

**Resources for
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REACH**

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RESOURCES FOR CHILD HEALTH: EFFECTIVE DEVELOPMENT ASSISTANCE IN EPI

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Since its beginning in September 1985, the Resources for Child Health Program has provided technical assistance to immunization programs in over 30 countries, worldwide. This afternoon, I'd like to share with you a brief overview of how REACH came into being, - how its efforts and activities fit in with those of other organizations working to improve the availability and effectiveness of immunization services in developing countries, - and also some of the major areas, - both geographically and programmatically, - we've worked in. As the REACH Project approaches the mid-point in its five year activities, this is a good time to share both what we've learned and where we feel the greatest opportunities and needs lie in the years ahead. At the beginning of the global EPI effort in 1978, only around 5 % of the children in developing countries had received a third dose of DPT - today that figure is nearly 50% but much remains to be done as 1990, and more importantly, as the years beyond 1990 draw nearer.

In the Spring of 1983, the United States Agency for International Development, - or (AID) - established the reduction of infant and child mortality as the main goal of its health related programming. This emphasis was in concert with growing recognition that the "GOBI" interventions (Growth Monitoring, Oral Rehydration, Birth Spacing and Immunization) were among the best and most effective way of lowering unacceptably high infant and child mortality rates. These interventions also had the advantage of being complementary to Primary Health Care initiatives being undertaken in many countries in the developing world. Immunization is a cornerstone of the AID strategy and has been termed one of the "twin engines" - (the other being diarrheal disease control) - of the AID Child Survival efforts.

In order to provide the level of technical expertise and assistance needed to support Child Survival activities in AID-assisted countries, a number of "centrally funded" projects were also initiated. The primary function of a centrally funded project, - such as REACH, - is to provide technical assistance to AID field offices, national ministries of health and PVOs in AID assisted countries. In carrying out the broader AID child survival strategy, each country's AID mission usually develops its own specific child survival strategy which takes into account the combination of needs and resources that exist within that country. This country specific plan is framed to support the policies and priorities developed by the national government and is also coordinated with the activities of other organizations such as WHO, UNICEF, CDC, and the other international donors and PVOs within a country. One of REACH's roles then, is the provision of the technical assistance needed to carry out the country's immunization strategy. This assistance is provided either by the Project's core staff or through short-term consultancies by specialists, - depending upon the nature of the request. Many of you are familiar with some of the other centrally funded projects of AID's Bureau of Science & Technology such as PRITECH, - which focuses on diarrheal disease control, - HEALTHCOM, - which concentrates on health communication and education, - and WASH, - in the area of water and sanitation. There are a number of others not mentioned here but if you are familiar with one of these other projects you can view REACH in the same vein but with an immunization focus.

Requests for REACH technical assistance received through the in country AID missions fall into roughly the following categories:

- developing, implementing and evaluating immunization strategies for national EPIs, and PVOs

- assisting the local AID missions in developing their own country specific child survival/immunization policies and programs
- and;
- assisting local AID missions and national EPIs with materials procurement, production of EPI training and technical materials, conducting coverage surveys and similar technical tasks

REACH also spends considerable time in developing immunization technical materials having an application in more than a single country's child survival program. Some examples of this kind of work are development of an EPI Directory, - outlining immunization activities in 29 countries worldwide, EPI Essentials, - a comprehensive EPI field manual for program officers, EPIIS, - which is a computerized EPI management information system now in use in a number of WHO Southeast Asia Region countries, and also COSAS, - a computerized immunization coverage survey analysis package. Some of these will be discussed in further detail a bit later.

Those of you familiar with REACH might note that there hasn't been any reference to REACH's health care finance component yet. REACH has performed several economic analyses of how immunization program resources are allocated and, - the cost-effectiveness of immunization services provided through both routine and accelerated strategies. The potential for alternative methods financing of health services, such as user fees, cost containment and cost recovery strategies have also been examined in various health care settings. As this panel is more concerned with immunization specifically, I'll direct my remarks largely to that side of REACH's work. If you would like to learn more about REACH's health care financing activities, REACH's Associate Director for Health Care Finance, Dr. Gerry Rosenthal, will chair a session tomorrow starting at 9:30 which will focus directly on these issues.

