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PDKAD/97

Dr. Carlyle Guerra de Macedo
Director
Pan American Health Organization
525 23rd Street, N.W.
Washington, D.C. 20037

Subject: Child Survival: Accelerated Immunization Project
Project Nos. 598-0643/597-0005
Grant No. CAR-0005-G-00-6971-00

USAID/Bolivia Buy-in
Project No. 511-0594*
PIO/T No. 511-0594-3-80202*
Appropriation No. 72-1181021*
Budget Plan Code LDCA-88-25511-KG13*
Obligation No. 80202*

Amendment No. 9

Dear Dr. Guerra de Macedo:

1. This letter is Amendment No. 9 to our Grant Agreement dated August 14, 1986, as amended, to provide additional grant funds to the Pan American Health Organization ("PAHO"), Regional Office of the World Health Organization, in the amount of US \$994,400 to be used for support of a project to improve child survival in the Americas through the prevention of vaccine-preventable diseases (the "Project"). The earlier version of this amendment dated January 12, 1989, which was sent to PAHO, has been voided and PAHO's suggestions have been incorporated into this amendment. The Project components include the interruption of indigenous transmission of the wild poliovirus, the eradication of poliomyelitis in the Americas by the year 1990, the expansion of coverage for other vaccines, and the development of sustainable infrastructure for the delivery of primary health care. The funds provided under this Amendment are to be used only to fund Project activities in Bolivia in accordance with the National Immunization Plan of Bolivia for activities described in Attachment A.

*These references pertain only to the funds added by this Amendment; see original letter and Amendments 1 through 8 for references applicable to other funds.

2. This Amendment is effective and obligation is made as of the date of this letter. It shall apply to commitments made by PAHO in furtherance of Project objectives in Bolivia during the period beginning with the effective date and ending July 31, 1991.

3. This Amendment provides Dols. \$994,400 of funds now allocated to USAID/Bolivia. See Attachment B for a budget for use of the funds. PAHO and A.I.D. agree that any increase or decrease of any line item in such budget of more than 15% will require prior written agreement of both parties. PAHO agrees that separate financial records and technical reports shall be maintained pertaining to activities performed using such funds. PAHO further agrees to report expenditures separately on SF 269 according to standard AID funding citations. USAID/Bolivia shall have the right to review annual workplans to be provided by PAHO at such times and in such format as USAID/Bolivia and PAHO shall subsequently agree.

4. Notwithstanding any other provision of the Memorandum of Understanding or any other document previously executed by the parties, A.I.D.'s total contribution to the Project will be provided in increments not to exceed a total of Twenty Million Six Hundred Thousand United States Dollars (US \$20,600,000) during the period from August 14, 1986 through July 31, 1991. The amount obligated to date, including this ninth Amendment, is US \$16,011,840 as described in Attachment C. Subsequent increments will be subject to the availability of funds to A.I.D. for this purpose and to the mutual agreement of the Parties, at the time of a subsequent increment, to proceed.

5. Funds granted hereunder will be used for the Project activities in Bolivia outlined in the National Plan of Action as described in Attachment A and any amendments to such documents which are agreed upon in writing.

6. In all other respects, the Grant Agreement dated August 14, 1986, as amended, remains in full force and effect.

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7. Please indicate your acceptance of this Amendment No. 9 by signing the original and eight (8) copies of this letter in the space provided below and returning the original and six (6) copies to the undersigned. Two copies may be retained for your files.

Attachment:

Tab A - Program Description
Tab B - Illustrative Budget
Tab C - Budget History

THE UNITED STATES OF AMERICA
AGENCY FOR INTERNATIONAL DEVELOPMENT

By: Terrence J. Brown

Title: Acting Assistant Administrator
Bureau for Latin America
and the Caribbean

Date: FEB 13 1989

ACCEPTED:

PAN AMERICAN HEALTH ORGANIZATION

By: Robert Evans

Title: Deputy Director

Date: 22 February 1989

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ATTACHMENT A

Program Description

A. Background

Building self-sustaining immunization programs within health delivery systems is an important step toward the attainment of child survival. By providing immunization to infants, the Expanded Program on Immunization (EPI) will contribute directly to the broader goal of child survival by reducing morbidity and mortality due to the childhood diseases that are preventable by adequate immunization.

