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BASICS **TRIP REPORT**

**Fifth CDC-WHO Meeting on the
Global Poliomyelitis Eradication Initiative (PEI)**

*BASICS is a USAID-Financed Project Administered by The
Partnership for Child Health Care, Inc.:*

Academy for Educational Development (AED)

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ISN 97267

**PARTICIPATION IN THE FIFTH CDC-WHO MEETING
ON ACTIVITIES RELATED TO THE POLIOMYELITIS
ERADICATION INITIATIVE**

July 25 - 28, 1994

Robert Steinglass

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ACRONYMS

BASICS	Basic Support for Institutionalizing Child Survival
CAP	Country Activity Plan
CAR	Central Asian Republics
CDC	Centers for Disease Control and Prevention
EPI	Expanded Programme for Immunization
EPIINFO	CDC/WHO Public Domain Data-base Software
MOH	Ministry of Health
NID	National Immunization Day(s)
NIS	Newly Independent States (former Soviet Union)
OPV3	Third Dose of Oral Polio Vaccine
PEI	Poliomyelitis Eradication Initiative
REACH	Resources for Child Health
TAG	Technical Advisory Group
UNICEF	United Nations Children's Fund
USA	United States of America
USAID	United States Agency for International Development
WHO	World Health Organization
WHO/AFRO	World Health Organization Africa Regional Office
WHO/EURO	World Health Organization Europe Regional Office
WHO/SEARO	World Health Organization Southeast Asia Regional Office
WPRO	World Health Organization Western Pacific Regional Office

I. BACKGROUND

The Fifth CDC-WHO Meeting on the Global Poliomyelitis Eradication Initiative (PEI) was held in Atlanta from July 25 to 28, 1994. The objectives of the meeting were to:

- review global, regional, and country progress towards the eradication of poliomyelitis;
- review key technical and programmatic issues, particularly regarding surveillance and the integration of polio eradication with other EPI activities;
- discuss present and future priorities for technical, programmatic, and laboratory assistance to the global PEI;
- improve coordination among PEI donor partners providing assistance to the PEI; and
- discuss progress towards increasing political support and financial resources for the PEI.

The agenda of the meeting appears in Annex 1. A list of invited participants, not all of whom were able to attend, appears in Annex 2. Each participant was provided with a large folder of materials. A listing of the contents of the folder appears in Annex 3. The final summary and conclusions of the meeting appear in Annex 4.

At the conclusion of the meeting, Dr. Foster and the writer met to discuss their impressions and conclusions. A synopsis of these discussions has been prepared by Dr. Foster and appears in Annex 5. Representatives of the various participating agencies held a de-briefing with the Dr. Claire Broome, deputy director of CDC, at the conclusion of the principal meeting. Dr. Broome stressed the need for synergistic development; for example, the importance of using the polio eradication initiative as a means to develop surveillance systems and laboratory networks.

II. MAIN FINDINGS AND RECOMMENDATIONS

Main Findings

The world has seen rapid progress in the past year in the race to eradicate polio by the year 2000. Since the World Health Assembly declaration in 1988 of the goal of global eradication by the year 2000, polio incidence has decreased 70 percent. No cases have occurred for three years in the Americas. The technical strategies formulated in the Americas are proving to work as effectively in other regions, such as in the Western Pacific region. Three-quarters of the countries of the world now report zero cases of polio, including 111 which have

reported zero cases for the past three years. Two-thirds of the world's cases occur in just three countries: India, Pakistan, and Bangladesh. Elsewhere, large polio-free zones have begun to emerge in North Africa, Southeast Africa, the Middle East, Western Pacific, Europe, and the Americas.

Recognizing that global polio eradication is in the best interest of the USA, Congress authorized expenditures for polio eradication from its domestic child immunization program for procurement of polio vaccine and provision of technical assistance. The inclusion of polio eradication as an area for joint funding as part of the USA-Japan Common Agenda is an important new development.

Using conservative estimates, costing studies conclude that by the year 2007 the world will begin to break even on its investment to eradicate polio. During subsequent decades, tens of billions of dollars will be saved, principally in developed countries, as a result of foregone rehabilitation costs and vaccine. As a donor to the polio eradication program, the USA stands to save several hundreds of millions of dollars annually (an estimate of \$400 million has been suggested) once polio is eradicated.

Assuming that visible results will boost the credibility of the health services in general, it is expected that a demonstrable, well-publicized success will lead to continued advocacy and spending for health.

The USA is a major potential resource for technical assistance for polio eradication. USA involvement is needed in such fields as epidemiology, health information systems, logistics, communications, and research. The probability of achieving polio eradication will be increased with USAID participation at global and national levels. By taking an active part in this global initiative, USAID will be able to influence the manner in which it is implemented in more problematic regions of the world, such as in Africa, where global strategies may need to be modified to increase the likelihood of overall system development.

As regards polio eradication, BASICS has a potential role to play in the following areas:

- planning, implementing and evaluating NIDs;

- promoting integrated disease surveillance (including a role for the private sector and developing community-based systems);

- involving the commercial sector;

- conducting cost analyses at various levels;

- developing high-risk approaches;

- increasing routine immunization coverage; and

strengthening infrastructure.

The most obvious geographic opportunities for BASICS' involvement in polio eradication in the near term include the Central Asian Republics (CAR) and Bangladesh.

Recommendations

The expected certification of polio eradication in the Americas in August 1994 provides an opportunity for USAID to reflect on its substantial contribution in the Americas and its potential future role in polio eradication in other regions. USAID should consider delineating an agency-wide policy on the global goal of polio eradication by the year 2000.

The BASICS project should be prepared to participate in polio eradication activities in appropriate ways which promote system strengthening and capacity-building in each country in which the project is involved. In particular, among the countries in which BASICS is now involved in the field of immunization, the Central Asian Republics and Bangladesh should receive BASICS' support to interrupt transmission of indigenous wild poliovirus.

III. TRIP ACTIVITIES

The entire week beginning on Monday, July 25, was devoted to activities related to polio eradication. The principal meeting occupied only the first three days of the week. Concurrent meetings were scheduled on the fourth day, including a meeting of the United States National Commission for the Certification of Poliomyelitis in the Americas, which was not open to BASICS participation. (The Commission certified that transmission of indigenous wild poliovirus in the USA has been interrupted.) Instead, on Thursday the writer participated in a WHO-led meeting to review plans and discuss inter-agency collaboration in support of those plans, region by region. After this meeting, the writer returned to Washington. Additional technical discussions, including research topics, were held on Friday.

BASICS was represented at the principal three-day meeting and the WHO-led inter-agency collaboration one-day meeting by both the writer and Stan Foster. The latter was funded through the BASICS sub-contract with Emory University. In addition, Deborah McFarland participated briefly, also through the BASICS sub-contract with Emory, on the second day of the principal meeting. She gave a presentation on a revised cost analysis of global polio eradication.

