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Polio Free by the Year 2000



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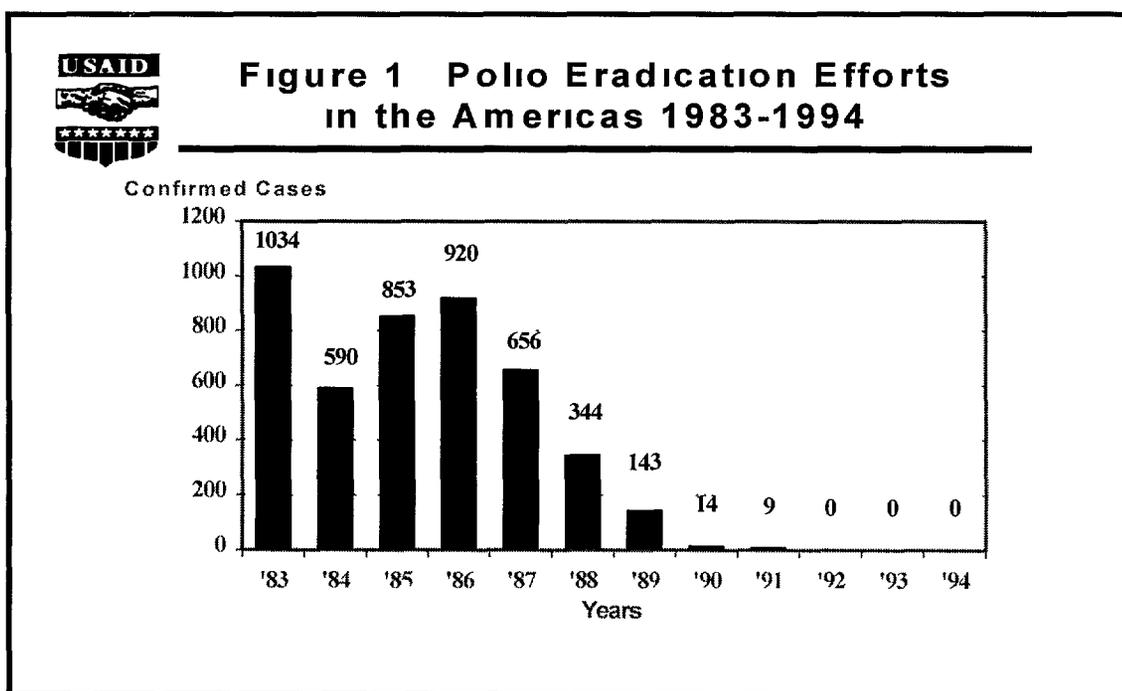
**USAID's Polio Eradication Initiative (USAID-PEI):
Report of the First Six Months**

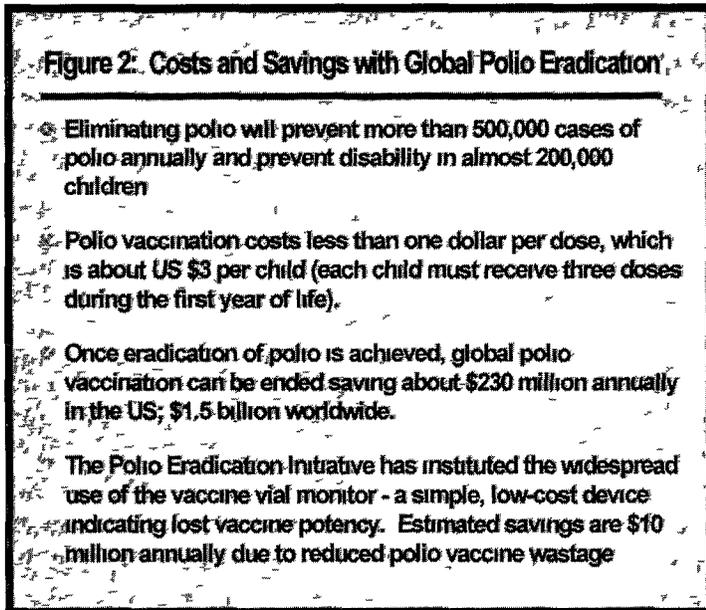
I INTRODUCTION

Polio eradication is within our grasp. In 1995 more than 150 countries reported zero cases of poliomyelitis. The number of reported cases has fallen from 52,553 in 1980 to 6,179 in 1995. In 1994, the Americas become the first polio-free zone and represent a great success story (Figure 1). With USAID as the catalyst and primary external donor, and Rotary International and the Pan American Health Organization as implementing partners, the efforts in the Americas provide the guiding principles for future worldwide polio eradication efforts and reflect USAID's leadership and global commitment to child survival.