Returning to the REACH immunization mandate, what kind of services do we provide, where and how are they provided them and what have we learned and accomplished so far?

In starting, there are very broad groupings that most of our activities fall under:

- Long term assistance, which generally - (but not always) - involves the fielding of a REACH resident advisor. REACH currently has resident advisors in Yemen, the Philippines and Haiti. The Yemen resident advisor is serving as an advisor to the Yemen Ministry of Health's Accelerated Cooperation for Child Survival Project in 6 of Yemen's 11 Governorates. While this project supports a variety of maternal and child health programs, the immunization component will receive a strong emphasis. In Haiti, the resident advisor, who is a Haitian physician, is working with Haiti's PVOs in strengthening and expanding their immunization efforts. This is especially crucial in Haiti, where PVOs have historically played a major role in the provision of health services. The REACH Advisor to the Philippine's EPI is devoting special attention to the development of an urban immunization strategy which addresses the special circumstances encountered in providing services to the urban poor. In association with the AID Office of Private and Voluntary Cooperation, REACH is also supporting a full-time advisor to AID assisted African PVOs with immunization programs.

REACH has also provided short-term assistance in numerous countries in its two and a half years of existence. What we call short-term assistance is generally in response to a request for services received through an overseas AID mission or through one of the AID regional Bureaus. As

mentioned previously, these requests can involve assisting the respective AID missions with formulating their own child survival programs or, more often, represent a request from the ministry of health, - through the AID mission, - for direct REACH assistance to the national EPI. Some examples of the latter type of request involved REACH assisting EPI Philippines with development and publication of a National EPI Manual, - EPI Ecuador with an assessment of its current system for collecting and analyzing immunization coverage data, - and EPI Madagascar with development of its first comprehensive national plan of operations.

The Madagascar example raises a key point - that of collaboration between AID, the respective national ministries of health and other organizations working towards strengthening immunization services in the country. The AID mission in Madagascar was able to make over 2.8 million PL 480 (also known as Food for Peace Program) dollars available for use in child survival activities. The mission, - however, - had a limited staff and did not feel it could actively manage a large child survival project. At the same time, - the local UNICEF office was already working closely with the national EPI in strengthening its immunization activities, - but both the local UNICEF office and the national EPI needed specialized expertise in areas such as epidemiology and surveillance, cold chain, and operational planning. With REACH identifying and fielding the specialized consultants needed, UNICEF and the Ministry of Health providing the necessary onsite coordination and field support, and the USAID mission being able to allocate financial resources to support the resulting programming recommendations, all involved have accomplished far more than would have been possible using our individual resources.

Returning to our Philippines activities for a moment, in some instances a coordinated series of short term activities can build upon one another, - and, - in the case of the Philippines, - has led to a request for long term assistance. Over the past two years, REACH has assisted the Philippines Ministry of Health in creating and publishing its own EPI Program Manual, a TB Control Guide and a national EPI Newsletter. To accomplish this, REACH has fielded one of its staff physician epidemiologists on a regular basis and also supported the work of a locally based EPI consultant for a number of months. In the last year, a pilot urban EPI strategy has been developed and a cost-analysis of program resources and outputs conducted. Besides meeting specific short term needs, these previous consultancies have built a solid base for the current REACH Resident Advisor to follow up and expand upon. This kind of continuity, - in terms of building on-going working partnerships between the national EPI, the local USAID mission, and AID and REACH in Washington - demonstrates the kind of flexible and adaptive response a centrally funded project was created to deliver. There is a lot of criticism, most of it quite valid, about the lack of practical follow through on some short term consultancies. Useful observations are often filed away and forgotten as soon as the consultant who made them leaves the country. An ongoing presence in a country such as the Philippines allows for the development of an "institutional memory" of sorts, and allows us to keep persisting at those small tasks, such as getting the newsletter out on a regular basis and training local level staff to conduct and analyze coverage surveys, - that, - in the end can produce the greatest returns.

