,

  
Gregory F. Huger  
Mission Director

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18