The writer presented some brief comments on the role of the BASICS project in EPI as part of a broader session on the third day of the principal meeting devoted to improving interagency coordination. A copy of the overhead transparencies used to illustrate the writer's presentation appear in Annex 6.

During the following week, the writer debriefed at the Office of Health and Nutrition at USAID/Washington for an hour. The meeting was well-attended with approximately 12 persons from USAID, as well as Rebecca Fields from BASICS. A copy of the overhead transparencies used appears in Annex 7.

A list of persons contacted appears in Annex 8. Items which have particular relevance for BASICS, gleaned from the interagency coordination meeting held on July 28 with WHO regional office staff and from conversations with participants during the week, appear in Annex 9.

IV. RESULTS AND CONCLUSIONS

The meeting this year comes at the mid-way point between 1988, the year in which the declaration of global eradication by the year 2000 was declared by the World Health Assembly, and the year by which this is to be achieved. Incidence has decreased 70 percent since 1988. Three-quarters of the countries of the world report zero cases of polio, including 111 which have reported zero cases for the past three years. Two-thirds of the world's cases occur in India, Pakistan, and Bangladesh. Elsewhere, large polio-free zones have begun to emerge in North Africa, Southeast Africa, the Middle East, Western Pacific, Europe, and the Americas.

The Americas

No wild poliovirus has been reported in the Americas for three years. An impressive system of disease surveillance, which includes the weekly reporting of zero cases of acute flaccid paralysis from nearly 20,000 health facilities, has been established. The surveillance system itself is being monitored by means of a series of indicators. A laboratory network to analyze stool specimens and conduct intratypic differentiation and genomic sequencing is functioning. Countries throughout the Americas have turned their attention to the elimination of measles.

Western Pacific

The technical strategies which have been adopted in the Americas to eradicate polio, work. These strategies, in particular national immunization days and active surveillance for cases of acute flaccid paralysis, have been adopted in the six remaining polio-endemic countries in the WHO Western Pacific regional office (WPRO). Adoption of these strategies was facilitated by the donation of oral polio vaccine by Japan, CDC, AIDAB, Rotary, and others to cover supplemental needs. In China, 100 million children were immunized on each of the two national immunization days last winter. Also, in China, no wild poliovirus has been isolated from cases of acute flaccid paralysis to date in 1994. Rapid progress has been made in WPRO and it is expected that the disease will be eradicated by the regional target date of 1995.

Southeast Asia

Attention is turning to the WHO Southeast Asia regional office (SEARO), where 70 percent of the world's polio occurs. A technical advisory group (TAG) for polio will be formed and meet in December. It is expected that countries will then begin to prepare country-specific detailed plans of action for polio eradication. In the case of large countries like India, state-level plans of action will be needed. National immunization days (NIDs) are planned for Thailand and Bangladesh. In India, state-wide immunization days will be held in Delhi; it is expected that other states will follow suit in the south of the country. A NID is planned for July 1995 in Indonesia.

Africa

Areas in the northern, southern, and eastern parts of the continent are emerging as polio-free zones. Nevertheless, outbreaks in areas within these zones during the past year (e.g., in Namibia where evidence indicates that unreported cases occurred in each of several preceding years) are a reminder that disease surveillance needs to be improved. A plan of action to strengthen disease surveillance for all EPI target diseases and a plan to begin accelerated polio activities is under preparation and will be presented at a meeting in November of the Task Force for Immunization in Capetown. A network is being created to consist of three inter-country epidemiologists, one polio laboratory network coordinator, and twenty national EPI surveillance officers. The latter will be funded by CDC and Rotary. Coverage with OPV3 now stands at less than 50 percent in 1993 for the continent. Half of the countries, with 60 percent of the population, reported declines in OPV3 coverage in 1993.

Eastern Mediterranean

Rapid assessments of disease surveillance have been conducted widely in the region over the past two years. The region has been divided into three zones for phasing of polio activities, including zonal immunization days. The vast majority of polio occurs in Pakistan, which conducted its first series of national immunization days last spring. Over 90 percent of eligible children were immunized. UNICEF is encouraging the inclusion of other antigens, in addition to OPV, on the NIDs. For example, Yemen plans to add measles. Pakistan and Syria will add tetanus toxoid, and the Maghreb countries will add measles to their future region-wide NIDs.

Europe

In the past few years, the European Region of WHO has increased in size from 30 to 50 countries. The number of polio-affected districts has decreased by 50 percent from 1992 to 1993. Nevertheless, several of the Newly Independent States (NIS) of the former Soviet Union have experienced a re-emergence of polio. The NIS now contributes approximately 85 percent of the polio in Europe. Large outbreaks occurred in Azerbaijan and Uzbekistan in 1993. The latter outbreak, which probably originated in Pakistan or India, continues to

spread to new areas in 1994. This region is ripe for polio eradication, assuming that vaccine can be supplied. Surveillance for acute flaccid paralysis and laboratory support will also be required within the NIS.

COST ISSUES

A cost-benefit analysis originally presented at a WHO meeting in Delhi in January 1991 was brought up-to-date by the principal investigator, Ken Bart. Using conservative estimates, he concluded that by the year 2007 the world will begin to break even on its investment to eradicate polio. During the subsequent decades, tens of billions of dollars will be saved, principally in developed countries as a result of foregone rehabilitation costs and vaccine. These economic arguments are less powerful for developing countries, since the benefits accrue predominantly in developed countries. Treatment costs are not always incurred in developing countries, and the costs of polio vaccine are presently being underwritten by donors in the poorest of the developing countries.

The presentation by Deb McFarland revealed that \$807 million in donor support will be needed until the end of the decade to pay for the vaccine, operating costs, meetings, training, and equipment needed for polio eradication.

POLITICAL ADVOCACY

The writer's de-briefing with the Office of Health in the week following the CDC meeting summarized some of the political events which have occurred and which are being planned by various parties in support of polio eradication. (See Annex 7.)

The Task Force for Child Survival and Rotary have been particularly active in promoting polio eradication. Efforts are under way to engender increased support from the United States government. Recognizing that global polio eradication is in the best interest of the USA, Congress has authorized expenditures for polio eradication from its domestic child immunization program for procurement of polio vaccine and provision of technical assistance. The inclusion of polio eradication as an area for joint funding as part of the USA-Japan Common Agenda is an important new development. Present donors are considering funding a public relations specialist to assist each participating donor agency in promotional activities for polio eradication. World Health Day on April 7, 1995, will have as its slogan "Target 2000 - A World without Polio."

INTER-AGENCY COORDINATION

In his presentation, Dr. Nick Ward (WHO) highlighted factors which promote or detract from coordination between international aid agencies. Coordination is enhanced when there is an inter-agency coordination committee at regional and national levels and when the MOH is in the lead role. Agencies should attend EPI program managers meetings and participate where appropriate in the preparation of specific action plans for support. Joint visits to a country

promote coordination. Joint staff appointments, as occurs with a few staff in Geneva who have both UNICEF and WHO affiliation, strengthens coordination. Finally, the participation of agencies in each other's planning meetings is important.