Member states (including Bolivia) of the Pan American Health Organization (PAHO) have set the goal of totally interrupting the indigenous transmission of wild poliovirus thereby eradicating poliomyelitis from the Americas by 1990. Not counting loss of income due to paralysis nor loss of life, the cost of acute care and rehabilitation of poliomyelitis to the Region is approximately US\$40 million annually.

The eradication of poliomyelitis from the Americas will promote the development of the EPI in the region through improvements in surveillance and supervision systems, vaccine delivery systems and laboratory services. It is also expected that training programs will result in improved health staff performance. In particular, the interruption of transmission of wild poliovirus will assure that no child residing in the Americas will suffer from paralytic polio due to the wild virus. In the effort to eradicate poliomyelitis through immunization, the EPI will also deliver DPT and measles vaccines as well as tetanus toxoid vaccine to women of childbearing age for the prevention of neonatal tetanus. Hence, the eradication of poliomyelitis will be the wedge by which sustainable immunization programs may be achieved while contributing directly to improved child survival.

Despite progress achieved through implementation of the Expanded Program on Immunization over the past few years, 17 countries (including Bolivia) in the region have reported cases of poliomyelitis during the past three years. Another 15 countries are at high risk of an outbreak of poliomyelitis due to immunization coverage of less than 80% of children under one year of age.

A Plan of Action to interrupt indigenous transmission of poliovirus from the Americas was reviewed and endorsed by the Directing Council of PAHO, a Technical Advisory Group constituted by world experts in this field and by an Interagency Coordinating Committee of potential donors which includes participants from AID, IDB, Rotary International, the Task Force for Child Survival, and UNICEF. Administrator McPherson of AID addressed the Ministers of Health attending PAHO's Directing Council Meeting in September 1985 and declared his support for activities to eradicate poliomyelitis from the Region by 1990.

The Plan of Action documents the dramatic reduction in poliomyelitis achieved in the Region due to increased coverage with polio vaccine since 1978 and proposes that eradication of this disease from the Americas is a feasible goal for 1990. Key strategies recommended to achieve this goal were: fiscal planning to enable the mobilization of national resources and sustain coverage of recurrent costs, achievement and maintenance of 80% coverage for each country, surveillance to detect and control outbreaks, strengthened diagnostic services through laboratory support, information dissemination, a certification protocol to declare the countries and the Region free of indigenous transmission, and ongoing evaluation of all program activities. The total cost of these activities is estimated at US\$120 million, of which approximately one-third will be provided by external donors.

The total external input is estimated at US\$47,550 million and is expected to come from the donor agencies (including AID) that will be supporting the acceleration effort. The project activities to be financed by the various donors were defined taking into consideration the comments made by the representatives of these agencies during the First Meeting of the Inter-Agency Coordinating Committee, held in July, 1985.

This grant from AID/W totals \$20,600,000 for a five year project including buy-ins from individual USAIDS. Over half of this amount is accounted for by costs due to mobilization, promotion and operations research. Other costs include personnel, laboratory support, evaluations, cold chain, information dissemination and meetings.

The grant is managed by PAHO's EPI office in Washington, D.C. A portion of AID grant funds have enabled PAHO headquarters staffing to be reinforced with additional management and technical personnel to provide technical assistance and ensure adequate monitoring, supervision, coordination and liaison with donor agencies. Eleven epidemiologists resident in countries (including Bolivia) having major problems will support national Ministry of Health staff. The resident epidemiologists will be funded by IDB.