In addition to the reduction in human suffering, estimated cost savings from global eradication of polio are projected to be \$1.5 billion (Figure 2). Although great progress has been made toward the global eradication of polio, much remains to be done to eliminate the spread of the virus and to wipe out this crippling disease.

Historically, USAID focused its polio efforts in the Latin America and Caribbean region (LAC) as part of its worldwide child survival efforts. In 1988, the World Health Assembly adopted the goal of global eradication of polio myelitis by the year 2000. The Health Assembly emphasized that eradication efforts





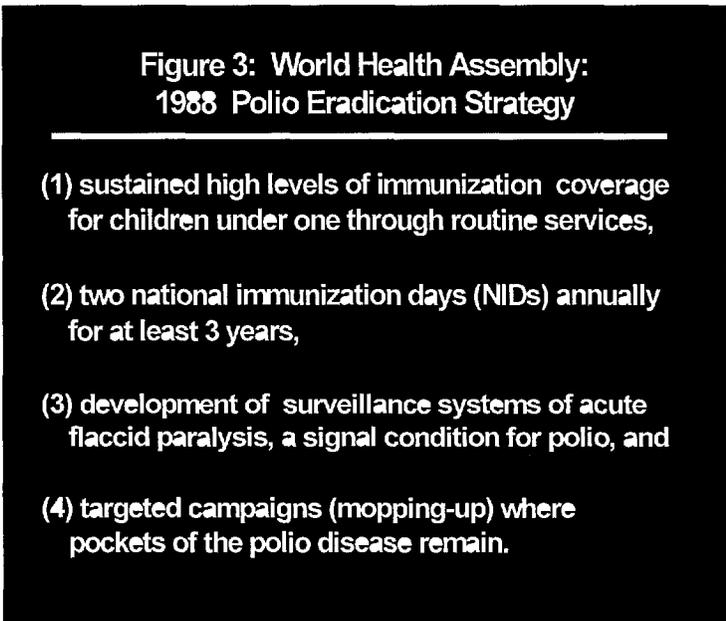
should be pursued in ways which strengthen the development of the Expanded Program on Immunization (EPI) at all levels and contribute to the development of sustainable health care systems. Elements of the 1988 Health Assembly strategy are presented in Figure 3

Following this lead, the World Health Organization (WHO) worked to eradicate polio from the Western Pacific Region and China, and UNICEF

promoted the Universal Childhood Immunization (UCI) initiative which included polio vaccination worldwide. Rotary International, using a \$6 million grant from USAID, developed national PolioPlus Programs in Nigeria and India, two countries with the largest polio burden and critical for the ultimate eradication of polio. Additionally, over 1.2 million members of Rotary International have raised more than \$400 million in private funds and continue to donate thousands of hours of volunteer service worldwide.

The mid-1990s brought about polio eradication in the Americas and progress toward eliminating polio in the Western Pacific Region, however, UCI coverage in Africa and South Asia (including polio efforts) faltered. The early successes of UCI - achieving 80% vaccination coverage worldwide - were, unfortunately, only temporary in some parts of the world. Drawing on lessons learned from these programs, USAID looked at its own child survival