Dr. Ward mentioned the following negative points which do not promote coordination: absence of minutes from inter-agency minutes; absence of administrative capacity to ensure coordination; lack of a single focal point within agencies; and the fact that effective coordination takes a lot of time.

The final point on the meeting's summary and conclusions (Annex 4) specifically states that "medical and technical officers working at the regional and country levels should work with local and regional offices of USAID (e.g., through BASICS), Peace Corps, local business leaders, Rotary clubs, and other donors to generate additional government commitment and resources for polio eradication. Strategies need to be developed in each country to maximize government, business, and community support for polio eradication."

The Peace Corps representative stated that programming for health is done at country level by the assistant Peace Corps director. She was doubtful that country staff would want volunteers to be exclusively involved in such a focused intervention as polio eradication, since Peace Corps philosophically supports volunteers to be integrated into the life of villages in a broad array of activities.

The UNICEF representative stated that UNICEF fully supports polio eradication.

The writer's comments on the role of BASICS in EPI, including some comments on past and present USAID support of polio eradication in the Americas, appear in Annex 6.

ROTARY INTERNATIONAL POLIO PLUS

Ted Trainer outlined Rotary's current involvement in polio eradication. Rotary International Polio Plus supports: procurement of OPV for supplemental immunization; OPV production; diseases surveillance; advocacy for polio eradication; social mobilization; and a small core staff engaged in polio activities at WHO. In addition, local Rotary clubs are engaged in a variety of support activities at country level. Dr. Trainer expects increased involvement of some local chapters in grass roots advocacy. A Polio Plus committee in Europe has been formed. Trainer does not anticipate any more fund-raising. Over \$200 million has been spent already and another \$150 is anticipated to be spent once the funds run out. About \$15 million are available to be spent per year.

GEOGRAPHIC AND TECHNICAL PRIORITIES

The draft summary of the meeting (Annex 4) highlights some of the geographic, programmatic, and technical priorities for the coming year.

FACTORS SUPPORTING INVOLVEMENT IN POLIO ERADICATION

A list of factors which support donor involvement in polio eradication, extracted and paraphrased from the memo prepared after the meeting by Stan Foster (Annex 5), include the following:

- a polio eradication objective has been effective in re-orienting program implementers from process to impact-driven programs;
- polio mass campaigns have provided a mechanism for adding other priority health issues in a cost-effective manner;
- the requirements of the polio eradication effort have created new standards of performance in the areas of disease surveillance, reporting, and response; and
- the polio program is strengthening the integration of program delivery and contributing to overall system development in areas such as surveillance and response, laboratory support, cold chain, communications, training, and improved coordination.

USAID/BASICS INVOLVEMENT IN POLIO ERADICATION

Visible results boost the credibility of the health services in general. It is expected that a demonstrable, well-publicized success will lead to continued advocacy and spending for health. As a donor to the polio eradication program, the USA stands to save several hundreds of millions of dollars annually (an estimate of \$400 has been estimated) once polio is eradicated.

The USA is a major potential resource for technical assistance for polio eradication. USA involvement is needed in such fields as epidemiology, health information systems, logistics, communications, and research. The probability of achieving polio eradication is increased with USAID participation at global and national levels. By taking an active part in this global initiative, USAID will be able to influence the manner in which the initiative is implemented in more problematic regions of the world, such as in Africa where global strategies may need to be modified to increase the likelihood of overall system development.

According to the EPI strategy paper of BASICS, there are three broad aims of BASICS involvement in EPI, namely to:

improve delivery of routine EPI services with emphasis on completeness, effectiveness, and timeliness;

introduce strategies to reduce morbidity and mortality from EPI-target diseases; and

- work towards ensuring availability of required funds and commodities for EPI.

As regards polio eradication, BASICS has a potential role to play in the following areas:

- planning, implementing and evaluating NIDs;
- promoting integrated disease surveillance (including a role for the private sector and developing community-based systems);
- involving the commercial sector;
- conducting cost analyses at various levels;
- developing high-risk approaches;
- increasing routine immunization coverage; and
- strengthening infrastructure.

The most obvious geographic opportunities for BASICS' involvement in polio eradication include Africa, NIS, and Bangladesh.

V. RECOMMENDATIONS

USAID Washington should consider delineating an agency-wide policy on the global goal of polio eradication by the year 2000. The upcoming certification of polio eradication in the Americas in August 1994 provides an opportunity for USAID to reflect on its substantial contribution in the Americas and its potential future role in polio eradication in other regions. USAID financial support has been critical in the Americas to achieve rapid elimination of wild poliovirus. Its position on polio eradication in other regions and its planned role in this initiative remains unclear to collaborating partners and to field missions.

The BASICS project should be prepared to participate in polio eradication activities in appropriate ways which promote system strengthening and capacity-building in each country in which the project is involved. In particular, among the countries in which BASICS is now involved in the field of immunization, the Central Asian Republics and Bangladesh should receive BASICS' support to interrupt transmission of wild poliovirus.

ANNEX 1

PROVISIONAL AGENDA

**FIFTH CDC-WHO MEETING ON THE GLOBAL
POLIOMYELITIS ERADICATION INITIATIVE**

Monday, July 25 (Day 1):

PLEASE NOTE: Speakers with presentation slots of 15 minutes or longer should allow at least 5 minutes for questions.

8:00 - 8:30 REGISTRATION

8:30 - 8:50 CDC Welcome and official opening (Walt Orenstein)
WHO Welcome (Nick Ward)
Intro/Admin/Objectives of the Meeting (Steve Cochi)

Session 1: REVIEW OF RECENT PROGRESS, PROBLEMS, AND PRIORITIES
(Moderators: Nick Ward/Steve Cochi)

GLOBAL

8:50 - 9:05 Organizational structure and priorities of the new Global Programme for Vaccines
(Nick Ward)

9:05 - 9:20 Global overview of the Expanded Programme on Immunization and Polio Eradication Initiative
(Harry Hull)

9:20 - 9:30 DISCUSSION

AFRO

9:30 - 9:50 Overview of polio/EPI in the African Region and Regional Plan of Action
(Andrei Lobanov)

Special Report:

9:50 - 10:00 Polio outbreak and surveillance in Namibia
(Robin Biellik)

10:00 - 10:15 GENERAL DISCUSSION of AFRO reports, situation, and priorities

10:15 - 10:45 COFFEE BREAK

AMRO (PAHO)

10:45 - 11:00 Current status of polio eradication certification in the Americas
(Brad Hersh)

EMRO

11:00 - 11:15 Overview of polio/EPI in the Eastern Mediterranean Region
(Rafi Aslanian)

Special Reports

11:15 - 11:30 Progress toward polio eradication, Egypt
(Birmingham)

11:30 - 11:45 Polio situation in Pakistan
(Mary Reichler)

11:45 - 12:00 GENERAL DISCUSSION of EMRO reports, situation, and priorities

12:00 - 1:30 LUNCH

Monday, July 25 (Day 1), continued:

Session 1: *REVIEW OF RECENT PROGRESS, PROBLEMS, AND PRIORITIES*
(cont.) (Moderators: Nick Ward/Steve Cochi)

EURO

1:30 - 1:50 Overview of polio/EPI in the European Region
 (George Oblapenko)

Special Reports:

1:50 - 2:00 Uzbekistan and the Central Asian republics
 (Roland Sutter)

2:00 - 2:10 Azerbaijan and the Trans Caucasus
 (Harry Hull)

2:10 - 2:30 GENERAL DISCUSSION of EURO reports, situation, and priorities

SEARO

2:30 - 2:45 Overview of polio/EPI in the South East Asia Region
 (Jon Andrus)

Special Reports:

2:45 - 3:00 Indonesia polio situation and plans for NIDs
 (Vance Dietz)

3:00 - 3:15 Polio eradication activities and plans: India, Bangladesh, Thailand
 (Jon Andrus)

3:15 - 3:30 GENERAL DISCUSSION of SEARO reports, situation, and priorities

3:30 - 4:00 **COFFEE BREAK**

WPRO

4:00 - 4:15 Overview of polio/EPI in the Western Pacific Region
 (Shigeru Omi)

Special Reports

4:15 - 4:30 China update (Mac Otten)

4:30 - 4:45 Viet Nam update (Bernard Morniere)

4:45 - 5:00 Philippines update (Rudi Tangermann)

5:00 - 5:15 GENERAL DISCUSSION of WPRO reports, situation, and priorities

5:30 **SUMMARY AND ADJOURN**

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Tuesday, July 26 (Day 2), continued:

Session 4: *GLOBAL COSTS OF POLIO ERADICATION AND GLOBAL PRIORITIES*
(Nick Ward/Steve Cochi)

- 1:30 - 1:50 Revised cost analysis of global polio eradication
(Deb McFarland)
- 1:50 - 2:05 Update: cost-benefit analysis study of poliomyelitis eradication
(Ken Bart)
- 2:05 - 2:30 DISCUSSION
 --> Points for Discussion: [5 min. presentation each]
 1. What are the global priorities for 1994-1995? (Nick Ward)
 2. Is a region-specific cost-benefit analysis needed? (Deb McFarland)

Session 5: *ADVOCACY: PROGRESS AND OPPORTUNITIES FOR INCREASING POLITICAL SUPPORT*
(Moderators: (Ted Trainer/Robert Keegan)

- 2:30 - 3:00 Introduction and viewing of videotapes of NIDs – Vietnam, Philippines
- 3:00 - 3:30 **COFFEE BREAK**
- 3:30 - 4:00 Task Force for Child Survival and Development Plan of Action (Sandy Thurman)
- 4:00 - 4:20 U.S.-Japan Common Agenda polio/child health initiative (Ken Bart/Steve Cochi)
- 4:20 - 4:40 Rotary International public information activities (Mim Neal)
- 4:40 - 5:00 Planning for "Polio Eradication" World Health Day, 1995 (Nick Ward)
- 5:00 - 5:30 DISCUSSION
- 5:30 **ADJOURN**

Wednesday, July 27 (Day 3):

Session 6: ISSUES IN PLANNING, IMPLEMENTING, AND EVALUATING NATIONAL IMMUNIZATION DAYS (NIDs)
(Moderators: Nick Ward/Steve Cochi)

- 8:00 - 8:15 Overview of NIDs: controversies and unresolved issues (Vance Dietz)
When is an evaluation needed?
What should be the objectives of an evaluation?
Is it important to determine whether previously unvaccinated children are being reached?
What happens after zero polio incidence is achieved in a country/region/continent?
- 8:15 - 8:30 DISCUSSION
- 8:30 - 10:15 Regional/country experience: lessons learned
{As appropriate, address issues to consider in incorporating other vaccines or health interventions into NIDs}
(Each person has 10 minutes for presentation + 5 minutes for questions)
- Philippines (Rudi Tangermann)
China (Mac Otten)
Viet Nam (Bernard Moriniere)
Pakistan (Mary Reichler)
Measles mass vaccination campaigns in the Americas and report of the GPV/CVI informal consultation on strategies to accelerate global measles control (Jean Marc Olive)
The Puerto Rico measles mass campaign (Mark Papania/Mark Grabowsky)
- 10:15 - 10:30 DISCUSSION
- 10:30 - 11:00 COFFEE BREAK

Session 7: IMPROVING INTERAGENCY COORDINATION
(Moderators: Nick Ward/Bob Keegan)

- 11:00 - 11:10 Improving coordination among partner organizations of PEI (Nick Ward)
Brief comments by each partner organization:
- 11:10 - 11:20 Rotary activities update (Ted Trainer)
- 11:20 - 11:30 Task Force for Child Survival and Development perspectives (Michael Heisler)
- 11:30 - 11:40 UNICEF contributions to the PEI (Judy Polsky)
- 11:40 - 11:50 The role of the BASICS project in EPI (Robert Steinglass)
- 11:50 - 12:00 Peace Corps involvement in PEI (Angela Churchill)
- 12:00 - 12:30 PANEL DISCUSSION

Wednesday, July 27 (Day 3), continued:

12:30 - 2:00 **LUNCH**

Session 8: *SUMMARY AND CONCLUSIONS*

2:00 - 2:30 Presentation of summary and conclusions

2:30 - 3:00 Discussion and Closing remarks

3:00 **ADJOURN**

4:00 - 5:00 *Briefing session with Dr. Claire Broome, Deputy Director of CDC*
Location: Building 1, Room 207, Clifton Road (limited participation)

Suggested topics for discussion:

- Overview, current status of the program
- Needs for additional financial/human resources
- Action points for CDC and WHO

Thursday, July 28: **Scheduled Meetings**

Interagency Coordination Sessions With WHO Regional Offices
(participation by WHO, CDC, Rotary, UNICEF, TFCSD, USAID, Peace Corps)

Tentative schedule:

8:30 - 9:30	SEARC
9:30 - 10:30	EURO
10:30 - 11:00	COFFEE BREAK
11:00 - 12:00	EMRO
12:00 - 1:00	AFRO
1:00	LUNCH and ADJOURN
2:00 - 3:00	WPRO

Thursday, July 28:

Other Scheduled Meetings

Meeting of the U.S. National Polio Eradication Certification Commission
8:30 AM - 5:30 PM

(A separate agenda will be provided to participants)

Friday, July 29

CDC Workshop on Technical/Research Issues in Polio Eradication
(@ Swissotel)

Potential Topics include:

1. More discussion of polio case definition/case classification criteria
2. Field study protocol (Pakistan) to assess the sensitivity, specificity, and predictive value for wild poliovirus infection of serologic tests for IgM antibodies to poliovirus in combination with clinical criteria
3. Protocol for baseline serologic assessment of immunity to poliovirus infection in countries which are no longer polio-endemic: a tool for predicting areas at risk for epidemic poliomyelitis
4. Cost-effectiveness in Vietnam of fixed site vs. house-to-house immunization during NIDs
5. Evaluation of supplemental vaccination strategies on polio incidence in China
6. Evaluation of factors affecting the behavior of wild poliovirus in population units <20,000 (China townships)

Other topics to be determined.