B. The Bolivian EPI Program

The National MOH Immunization Program

The Community and Child Health Project (511-0594) will strengthen continued vaccination at the Health Centers, giving priority to children below the age of one year, based on the training of the operational staff and include supervision of popular education adapted to the particular cultural characteristics of the diverse national groups. Massive vaccine campaign strategies with community participation will complement regular vaccinations given at health services.

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Rural populations and groups living in precarious socio-economic conditions, such as seasonal migrants and the unemployed, will be targeted. TT vaccination should be dispersed to women in the 15 to 45 year old age group, during campaigns performed in mothers clubs, schools, and during massive vaccination campaigns aimed at children, giving priority to the valley and flatland regions. Infant BCG and Polio vaccines should be common practice for child births in institutions. For epidemiologic surveillance of immuno-preventable diseases, surveillance centers will be required in every health center, which can report data regularly and reliably. Promotional and vaccination activities should be integrated with other child survival interventions.

The EPI at the national level receives technical and financial support from the Interagency Coordinating Committee (ICC) (OPS/DMS, USAID, UNICEF, MOH, ROTARY CLUB and PL 480, Title III) which contributes resources for the EPI Plan of Action annually. The total USAID contribution to the MOH of Bolivia for the immunization program under the Community and Child Health Project is \$3,300,000. This buy-in provides US \$994,400 of that amount through PAHO for individual components of the MOH National Immunization Program.

In order to ensure that the Bolivian national immunization program is sustainable, this project will specifically provide inputs directed at improving the following components of the national immunization program:

- Improving the capability of national laboratories to provide reliable diagnostic services through the provision of new equipment, and newer methods for polio virus isolation and characterization.
- Provision of cold chain equipment to assure that national cold chains are improved and/or extended to those areas currently deficient or lacking appropriate equipment to permit immunization services to be available routinely.
- Enhance surveillance activities for prompt detection of all suspect cases of poliomyelitis as well as the other EPI diseases in order that immediate control measures be implemented and that routine surveillance information is used to improve program decision-making.
- Improve the supervision of the program by instituting a routine system of supervisory visits which will allow adjustments to annual work plans and for future plans to include new approaches or corrections to program implementation.

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- Improve health education activities aimed at generating a greater demand for immunization services by changing the health attitudes of the community in order to lead to a sustained demand by the consumer.
- Increase program performance by carrying out operational research. It is through operational research that solutions to operational problems will be found that will ensure that immunization programs meet their targets and sustain their operational capacity into the future.
- Training of managers at the various levels of the health system on planning, management, implementation and evaluation of immunization programs as well as in the various disciplines outlined above.

With the expected increased vaccination coverage and consequent reduction of EPI diseases among the population, the health services should realize a net savings from not treating children suffering the EPI diseases. These cost savings as a result of reduced disease burden can be used to support other EPI activities and child survival interventions.

More importantly, any cost savings realized from reduced disease burden can be used in the future to cover recurrent immunization program costs.

With the infrastructure support to be provided by this project and the resulting cost savings from reduced diseases burden to the health services as well as from increased cost effectiveness this project will directly contribute to the efforts of the MOH in sustaining their immunization program beyond the scope of the project.

C. Program Outcomes

- National MOH Plan of Action developed with resources and constraints identified and targets determined.
- Functioning, effective epidemiological surveillance and outbreak control mechanisms in place at regional and national levels.
- Strengthened National Immunization program and improved polio control activities.
- Access to laboratory facilities by Bolivia for identification of polio virus type.

- Improved strategies and alternatives for increasing immunization services and polio control activities tested in pilot areas.
- Interruption of indigenous transmission of wild poliovirus and eradication of poliomyelitis in Bolivia by the year 1990.