activities with an emphasis on building health care capacity and sustainability

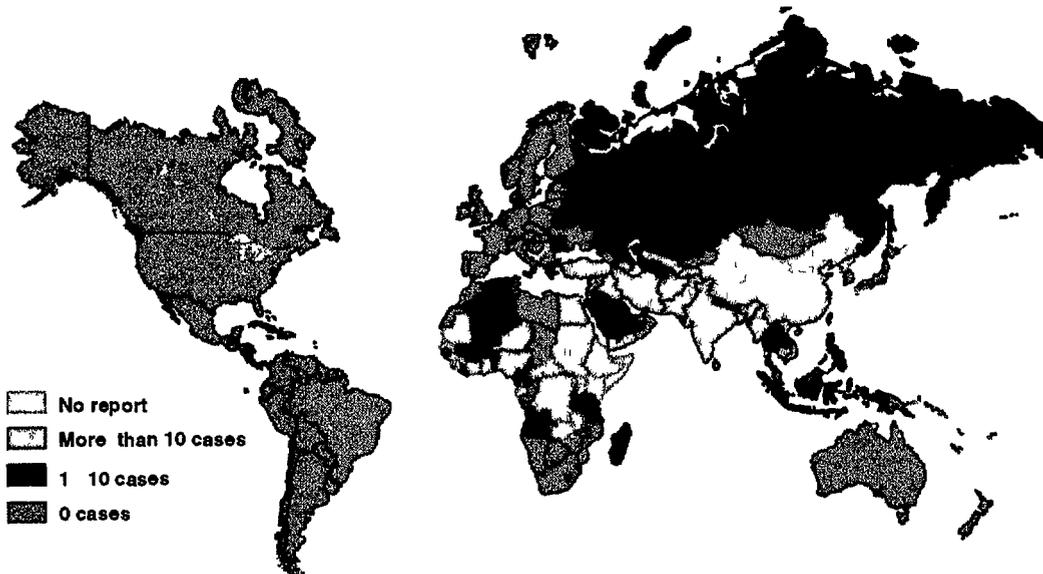


The WHO estimates approximately 100,000 new cases of polio occur each year across more than 60 countries. Most of these cases go unreported due to weak disease surveillance and tracking systems. With the potential for polio virus migration across international borders, all nations, including those in the LAC region with its polio-free status, must maintain high polio immunization rates until global eradication is achieved and all countries can confidently and independently certify that they are polio-free.

In April of 1996, with the encouragement and support of the 104th US Congress, USAID launched an expanded Agency initiative to support the global eradication of polio -- the USAID Polio Eradication Initiative (PEI). This initiative, representing a \$20 million Congressional allocation for FY 1996 and potential additional allocations in pursuing years, supports the global effort to eliminate polio by the year 2000 within USAID's sustainable development framework.

II THE USAID POLIO ERADICATION INITIATIVE A BLUEPRINT FOR SUSTAINABLE IMPACT

Figure 4: Reported Incidence of Polio, FY1994



Source: World Health Organization, *A World Without Polio Target 2000*, 1995

A Overview

The USAID Polio Eradication Initiative (PEI) offers financial and technical support in selected countries and regions, focusing on South Asia, Sub-Saharan Africa, and the

"When the history of polio eradication is written, USAID will figure high as one of the organizations that made it happen."

Dr. Ciro de Quadros, Director, Special Program for Vaccines and Immunization, PAHO

New Independent States where the polio virus remains endemic and the weak infrastructure in these countries pose substantial development challenges (Figure 4)

Many partnerships have emerged in the fight against polio. Global efforts include an unprecedented coordination among governments, international donor organizations, and the private sector. USAID is proud to have forged effective collaborative partnerships with donor agencies such as Rotary International, the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the US Centers for Disease Control and Prevention (CDC), the Japan International Cooperation Agency (JICA), other bilateral donors, and our non-governmental partners (these collaborating agencies will be referred to as the POLIO PARTNERS)

USAID has developed a comprehensive, practical, and effective PEI strategy. PEI funds are allocated through USAID mission-directed activities and USAID/Washington arrangements such as USAID grants and technical assistance to host country governments and other POLIO PARTNERS (Figure 5)