ANNEX 2

LIST OF PARTICIPANTS

FIFTH CDC-WHO MEETING ON THE GLOBAL POLIOMYELITIS ERADICATION INITIATIVE

25-27 July 1994
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<u>TAB</u>	<u>TOPIC</u>
1	PROVISIONAL AGENDA
2	LIST OF PARTICIPANTS
3	(July 1993) Final Summary and Recommendations of the Fourth CDC-WHO Meeting on Activities Related to the Poliomyelitis Eradication Initiative
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**5 WEEKLY EPIDEMIOLOGICAL RECORD ARTICLES ON POLIOMYELITIS,
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- 17 Session 6: **ISSUES IN PLANNING, IMPLEMENTING, AND EVALUATING NATIONAL IMMUNIZATION DAYS (NIDs)**
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- 19 Session 8: **SUMMARY AND CONCLUSIONS**

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ANNEX 4

SUMMARY AND CONCLUSIONS

FIFTH CDC-WHO MEETING ON THE GLOBAL POLIOMYELITIS ERADICATION INITIATIVE

OBJECTIVES OF THE MEETING

1. To review global, regional, and country progress towards the eradication of poliomyelitis.
2. To review key technical and programmatic issues, particularly regarding surveillance and the integration of polio eradication with other EPI activities.
3. To discuss present and future priorities for technical, programmatic, and laboratory assistance to the global PEI.
4. To improve coordination among PEI donor partners providing assistance to the PEI.
5. To discuss progress toward increasing political support and financial resources for the PEI.

Review of Global Progress:

1. Global progress towards polio eradication has accelerated during the past year. Reported cases decreased by 36% from 15,261 cases in 1992 to 9,714 in 1993. In 1994, the halfway point in the PEI has been reached between the 1988 WHA resolution to eradicate poliomyelitis worldwide and the year 2000 target date--a remarkable 70% decrease in annual reported cases of polio has occurred during this interval.
2. The number of countries reporting zero cases of poliomyelitis continued to increase, from 132 countries in 1992 to 144 (nearly three-quarters of all countries) in 1993; 111 countries have reported zero cases for the past 3 years.
3. Polio-free or low incidence zones are present or emerging in the Americas, northern, southern, and eastern Africa, the Arabian peninsula, western and central Europe, and the Western Pacific. As of August, 1994, the Americas has been polio-free for 3 years.
4. China, Iran, Laos, Pakistan, and Vietnam successfully conducted their first NIDs in late 1993-1994. By the end of 1994, at least 63 (30%) of 209 countries will be conducting NIDs.
5. All polio-endemic countries in the Western Pacific Region, except Cambodia, conducted NIDs last winter. Cambodia conducted immunization days in two high-risk provinces and plans to conduct an NID during the upcoming winter. The 1995 target date for polio eradication in this region appears feasible.
6. The rapid progress toward polio elimination in China is particularly noteworthy. Reported cases decreased from 1,191 in 1992 to 653 in 1993. In 1994 to date, with polioviruses have yet to be isolated from AFP cases in China, although several possible isolates are pending.
7. In the South East Asia Region, where more than 50 percent of the world's reported polio cases occur, Thailand will be the first country to conduct an NID in August 1994. India is proceeding with SNIDs.
8. In the Africa Region, a plan of action has been developed to strengthen EPI disease surveillance and embark upon polio eradication activities. This plan calls for hiring national EPI surveillance officers in 20 countries, 3 inter-country epidemiologists, and a polio laboratory network coordinator.

9. In the Eastern Mediterranean Region, the PEI is progressing rapidly. Key activities in 1993-1994 include rapid assessments of EPI disease surveillance in 17 countries, and sub-regional meetings for the 15 countries in the three emerging polio-free zones in the region. These activities have led to a zonal approach to polio eradication within the region and coordinated NIDs will be conducted in each of these zones in 1994.
10. In the European Region, 198 cases of polio were reported in 1993 (138 [70%] from the outbreaks in Uzbekistan and Azerbaijan); however, the number of districts reporting polio cases decreased from 105 in 1992 to 52 in 1993. Sixteen countries within the region have implemented or are implementing AFP surveillance. Two major reservoirs of polio persist in the Central Asian Republics and the Transcaucasus Region.
11. A revised cost estimate for polio eradication projects that \$807 million in donor support will be needed from 1994 until the year 2000 to pay for the vaccines, operating costs, personnel, training, meetings, and field and laboratory equipment needed for polio eradication activities. These costs are in addition to those of the routine EPI program for which it is anticipated that national governments or international donor agencies will provide funding.
12. A recently updated cost-benefit analysis continues to justify on economic grounds the initiative to eradicate polio, with substantial net monetary global savings beginning after 2007, using the base case model assumptions. These savings occur even without including in the model the potential benefits resulting from disability and deaths averted by the vaccination program.
13. Progress and opportunities for political support for the PEI have advanced substantially during the past year. Efforts by the TFCSO to engender increased U.S. Government support, and the effort to fund polio eradication activities as part of the U.S. - Japan Common Agenda appear to be particularly promising. The celebration of World Health Day, with the theme of polio eradication, offers potential to plan extensive polio eradication promotion activities in all countries.
14. Interagency coordination has improved significantly during the past year. Joint polio eradication activities among partner organizations for the purpose of establishing funding arrangements, strengthening surveillance, and conducting promotional efforts, have become common. First-time participation at this year's meeting by a representative of the U.S. Peace Corps, which has extensive field experience in several polio endemic regions, is an encouraging sign that major partners can still be mobilized in support of the PEI.

Summary of Key Conclusions:

1. WHO and its EPI partners will follow these principles for allocating priority:

- Countries adjacent to areas of low or zero incidence
- Countries reporting many cases and those acting as a source of spread of wild virus

2. WHO has prepared the following list of priorities for 1994-1995:

Geographic:

- South East Asia Region - Indonesia, India, Bangladesh
- European Region - Central Asian Republics, Transcaucasus, Russia
- Eastern Mediterranean area - Turkey, Egypt

Strategic:

- Continue progress in China and other polio-endemic countries of the Western Pacific Region until eradication is achieved
- Initiate essential policies in all geographical priority areas
- Continue development of broad range of EPI-strengthening activities in Africa to prepare for accelerated campaigns to eradicate polio
- Develop plans tailored to meet the challenges of countries such as Cambodia, Myanmar, Pakistan, Afghanistan, Sudan, Iraq, and Yemen
- Develop AFP surveillance everywhere as the basis for planning activities
- Expand the number of polio-endemic countries conducting NIDs, including the Central Asian Republics, Cambodia, and key countries in South East Asia and the Eastern Mediterranean Regions.