D. MOH National EPI Plan of Action

With technical assistance from PAHO under this grant, and with the direct involvement of USAID and other collaborating (donor) agencies, a detailed National Plan of Action has been prepared with the national EPI and other Ministry of Health (MOH) and Ministry of Finance counterparts. The National plan is a blueprint for planners and immunization program managers to follow. This plan defines the nature and magnitude of the problems in each component of the immunization program and addresses the following areas of problems and components:

- Programming and evaluation;
- supervision;
- coordination;
- vaccination coverage and disease reduction targets;
- strategies for attaining the targets;
- fiscal planning for the mobilization of national resources, including recurrent costs;
- improvements in national laboratories;
- training activities
- disease surveillance and outbreak control measures;
- information systems and dissemination;
- cold chain;
- vaccine needs for the five year period;
- administration, resources and financing;
- detailed budget with commitments of government and external agencies.

E. Specific project components

1. Supervision, Surveillance and Outbreak Control (US\$360,000)

Surveillance will be both active and passive.ⁱ All potential sources of notification of suspected cases of poliomyelitis in the countries will be contacted and incorporated into the surveillance activities.

The USAID grant funds will enable that:

4. EPI Vaccines and Cold Chain (US\$300,000)

Bolivia is expected to order vaccine supplies as needed on a routine basis. To ensure quality control and procurement at the world market price, all vaccines will be purchased through the PAHO EPI Revolving Fund. The vaccine provided by Rotary International will also be purchased through this mechanism. Orders will be placed through the Revolving Fund and after shipment, PAHO will start the billing process directly with Rotary International.

PAHO created the EPI Revolving Fund to assist countries in the Region with these vaccine purchases. The Fund combines vaccine requirements from participating members in order to obtain good quality vaccine at low prices. The establishment of this Fund has allowed member countries to count on the ready availability of vaccines.

The Revolving Fund received strong support from the United States through a contribution of US\$1,686,600. Current capitalization is approximately US\$4.5 million.

Cold chain deficiencies will be identified as a component of the development of National Plan of Action, and the Plan will reflect the needs to be fulfilled. This grant amendment will fund refrigerators, freezers, spare parts, tool kits, and vaccine carriers, etc.

5. Information Dissemination (US\$30,000)

Bolivia will be encouraged to include a section on poliomyelitis in their national epidemiological bulletin, with distribution to all health care workers in the network.

In order to facilitate the analysis of epidemiological and program data (coverage, morbidity and mortality, operational research, administrative and financial), personal computers and accompanying software will be provided to the various countries. These computers will permit project managers to obtain information for routine evaluation of program progress. This will in turn lead to more informed decisions. Because the computers will facilitate the analysis of information, program managers will be able to provide timely feedback to field staff on program problems and progress.

5. Evaluation (US\$40,000)

Coverage surveys and program reviews will be conducted. In addition, USAID/Bolivia will conduct periodic assessment/reviews of buy-in funded activities carried out under this amendment at midterm and in 1990. Two consultants will be funded for four weeks each, including fees, travel and per diem for this purpose.

ATTACHMENT B

Illustrative Budget

1. Information Dissemination	\$	30,000
2. Promotion	\$	100,000
3. Supervision	\$	200,000
4. Surveillance	\$	160,000
5. Cold Chain	\$	300,000
6. Operations Research	\$	50,000
7. Evaluation	\$	40,000
8. Administrative Costs	\$	114,400
T O T A L	\$	974,400

This budget contains a 15% line item flexibility.

ATTACHMENT C

BUDGET HISTORY

<u>DOCUMENT</u>	<u>AMOUNT US \$</u>	<u>DATE</u>	<u>PURPOSE</u>
Original	5,632,000	8/14/86	General Budget Support
Am. 1	27,440	9/30/86	General Budget Support
Am. 2	3,248,000	5/28/87	General Budget Support
Am. 3	705,000	7/31/87	Dominican Republic Buy-in
Am. 4	100,000	8/26/87	Colombia Buy-in
Am. 5	1,000,000	8/28/87	General Budget Support
Am. 6	405,000	8/28/87	Haiti Buy-in
Am. 7	3,000,000	5/31/88	General Budget Support
Am. 8	400,000	8/29/88	Haiti Buy-in
Am. 9	994,400	1/ /89	Bolivia Buy-in
Total	<u>\$16,011,840</u>		

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