Figure 5 Polio Eradication Initiative Funding for FY 1996-97

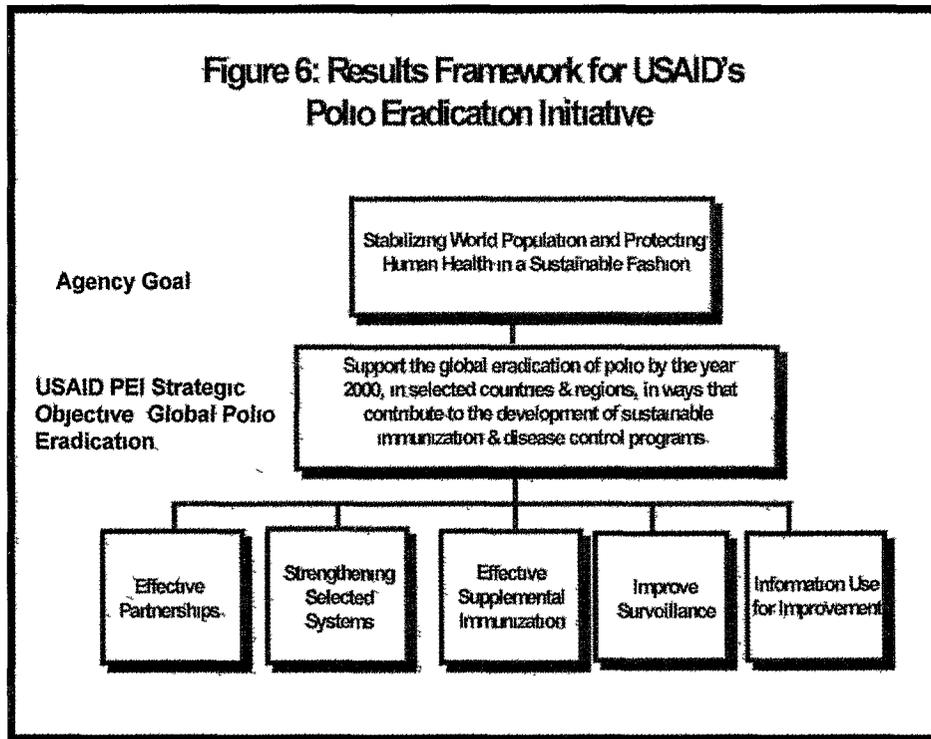
	FY 1996	FY 1997
Africa	\$ 9,709,000	\$ 15,950,000
Asia/Near East	7,617,000	3,900,000
Latin America/Caribbean	887,000	0
New Independent States	900,000	0
USAID/Washington	887,000	5,150,000
TOTAL	20,000,000	25,000,000

The USAID mission-based programs support PEI as part of their overall child survival programs at the country level. USAID Mission staff are increasingly participating in country-level polio donor coordinating committees and technical fora. USAID/Washington activities focus on regional and international organizations to help coordinate donor resources, provide technical assistance, and rapidly disseminate polio information.

B The PEI Strategy and Results Framework

The PEI framework was developed collaboratively by a technical consultative group consisting of representatives of the POLIO PARTNERS. In developing

the PEI strategic framework, many of the components reflect lessons learned from effective eradication efforts in the Latin America and Caribbean region and the Universal Childhood Immunization initiative. Key components of the USAID-PEI framework are designed to eradicate polio while supporting the development of a strong, sustainable routine immunization program -- a program which provides the backbone for childhood immunization and basic curative and preventive services throughout the developing world (Figure 6)



As presented in Figure 6, a brief synopsis of the five main elements of USAID's PEI framework are

- **Effective Partnerships** The PEI calls for active engagement with regional and country level Interagency Coordinating Committees (ICCs) comprised of public and private sector service providers and international agencies. The ICCs provide a forum and structure for donor collaboration, private sector partnerships, and host government commitment to sustainable immunization against polio and other childhood diseases. The close coordination with host countries and other donor partners at the central, regional, and global levels is critical to ensuring effective implementation of eradication efforts, reducing funding gaps, and increasing efficiency.
- **Strengthening Selected Systems** This element focuses on training, supervision, and practical workshops to improve the efficiency of

vaccine delivery, including administration, proper handling of the polio vaccines, repair and maintenance of cold chain equipment, and general program management. UCI showed us this type of system strengthening is essential for sustainable, high routine vaccination coverage rates and the delivery of other child survival services. The existence of an adequate infrastructure, capable of delivering routine immunizations, is critical for ensuring polio eradication.