Logistic:

- Reliable vaccine supplies
- Funds to ensure effective management and technical expertise
- Support for the laboratory network to assure its effective function in

surveillance for wild poliovirus circulation

- Further development of rapid diagnostic tests and provision for transferring existing and new technologies to laboratories in the global network
3. WHO also presented a list of global, regional, and country-specific needs. Roles identified for personnel placement for the PEI include the following
- Additional surveillance officers and epidemiologists at the country level (either national or international) to provide support to national programs
- Highest priority: Indonesia, Pakistan, India, Bangladesh, sub-regional epidemiologists for Central Asian Republics and Transcaucasus, Yemen, Turkey, and placement of already-funded inter-country epidemiologists in southern, east, and west Africa.
- The CDC poliovirus laboratory will continue to play a pivotal role assisting WHO in developing the global laboratory network including support for laboratory network managers (highest priority: SEARO, EMRO, and EURO).
 - Continue/expand short-term consultation assistance to Regional offices to meet projected needs in all Regions, with a particular emphasis on surveillance, NID planning and evaluation, outbreak investigation and control, and operational research. (highest priority: SEARO, EMRO, and EURO)
 - Strengthening Regional offices to provide epidemiologic, virologic, management, and logistic support.
4. As a first priority, efforts need to be made to mobilize additional resources to purchase OPV to meet the expanding needs for NIDs and other supplementary immunization activities.
5. Strengthening of existing AFP surveillance systems (including virologic) in polio-endemic countries, and implementation of such systems in countries where they currently still do not exist, remains one of the highest priorities of the PEI.
6. Based largely on experience in the Americas, the strategy of routine collection and processing of stool specimens from 5 contacts/AFP case has a marginal incremental yield in detecting wild poliovirus outside of previously identified endemic areas which does not justify the additional burden this strategy places on the laboratory network. Criteria need to be developed by WHO for focused

use of contact stool collection in high-risk areas and populations.

7. As other Regions (following the experience in the Americas), approach low polio incidence, they will need to begin to consider changes in AFP case classification criteria to increase the specificity of AFP cases classified as confirmed polio. In this regard, the PAHO experience with requiring negative testing of two adequate stool specimens in two labs (instead of one) before discarding an AFP case suggests that the small marginal benefit of such testing does not justify the additional burden this strategy places on the laboratory network.
8. Information available from the most recent cost-benefit analysis provides supporting data for motivating industrialized countries to provide the financial assistance needed to complete eradication activities. In many developing countries, where polio patients lack extensive care or rehabilitation, polio eradication is based on humanitarian, rather than economic grounds.
9. Consensus exists that efforts to publicize the ongoing success of the polio eradication initiative have been inadequate. The lack of coordinated efforts to generate promotional activities around polio eradication meetings and other events is hampering efforts to maintain support among existing donors and to garner new political and financial supporters. Consideration should be given by the partner organizations to jointly funding a public relations specialist who could assist each organization in appropriate promotional activities for the polio eradication initiative. The partners should give special attention to developing special promotional activities for World Health Day on April 7, 1995.
10. Greater efforts to coordinate activities among the partner agencies are still needed. Interagency coordinating committees should be organized in all regions, and in all countries where feasible. Given the increase in joint activities by the partner organizations a mechanism such as a polio eradication newsletter, with contributions by each agency, will be useful.
11. Recommendations for focused, selective evaluation of NIDs should be developed under the coordination of WHO. Factors to be considered in developing these guidelines include:
 - Objectives of the evaluation
 - Type of process evaluation to be conducted
 - Where (geographically, high risk populations, etc.) to conduct the process evaluation

- Optimal methodologies to consider
 - Factors to consider in determining the most appropriate timing of the evaluation
12. Medical and technical officers working at the Regional and country levels should work with local and regional offices of USAID (e.g., through BASICS), Peace Corps, local business leaders, Rotary clubs, and other donors to generate additional government commitment and resources for polio eradication. Strategies need to be developed in each country to maximize government, business, and community support for polio eradication.

ANNEX 5

**USAID/BASICS PARTICIPATION IN POLIO ERADICATION
A DRAFT ISSUES PAPER - 7/29/94
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Background

1. WHO, UNICEF, and The World Summit for Children have targeted Polio Eradication for the Year 2000.
2. Rotarians around the world have raised over 240 million dollars to support eradication. Equally important is the participation of Rotarians in the endemic countries. During a June 1993 evaluation of USAID's Grant to PolioPlus India, and estimated 1/3 of Indian Rotarians (20,000) participated in one or more polio activities in 1993.
3. Japan is making increasing financial commitments to support bilateral activities through provision of vaccines, vaccine production capacity, equipment, and to a limited extent technical assistance.
4. Global polio incidence has decreased from 34,762 cases in 1988 to 9,665 cases in 1993 (decline of 70%). As surveillance efficiency has increased from an estimated 10% to 30%, the magnitude of this drop is even greater. However, with a surveillance efficiency of 30%, and estimated 30,000 paralytic cases occurred in 1993.
5. Of great significance is the interruption of virus transmission in the western hemisphere in August 1991.
6. The eradication strategy utilizes a combination of vaccination days, Acute Flaccid Paralysis (AFP) surveillance, laboratory confirmation including molecular epidemiology, and rapid response to all reported cases (within 48 hours)
7. The experience in the Americas is being utilized in the Western Pacific with excellent progress in Philippines and China (100 million vaccinated last winter)

Concerns about Polio Eradication

1. With an assessment of development needs and more specifically the health priorities of maternal health and child survival, development managers question the allocation of resources to a single disease control program, especially one whose disease burden in terms of mortality is limited
2. Specifically, there is questions as to the opportunity cost of giving political, programmatic, and resource priority to one program, polio eradication
3. Other developmental planners question the appropriateness of global goals. in an era where decentralization and local decentralization is being advanced as a strategy for effective implementation and sustainability.

Factors Supporting Involvement in Polio Eradication

1. Polio eradication has been effective in changing the mind set of program implementers from process to impact driven programs.
2. Polio mass campaigns have provided a mechanism for cost effectively addressing priority health issues such as neonatal tetanus, Vitamin A deficiency, and measles (recent campaigns in Philippines)
3. The requirements of polio eradication (surveillance and action within 48 hours) has created new standards of performance by which reporting of adverse health events and their response are monitored on a regular basis (number of outbreaks reported within 48 hours, number of reported outbreaks investigated within 48 hours, and number of cases in which 2 stools are collected within two weeks).
4. Polio program is strengthening the integration of program delivery, surveillance and response, and laboratory support.
5. A recent study, chaired by Professor Carl Taylor of Hopkins, has assessed the system building impact of the polio program in the Americas. This report needs to be studied carefully.

Why US Involvement in Polio Eradication

1. When global eradication is achieved, the costs of polio immunization, polio paralysis from vaccine (vaccine associated), and surveillance costs will no longer be required. Studies by Deb McFarland BASICS, and Ken Bart (OIH) have documented the cost effectiveness of global polio eradication.
2. With the clear-cut domestic economic benefits of polio eradication, it is not only appropriate but ethically correct to use domestic health funds to support global polio eradication. This is being done.
3. As one of the major resources of epidemiologic, logistic, communications, and research expertise; US involvement in polio eradication is needed and may be essential.