In other projects, REACH has worked closely with UNICEF in assessments of accelerated immunization strategies in Cameroon, Senegal and Turkey, We've also worked with CDC's Combatting Childhood Communicable Diseases Program in an evaluation of Liberia's first National Immunization Days and

in an initial assessment of the Republic of Guinea's need for immunization related supplies and commodities, and with PVOs such as Save the Children in an assessment of immunization efforts in rural Indonesia and Nepal. REACH has also supplied technical trainers for AID sponsored PVO immunization training workshops held in Zimbabwe, Bolivia and the U.S.

REACH is also involved in numerous projects that have a focus beyond specific requests from individual countries. As is the case with some of the shorter term activities, many of these larger scale projects are also undertaken in conjunction with other organizations such as WHO and its regional offices. What follows are brief highlights of some of the major activities:

REACH has devoted intensive efforts to refinement of two computerized EPI management information systems. The first of these is the COSAS coverage survey analysis program which was originally developed in prototype form by WHO Geneva. The latest version of COSAS, as refined by REACH, is a user-friendly package which allows non-technical personnel to enter coverage data on a screen display which emulates the actual survey instrument. In addition to the unique data entry feature, a powerful statistical analysis package allows for on site and immediate analysis of the data collected and entered. Factors such as the median time to complete the full series of immunizations, median age at each dose and identification of missed opportunities for immunizations are among COSAS' unique features. REACH field tested its version of COSAS with excellent results during the joint Government of Turkey /WHO /UNICEF national

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evaluation of the Turkish EPI in January of this year. COSAS, along with a User's Guide, should be available for distribution beginning this summer. A French language version of COSAS is also being considered.

In collaboration with the WHO South East Asia Regional Office, REACH has also developed a computerized management information system known as EPIIS, which is capable of tracking and reporting service statistics and other key program information on a national level. REACH has already assisted the EPIs of Indonesia and India in installing EPIIS, and Nepal is scheduled to adopt the system by late spring. SEARO will eventually adopt EPIIS on a region wide basis and discussions have been held with WHO Geneva concerning use of the final version of EPIIS as the standard WHO/EPI management system, - pending its successful adoption by WHO/SEARO.

REACH has also taken a strong role in the development of technical and training materials for a worldwide audience. The EPI Directory describes on a country by country basis the immunization programs and activities of national EPIs, major donors and PVOs in the 22 AID Child Survival Emphasis countries plus 7 other countries where REACH has provided technical assistance. Also in press is a compact, illustrated, EPI field guide entitled "EPI Essentials". Both the Directory and the field guide are intended as resources for AID and PVO and program officers with EPI management responsibilities. In the interest of visually documenting EPI activities, REACH has also supported the work of photographers in Senegal, Nepal and Bolivia. Some of the photos taken on these assignments were used to illustrate AID's Third Annual Report to Congress on Child Survival, EPI Essentials and other REACH training documents.

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Also, in the area of training and staff development, REACH and the WHO AFRO regional office are co-sponsoring a conference on accelerated neonatal tetanus control to be held in Zimbabwe in July. REACH will also assist with an additional neonatal tetanus conference tentatively to be held in Benin in December. A total of up to 20 countries will attend these conferences. In association with the OCCGE, REACH is co-sponsoring an EPI Logistics Management Conference which will involve program officers from 10 Francophone African and will concentrate on practical, field oriented issues such as cold chain, transport and distribution of immunization equipment and materials. REACH is expecting up to 75 persons to attend this Logistics Conference, which will be held in Abidjan, in the Ivory Coast in October. REACH has also collaborated with the OCCGE in developing training materials for use in its member national EPIs in the area of clinic level planning and monitoring of immunization services.

In the area of developing new EPI technologies, - REACH is currently working with WHO Geneva and the AID Bureau of Science & Technology, and the PATH Project - (which is a another of the AID centrally funded projects) - in the planning and conducting of a field evaluation of a single use, disposable syringe which is automatically disabled after giving a single injection. We know that improper sterilization and re-use of nominally disposable supplies are continuing problems in many EPIs, and this knowledge compounded by the very real threats of transmission of hepatitis B and AIDS through unsterile injections, makes the development of affordable and fail-safe alternatives to present devices a pressing responsibility.

I'll finish now as I've more than used my time. These are the highlights only and what's been mentioned is meant to be illustrative rather than exhaustive- its a bit difficult to sum up 5 years of past, present and projected activities in more than 40 countries in only 15 minutes. Thanks for listening.