- **Ensuring Effective Supplemental Immunization** This component of the PEI strategy supports improved planning and implementation of supplemental polio immunization, national/subnational immunization days (NIDs/SNIDs), and mop-up campaigns¹. This component will also further support activities which provide information and education to communities on the benefits of immunization. (A minimum of three doses of the vaccine are needed to fully protect against polio. Routine immunization through health clinics is an important component, but it is only part of the battle. To reach the whole population, highly visible, concentrated vaccination days are generally needed to ensure progress toward polio eradication.)
- **Improve Surveillance** To certify that polio is eradicated, every case of acute flaccid paralysis (AFP) must be reported to health authorities for action. Of the estimated 100,000 cases annually only about 6,000 are actually reported. Substantial improvements are needed to increase polio case detection, reporting, and response. Strategically, the PEI will build on existing structures whenever feasible. This PEI element supports the inputs needed to build an effective system. Naturally this will strengthen overall surveillance systems which are a critical part of USAID's sustainable development strategy.
- **Information Use for Continuous Improvement** The intensity of PEI efforts will generate much data and many lessons learned at the regional, national, and inter-national levels. USAID PEI efforts will focus on the appropriate collection, use, and dissemination of key data necessary for high quality program monitoring and evaluation.

¹ Mop-up campaigns are a phase of the eradication strategy which utilize surveillance to detect active cases of polio, mainly acute flaccid paralysis, and virus shielded in stool. If active transmission is detected, a mop-up response is mounted to immunize children in that area and sequester the virus, thus "cleaning" the area of the virus.

III PROGRESS TO DATE - A TARGETED APPROACH

While this report represents only the first few months of the PEI, USAID is already beginning to see results of its efforts

A USAID Progress on PEI in SOUTH ASIA and the NEAR EAST

Despite a reduction in the number of reported cases in the South Asia region, the Indian sub-continent remains a major endemic reservoir of the polio virus on a global basis. In 1995, India had approximately 58 percent of the reported cases worldwide and was the source for about 75 percent of polio importation to other countries.

Great success has been made in recent years in increasing the number of children immunized in South Asia by strategically focusing on national immunization days (NIDs) throughout the region. USAID Missions have played a vital role, along with the other donors such as Rotary International and UNICEF, in supporting the development of effective infrastructures to administer NIDs. In recent years, the number of children immunized through NIDs in India alone reached more than 80 million children under five years of age.

India

USAID/UNICEF/Southeast Asia/India Rotary PolioPlus USAID/India has participated in the critical planning process for the NIDs scheduled for December 1996 and has been a collaborative development partner in India for many years. USAID/India was instrumental in supporting the Rotary Foundation in 1987 as they established the largest PolioPlus Program in the world. Rotary activities provide for social mobilization of communities and state and local governments which contributed to the impressive success of NIDs in December 1995 and January 1996 when more than 87 million children were immunized. Through USAID/Washington, a **UNICEF/SouthAsia/India/Rotary PolioPlus** grant, under the PEI will provide continued support for India's Rotary PolioPlus activities and support the development of guidelines for Rotary volunteers. The grant will also support the conduct of workshops and other efforts to collaborate with social and/or professional groups to promote disease surveillance activities.

As part of the same grant, a portion of PEI funds will be directed specifically to **UNICEF** to ensure all 66 districts in India are equipped with adequate cold chain equipment, new vaccine vial monitors to limit vaccine wastage, and, coverage evaluations in specific geographic areas to improve quality of NID

programs To complement the 1996 NIDs, the Government of India sought external donor partners to expand and maintain disease surveillance The USAID/Washington PEI grant to **WHO/India** will provide support for surveillance system personnel, equipment, supplies and communication linkages between the National, State and District surveillance teams

Nepal

USAID/UNICEF/Nepal USAID/Nepal provides extensive support to the Ministry of Health to enhance the planning and implementation of the Nepal NIDs, where the government of Nepal reiterated its commitment to the eradication of polio Nepal is preparing for 1996-97 NIDs that will coincide with NIDs in surrounding countries A USAID/Washington grant to **UNICEF/Nepal** will use PEI funds to assist with the procurement of cold chain equipment, and focus on enhancing and coordinating social mobilization and training