Why USAID/BASICS Involvement in Polio Eradication

- 1 Polio eradication contributes to system development (see above)
- 2 USAID through its bilateral missions are, in some countries, uniquely positioned to coordinate partner support for national programs
- 3 USAID can provide a key role in providing technical assistance especially where it is most needed, the least developed countries especially Africa.
- 4 With appropriate USAID involvement, the probability of successful global polio eradication will be increased
- 5 Polio eradication may be the most demonstrable well publicized health success of the next decade; participation in that success provides a strong base for continued advocacy for health support.

ANNEX 6

BASICS

(Basic Support for Institutionalizing Child Survival)

- 5 years
- WORLDWIDE CS project
- CONTRACT OF A.I.D.
- managed by Office of Health

Provides technical assistance in:

- EPI
- ARI
- CDD
- Malaria

Objective:

Reduce infant and child
MORTALITY.

BASICS will strengthen systems

- Communications (3 staff)
- Supervision
- Logistics and drug supply
- Information systems
- Training
- Dissemination

BASICS Partners

- A.E.D. (Health Com)
- J.S.I. (REACH)
- M.S.H. (PRITECH)

BASICS Subcontractors

- Johns Hopkins
- Emory University
- Clark Atlanta University
- PATH
- Porter-Novelli
- Kingsbury Group

Board of Directors

3 = C.E.O.'s

1 = former A.I.D. Official

1 = Bill Foeger

WASHINGTON STAFF:

Technical: 15*

Operations: 5

+ admin, finance, support

Regional Offices

- Latin America (Honduras)
- W. Africa (DAKAR)
- E. Africa (Nairobi)

Country Offices

- Madagascar

- Niger

- Nigeria

- Senegal

- Bangladesh

- Bolivia

- Haiti

Anticipated Programs and Activities by End of PY1

	Long-term Countries & Programs	Periodic Countries & Programs	Short-term Activities
Asia/Near East	Bangladesh India	Indonesia	Laos Vietnam Sri Lanka
Africa	Madagascar* Mali Niger* Nigeria* Senegal* East Africa/REDSO West Africa Regional Office* ORANA*	Burundi	Eritrea Ethiopia Guinea Liberia Malawi Mozambique Zambia
Latin America	Bolivia* Haiti Regional Office*	Guatemala* Honduras	CA/Cholera (2 additional countries) Peru
NIS	none	Armenia Azerbaijan Georgia Kyrgyzstan Moldova Tajikistan	Kazakhstan Russia Turkmenistan Uzbekistan
<p>Long-term: For countries = resident advisor, CAP For programs = multi-country activity carried out by resident staff Periodic: CAP, 4 or more person months of TA per year Short-term: ad hoc assignments at request of USAID and others in countries that are not LT or periodic</p>			
<p>*indicates long-term or periodic program as of March 31, 1994</p>			

BASKS EPI STRATEGIES

1. Improve delivery of routine EPI services
 - complete
 - effective
 - timely
2. Introduce strategies to reduce morbidity and mortality due to EPI-target diseases.
3. WORK toward ensuring availability of required funds and commodities for EPI.

- Technical Ally / Resource
[NOT Commodities Source]
- Complementarity
- Open doors for each other

ACCESS :

Direct

INDIRECT

USAID SUPPORT FOR ACCELERATED IMMUNIZATION PROGRAM (AIP)

1. AIP I grant to PAHO, 1986-1991 - \$40 million

*Purpose: Strengthen EPI, support polio eradication,
support child survival*

2. AIP II grant to PAHO, 1991-1996 - \$40 million

Purpose: Build on EPI achievements of Phase I

ACTIVITIES SUPPORTED BY USAID GRANT TO PAHO

- PAHO personnel and supervision costs
- Disease surveillance and outbreak control
- Cold chain equipment
- Training activities

ANNEX 7

BASICS EPI Strategy

1. Improve delivery of routine EPI services:

- Complete
- Effective
- Timely

2. Introduce strategies to reduce morbidity and mortality due to EPI-target diseases.

3. Work toward ensuring availability of required funds and commodities for EPI.



Benefits of Polio Eradication Initiative

- Reduced disability and mortality
- Contributes to overall system development
 - Surveillance
 - Lab system
 - Cold chain
 - Communications
 - Training
 - Improved coordination (private, other sectors)
- Boosts routine immunization services
- Immunization campaigns are vehicles for:
 - Other antigens
 - Vitamin A
- Visible results boost credibility of health services
- Cost savings
- Mobilizes resources for other programs (CDD, ARI)
- Good health is good politics
 - a demonstrable, well publicized success will lead to continued advocacy for health



Potential Role for BASICS

- Planning, implementing, evaluating NIDs
- Disease surveillance
 - Role of private sector
 - Integrated
 - Community-based
- Commercial involvement
- Costing analyses at various levels
- High risk approaches
- Increase routine coverage
- Strengthening infrastructure

Where: Africa, NIS,
Bangladesh

 **BASICS**

POLITICAL HAPPENINGS

- Congress authorized domestic spending for global polio as part of C.I.I.
- US-Japan Common Agenda expanded to include polio
- International Commission for Certification of Polio Eradication will certify Americas as polio-free (8/94)
- Congressional contacts of TFCS writing Clinton asking for more money for polio eradication in FY 95 budget
- Taylor/Cutts/et al report released (8/94)
- Task Force on Immunization to meet in Capetown (11/94)
 - (Mandela?)
- ? TFCS getting gurus to talk with Clinton (MacNamara, Salk, Foege, Grant, Hesburgh)
- ? Clinton to endorse polio eradication in State of the Union address (1/95)
- World Health Day - Target 2000: A World Without Polio (4/7/95)
- ? Olympics (1996) in Atlanta

ANNEX 8

ANNEX 8

PERSONS CONTACTED

Nick Ward	WHO/Geneva
Harry Hull	WHO/Geneva
Maureen Birmingham	WHO/Geneva
Jean-Marc Olive	PAHO/Washington
Shigeru Omi	WHO/WPRO, Manila
Rudolph Tangermann	WHO/Manila
Mac Otten	WHO/China
Bernard Moriniere	WHO/Vietnam
Andrei Lobanov	WHO/AFRO, Brazzaville
Rafi Aslanian	WHO/EMRO, Alexandria
George Oblapenko	WHO/EURO, Copenhagen
Jon Andrus	WHO/SEARO, Delhi
Edward Trainer	Rotary International, Evanston
G.P. Haran	Rotary International, Delhi
Fernando Verani	Rotary International, Rio de Janeiro
Erich Gerber	Rotary International, Zurich
Judy Polsky	UNICEF, New York
Angela Churchill	Peace Corps, Washington
John Bennett	TFCS, Atlanta
Ken Bart	Office of International Health, DHHS, Rockville
D A. Henderson	DHHS, Washington
Joel Breman	National Vaccine Program, Washington
Robert Fagan	CDC, Atlanta
Stephen Cochi	CDC, Atlanta
Claire Broome	CDC, Atlanta
Joseph Malison	CDC, Atlanta
Jason Weisfeld	CDC, Atlanta
Mark Grabowsky	CDC, Atlanta
Mary Reichler	CDC, Atlanta
Roland Sutter	CDC, Atlanta
Vance Dietz	CDC, Atlanta
Melinda Wharton	CDC, Atlanta
Frederik Van Loon	CDC, Atlanta
Ian Hardy	CDC, Atlanta
Walt Orenstem	CDC, Atlanta
Robert Chen	CDC, Atlanta
Stan Foster	BASICS (Emory University), Atlanta