USAID/WHO/Nepal A USAID/Washington grant to **WHO/Nepal** will focus on enhancing and coordinating the disease surveillance system for acute flaccid paralysis (AFP), including training at the national and district levels

Bangladesh

USAID/Bangladesh USAID/Bangladesh supported the social mobilization, mass media and training of local personnel for the 1996 NIDs, consistent with USAID's support for the strengthening of routine immunization systems

USAID/Washington Technical Assistance USAID also provided key technical assistance in Bangladesh for planning, implementation, and social mobilization for the country's first NIDs Results from USAID-asserted evaluative studies were applied during subsequent rounds of NIDs Work on disease surveillance that was initiated through technical assistance is being developed by local staff in conjunction with the WHO/Bangladesh, thus further contributing to technical and operational sustainability

USAID/WHO/Bangladesh The USAID/Washington grant to **WHO/Bangladesh** was designed to adapt existing disease surveillance systems to a new action-oriented model for identifying AFP and timely response to each reported case The grant supports training for surveillance coordinators and EPI staff who work with the surveillance system as well as with neonatal tetanus and measles surveillance activities Surveillance manuals providing instruction on notification, investigation and "outbreak response" will be developed to be consistent with community-based and facility-based disease surveillance systems

Egypt

On the verge of polio eradication, USAID/Egypt provided an estimated \$2 million for activities such as extended mopping-up immunizations, enhanced surveillance, and laboratory testing

Morocco

USAID/Morocco allocated over \$70,000 in bilateral funds to support the second year of the government's intensive three-year PEI program. USAID assistance is used for the preparation of technical and informational documents for vaccine personnel, including management guides, data registers, and educational material. An additional \$175,000 is reserved for the improvement of the Moroccan cold chain and equipment.

Philippines

The Philippines is among the countries that have successfully implemented a polio eradication plan as an integral part of the routine immunization program. NIDs, referred to as "Knock out Polio" campaigns, include oral polio vaccination and vitamin A supplementation. USAID's bilateral assistance for PEI includes training, cold chain logistics, and information, education, and communication materials.

USAID remains a leader in the provision of technical assistance to countries and our multilateral counterparts alike. As with our population, health and nutrition programs, we have earned the respect and trust of our colleagues worldwide as a technical leader and an effective partner.

B USAID Progress on PEI in AFRICA

Sub-Saharan Africa poses the greatest challenges for global polio eradication. Many African nations have weak health infrastructures, making effective polio eradication and routine immunization difficult. Polio is endemic in most of Africa with Angola, Ethiopia, Nigeria and Zaire accounting for 59 percent of the reported cases. While USAID is currently present in only two of these countries, other POLIO PARTNERS are coordinating eradication activities in the remaining countries.

**Nelson Mandela agrees
to Chair the *Kick Polio
Out of Africa* Committee**

August 1996

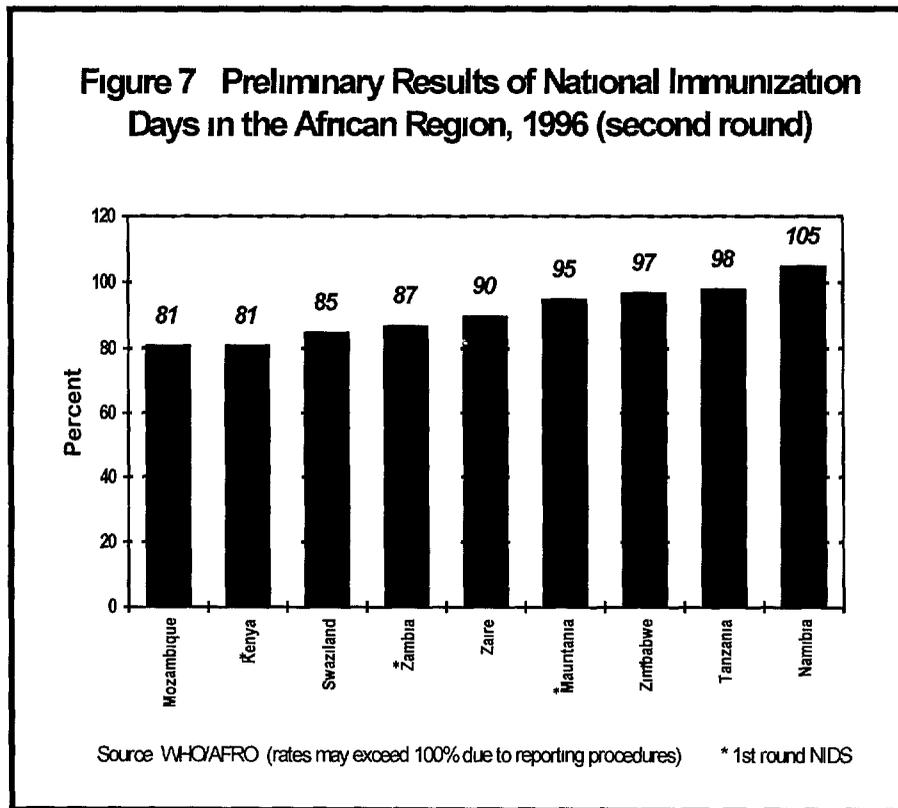
The Africa PEI activities in these initial months have been remarkable. USAID Missions, along with host countries and pivotal donor partners such as the

WHO/AFRO (Africa Regional Office) have been instrumental in promoting the PEI strategy. Polio eradication efforts have been supported by key African leaders, making the eradication campaigns highly visible and potentially increasing effectiveness.

"Without USAID support, there would be no NIDs in Africa."
Jean-Marie Okwo-Bele, Regional Advisor EPI, WHO/AFRO

The WHO/AFRO credits USAID with providing critical support to narrow the funding gap of planned NIDs in Africa. USAID support contributed to the successful implementation of all of the Africa region NIDs and put in place important monitoring and evaluation strategies for effective planning and implementation of future NIDs.

Figure 7 shows that, despite the tremendous obstacles to polio eradication in Africa, the first NIDs in the region resulted in coverage levels of about 80 percent of the target population in many countries. Africa PEI is on the right track with USAID help, although a long road lies ahead.



USAID/WHO/AFRO Grant A USAID/Washington grant to **WHO/AFRO** was designed to supplement the resources needed for polio eradication activities at country and regional levels. The grant includes funds for social mobilization, micro planning, monitoring and evaluation, cold chain equipment and transport. With the Grant, USAID supports PEI NID activities in 10 targeted countries: Angola, Benin, Burkina Faso, Ghana, Kenya, Malawi, Mozambique, Tanzania, Uganda, and Zambia. The **WHO/AFRO** grant complements on-going Agency support for sustainable immunization programs in Africa. Lessons learned from the PEI activities are shared throughout the Africa region to maximize impact and promote success. The grant will also serve to facilitate a number of regional and subregional workshops and conferences convened by WHO/AFRO. Some of these conferences will introduce disease surveillance measures for polio and other diseases, with special attention to WHO's new Information For Action (IFA) software.

Additionally, in FY 1996, 16 USAID African Missions were engaged in the development of sustainable PEI activities. Activities focused on three priority areas: social mobilization, planning and training, and cold chain logistics. Illustrative country examples of USAID's PEI activities in the Africa region include the following:

Kenya

Approximately \$1 million was made available by USAID/Kenya for the procurement of vaccines and cold chain equipment to support the 1996 NIDs. USAID provided technical assistance to the staff of the Kenya Expanded Program on Immunization in planning the August and September 1996 NIDs. The work included technical assistance on the use of monitoring NIDs and promoting the collection and analysis of data relevant to the effectiveness of both NIDs and routine immunizations.

Madagascar

In Madagascar, USAID/Madagascar supported the PEI efforts by providing a grant to UNICEF for the purchase of cold chain equipment and upgrades. In addition, USAID/Madagascar supported technical assistance for a vaccine coverage survey to assure the success of the immunization program and establish future priorities.