ANNEX 9

ANNEX 9

NOTES FROM AN INTERAGENCY COORDINATION MEETING WITH WHO REGIONAL OFFICE STAFF (28 JULY 1994, ATLANTA) WHICH HAVE PARTICULAR RELEVANCE TO BASICS

General

A Scientific and Technical Advisory Committee has been formed to take the place of the annual EPI Global Advisory Group. It will meet in mid-October for the first time and will consist of 16-18 persons nominated for their individual skills. Sub-committees will be formed (e.g., research, vaccine supply, policy, strategies) and may meet more than once per year.

AFRICA

WHO/AFRO needs to generate political commitment from within its own regional committee and financial support for EPI and disease control from partner agencies. An upcoming series of meetings in Capetown is viewed as an historic opportunity, and not just business as usual. Various partners are exploring how to generate political advocacy for child survival at the meeting. A standard Anglophone regional EPI managers meeting (14-16 November) will be followed by a meeting of the Task Force on Immunization from 17-19 November at which a regional plan of action for EPI and acceleration for polio eradication will be endorsed.

ACTION: BASICS TECHNICAL DIVISION should discuss with the USAID/Office of Health and Nutrition possible USAID and BASICS attendance at the two Capetown meetings.

EPI managers' meetings are scheduled for Central Africa at the end of September. An EPI managers' meeting for Anglophone Southern and East Africa is planned for Capetown from 14-16 November. Topics which will be emphasized at the Capetown EPI managers' meeting include disease surveillance, vaccine requirements, and logistics/cold chain. A meeting for West Africa may occur in early 1995. According to Andrei Lobanov, invitations for the first and second meetings have been sent by WHO/AFRO to Hope Sukin (USAID/Africa Bureau). The writer explained that invitations also need to be sent to the USAID/Office of Health and Nutrition if the involvement of BASICS is desired. **ACTION: BASICS SENIOR MANAGEMENT should discuss with the USAID/Office of Health and Nutrition the need for them to inform WHO regional offices of the channels for communicating with USAID/Washington for accessing BASICS.**

WHO/AFRO has prepared a field guide for district-level staff on EPI target disease surveillance and plans to begin a series of disease surveillance training courses. **ACTION: BASICS EPI technical staff should request the field guide, coordinate with WHO/AFRO on training plans at national level, and plan involvement in disease surveillance training programs in appropriate countries.**

The data which REACH and BASICS have collected on neonatal tetanus in Lagos, and the method by which it was collected is very timely information and would be of great interest to colleagues such as Dietz, Hull, Tangermann, Ward, Gasse, and Sutter. The data need to be analyzed as soon as possible and the results, including methods, documented. **ACTION: BASICS EPI technical staff need to analyze the data using EPIINFO and write up the results as soon as possible.**

Using CDC and Rotary funds, WHO/AFRO expects to hire 10 national EPI surveillance officers this year and 10 next year. WHO also has identified a need for a WHO medical officer in Nigeria and Ethiopia.

A vaccine needs assessment in Zimbabwe, including testing of a new forecasting tool, is being conducted by Peter Evans and Amie Batson of WHO. **BASICS EPI technical staff should request a report of the findings.**

EUROPE

WHO/EURO is trying to rally national and international support for a region-wide series of national immunization days beginning in 1995. Turkey, the Caucasus, and Central Asia would be included. The 1995 dates would be March and April, or April and May, depending on the circumstances within each country. The April dates would coincide with World Health Day (April 7) with its 1995 theme being "Target 2000 - A World without Polio." Depending on interest, other countries within the Eastern Mediterranean and South East Asian regions could also participate. Advocacy and planning meetings of EPI managers may be needed within regions if coordinated NIDs are to occur. **ACTION: Given its past involvement, USAID (BASICS) should expect requests by WHO/EURO to support NIDs and other related polio eradication activities throughout the NIS.**

WHO/EURO is planning a regional workshop on disease surveillance. In September 1994, a review of EPI and polio surveillance will be conducted in Hungary, which may become a model review for NIS countries. **ACTION: BASICS EPI technical staff should request the output from this meeting.**

WHO/EURO hopes to create two posts for the Central Asian Republics for inter-country epidemiologists (one to cover Uzbekistan and Tajikistan and the other to cover Turkmenistan, Kyrgyzstan, and Kazakhstan). One such post would be for the Caucasus based in Azerbaijan, and one for Belarus/Moldova/Ukraine. WHO/EURO is sending a consultant to the CAR in late 1994 to determine what sort of laboratory support for polio eradication is needed. To begin expansion of surveillance for acute flaccid paralysis, WHO/EURO is planning one or more workshops in mid-1995 with laboratory and epidemiology staff from the NIS. WHO/EURO plans to develop polio-specific plans of action in Uzbekistan (recently completed by a CDC staff), Kazakhstan, Turkmenistan, Azerbaijan, Ukraine, and Russia.

SOUTH EAST ASIA

WHO/SEARO has prepared a document on integrating surveillance for polio, measles, and neonatal tetanus. **ACTION: BASICS EPI technical staff should request this document from Dr. John Andrus.**

WHO/SEARO is sending Vance Dietz from CDC to Indonesia in September. As part of the assignment, Dietz will examine the current community-based vital events registration system to determine its utility for improved surveillance for neonatal tetanus and acute flaccid paralysis. **ACTION: BASICS EPI technical staff should get a copy of Dietz' report later in 1994.**

Bangladesh will conduct NIDs in early 1995. An inter-agency coordination meeting is needed to determine the intended involvement of each donor agency. Funds for procurement of the OPV have not yet been determined. **ACTION: The BASICS CAP team will need to decide with USAID/Dhaka and USAID/Washington as to how BASICS can best support this national priority. Key contacts include Dr Jon Andrus at WHO/SEARO in Delhi and Dr. G.P. Haran with Rotary Polio Plus.**

EASTERN MEDITERRANEAN

Egypt has introduced a computerized health information system with support from CDC and the USAID Child Survival Project. **ACTION: BASICS EPI technical staff should request documentation from CDC's Rob Linkins or Clark Atlanta's Frank Cummings.**

AMERICAS

A meeting at PAHO the week of August 22 is expected to result in the certification of wild poliovirus elimination from the Americas.