Mozambique

In Mozambique, USAID supports private voluntary organizations to promote PEI. Specific activities include support of training for community outreach.

personnel in vaccine administration, proper handling of vaccines, cold chain maintenance and logistical support, and social mobilization. Technical support to Mozambique Ministry of Health personnel in immunization planning, management, and monitoring and evaluation is also included.

Tanzania

In Tanzania, USAID Mission staff coordinated with the government and other international donors on NIDs. PEI support has focused on social mobilization and logistics for NIDs. USAID technical assistance in Tanzania was carried out as part of the **U S -Japan Common Agenda**, where the USAID technical advisor identified priority needs for polio eradication. This advice served as the basis for funding requests to the Japanese government. Additionally, USAID has provided support for the implementation, monitoring and evaluation of NIDs.

Zambia

In Zambia, a unique public-private partnership for the PEI produced what has been referred to as the "fast chain" through which several organizations, including Coca-Cola, offered the use of vans for the transport of vaccines to districts. Oil companies such as Caltex have also been engaged by providing gas for transportation. USAID/Zambia has been an important catalyst in this unique PEI endeavor. USAID provided technical assistance for the implementation, monitoring and evaluation of two rounds of 1996 NIDs.

C USAID Progress in Europe and the New Independent States

In this early stage of the PEI program assistance, in the New Independent States, USAID has focused technical assistance for effective planning and implementation of NIDs.

Central Asian Republics

Technical assistance efforts have concentrated on supporting the NID programs in Tajikistan, Turkmenistan, Uzbekistan and Kyrgyzstan. Analysis of the NID vaccine supply resulted in detailed recommendations to external donors for methods to avoid over-supply of vaccines and promote effective management techniques. These PEI efforts have improved efficiency of delivery, potentially saving millions in recurrent costs and improving sustainability.

Russia

In Russia, technical assistance included an assessment of coverage evaluation achieved from the NIDs and helping the Ministry of Health in preparing the first video clips on polio vaccination for national television since the break-up of the Soviet Union

Regional

On a regional level, PEI activities funded the translation and printing of the WHO Field Guide for Supplemental Activities Aimed at Achieving Polio Eradication (1995), which has been issued to guide planning, implementation, and evaluation of NIDs throughout the NIS

IV The Future

For FY 1997 momentum continues to grow in many countries for polio eradication, particularly within the context of strengthened Expanded Programs on Immunization and disease control programs. Eradication efforts are seeing increasingly high levels of support and country ownership. Recognition that polio eradication efforts will build a foundation for future child survival is growing. Over the next year, USAID and the POLIO PARTNERS will work together towards mutual objectives of global polio eradication. Some specific targets for USAID and our POLIO PARTNERS in the coming year are presented below

- National or sub-national immunization days are planned in 35 countries in Africa, 8 countries in Asia, and 11 countries in NIS,
- More than 40 million children will be immunized in Africa, 150 million in Asia, and 12 million in the NIS,
- Case detection strategies should increase the number of reported cases and response time is expected to decrease as a result,
- Technical assistance will help USAID-targeted countries build capacity to plan and implement eradication activities,
- Social mobilization activities will develop public, private, and community partnerships to keep routine coverage high, organize NIDs, spread the word to communities to get immunized, get involved in finding cases, and rapidly respond to outbreaks. Activities will include evaluating and refining social mobilization techniques,
- Policy dialogue will continue to generate high level involvement and support for policy changes that increase country financing and efficient and effective immunization activities,

- Supplemental and routine immunization activities will emphasize quality immunization services,
- USAID will continue to seek opportunities to strengthen linkages through grants to our POLIO PARTNERS and apply the lessons learned

V Summary

The next three to five years will be a challenging and exciting time for USAID and our POLIO PARTNERS. As noted in this brief report, much has been accomplished, yet much remains to be done. In the future, we shall endeavor to promote a polio eradication initiative within USAID's sustainable development framework that will serve us all very well into the millennium. Major areas of emphasis will continue to focus on vaccine delivery, future surveillance, and the broader implications of using the PEI to strengthen and sustain health delivery systems in the developing world. We face an enormous challenge and bear a tremendous responsibility to millions of the world's children and their families. We shall meet that challenge with vigor, commitment, and dedication to our development mandate.