

The USAID Polio Eradication Initiative



1998 Report to Congress



Progress and Partnerships

FREE NIGERIA FROM POLIO

nt Polio

Happy days are here again!
NATIONAL IMMUNIZATION DAYS

REPUBLIC OF BURUNDI
MINISTRY OF HEALTH

To Mr. Negussie Mengesha
Voice Of America
Central Africa Service
330 Independence Ave.
Washington D.C, SW 20547
USA

Mr. Mengesha,

It is with pleasure and honor that I am writing this letter to thank you very much for the contribution of the Voice Of America to the success of the first round of the NIDs, National Immunization Days against Polio in Burundi, which took place last December.

In fact, I assure you that the Burundian Population follows with great interest the Health Magazines that you broadcast to Africa in general, and to the Great Lakes Region in particular, especially during this period of immunization days.

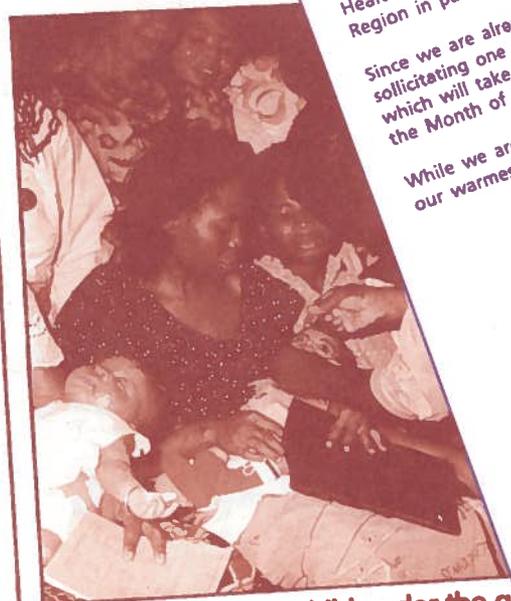
Since we are already preparing another campaign against Malaria, we are soliciting one more time your Contribution to the coverage of this campaign, which will take place on the 15th of the month of February through the 23rd of the Month of February 1999.

While we are expecting a favorable response to this request, we extend to you our warmest regards.

MINISTRY OF HEALTH
Dr. Juma Mohamed Karibunyo,
Minister.

Signed
Tel. 257-22 51 67 or 257-22 39 45
Fax 257-229196

NATIONAL
KICK POLIO



Take your child under the age of
5 to the nearest centre.

JANUARY 15 - 16



Polio

Have you seen a Child less than
15 years crippled this year?
Please report to the nearest
Health facility.

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Cover photo by Richard Franco/WHO



Executive Summary

The United States Agency for International Development (USAID) is now in its third year of support for the Polio Eradication Initiative, an initiative launched in 1996 as part of the global effort to eradicate poliomyelitis by the year 2000. To carry out this initiative, USAID collaborated with its Polio Partners—the World Health Organization (WHO), Rotary International, U.S. Centers for Disease Control and Prevention (CDC) and UNICEF—in developing a strategic framework that builds on the lessons learned from the successful eradication of polio in the Americas. These lessons include the importance of working closely with donor partners, host governments and community organizations; establishing Interagency Coordination Committees at country and regional levels; the value of measuring

“I am very grateful for the extraordinary work of Rotary International. Working together with global partners—WHO, UNICEF, USAID, and CDC—its worldwide volunteers have immunized over one billion children against polio. We can eradicate this disease by the year 2000. And we can give the children of the 21st century a world without polio.”

***William J. Clinton,
President of the United States***

specific indicators of program success; and the benefits of harnessing the enthusiasm and commitment of those involved in eradication efforts, including community members. This framework has proven to be effective and tremendous progress is being made. The strategy focuses on:

- Building effective partnerships
- Strengthening health systems and the routine Expanded Program for Immunization

- Ensuring effective supplemental polio immunization through National Immunization Days and mop-up campaigns, where polio vaccine is given to all children under five in two rounds, four to six weeks apart, regardless of prior immunization status
- Improving acute flaccid paralysis (AFP) surveillance and laboratory capability to identify cases of polio
- Improving information collection and use for continuous program improvement

Congressional support from 1996 through fiscal year 1998 has provided a total of \$70 million for the initiative. More than 85% of USAID resources directly support country-level programs; the remaining 15% support regional or global activities. A snapshot of recent accomplishments follows:

- Since the global eradication goal was established a decade ago, the number of reported cases of polio has declined by nearly 85%, from a high of 35,000 reported in 1988 to 5,673 confirmed cases in 1998.* More than half of all cases confirmed are found in five countries in South Asia.
- Steady improvements have been made in acute flaccid paralysis surveillance and reporting, especially in the South Asia region; however, improvements are urgently needed in the Africa region, where surveillance is not yet well established.
- National Immunization Days (NIDs) reached more than 450 million children in mass immunization campaigns in 74 countries in 1998. Many countries reported that more than 95% of the

*All statistics cited are from the World Health Organization and the Centers for Disease Control and Prevention.



eligible child population was reached; efforts are now underway to verify these figures. During a recent NID in India, two million volunteers were deployed to immunize 130 million children in a single day.

- WHO assessed 112 laboratories in 1998, giving full or provisional accreditation to 90. Laboratory capability is critical to the eradication effort. The WHO Global Polio Laboratories Network (LABNET) consists of 133 national and regional virology laboratories that are or will be capable of confirming AFP and polio cases. USAID is the largest bilateral donor to this global network.
- The collaboration between USAID and the Government of Japan under the *U.S.-Japan Common Agenda for Cooperation in a Global Perspective* has encouraged the Japanese government to increase funding for polio and other immunization activities and has boosted its support of eradication in Africa.
- The Voice of America (VOA) expanded its radio coverage on eradication activities, and its partner, WORLDNET Television, joined the eradication effort. More than 900 VOA/WORLDNET broadcasts supporting eradication have been heard in 22 countries. These broadcasts include radio dramas, contests, polio fan club reporting and a variety of innovative features, all in local languages.

While major steps have been taken toward eradication, in much of the developing world much more remains to be done. USAID is working with its Polio Partners to address these challenges, such as the fundamental need to raise static or declining routine immunization rates. Surveillance and a functioning laboratory network are critical components in

achieving and documenting eradication. The immunization of children in war-torn areas presents a challenge that must be met, especially since movements of people escaping civil strife can result in the virus being reintroduced in areas thought to be polio-free. USAID and its Partners are actively seeking “Days of Tran-



In its third year of NIDs, India was able to immunize 130 million children in December 1997, and again in January 1998—the largest public health events in history.

Photo by J.F. Cretien/WHO

quility” to allow immunization to take place in these troubled areas.

National commitment and funding support must also be addressed. With many competing priorities, some countries are reluctant to continue support for more than three years of supplemental immunization activities. In addition, keeping countries focused on certifi-



cation—not just completing three years of NIDs—is proving to be a greater challenge than expected. USAID and its Partners are advocating for increased local resources and commitment, both government and private, but funding gaps remain. WHO estimates that an additional \$350 million is needed to cover the costs of country-level eradication activities through 2001, and global and regional needs could widen the gap further. USAID intends to continue support at \$25 million annually in 1999 and 2000, and will work with its Partners to advocate for funding from other donors and private sector sources.

The Polio Partners collaboration is resulting in significant achievement and is proof that major improvements in global health are possible when governments, institutions and individuals work together to address common concerns. The collaboration is resulting in strong interagency coordination that is strengthening national health systems at all levels. This is the legacy that USAID hopes to leave for the world's children: a legacy of a polio-free world, global cooperation, and strong and sustainable health systems to monitor and prevent the spread of disease.



ACRONYMS

AFP	Acute Flaccid Paralysis
ARCH	Applied Research on Child Health (USAID Project)
BASICS	Basic Support for Institutionalizing Child Survival (USAID Project)
BIMAA	Bihar Immunization Acceleration Activity
CDC	U.S. Centers for Disease Control and Prevention
CHANGE	Behavior Change Innovations (USAID Project)
CORE	Child Survival Collaboration and Resources (USAID Project)
DANIDA	Danish International Development Assistance
ENI	Eastern Europe and New Independent States (USAID Regional Bureau)
EPI	Expanded Program on Immunization
FY	Fiscal Year
G/PHN	Global Bureau, Center for Population, Health, and Nutrition (USAID)
ICC	Interagency Coordinating Committee
INCLIN	International Clinical Epidemiology Network
JOCV	Japan Overseas Cooperation Volunteers
LABNET	WHO Global Polio Laboratory Network
LAC	Latin America and the Caribbean (USAID Regional Bureau)
MECACAR	Middle East, Caucasus, Central Asia Republics
MOH	Ministry of Health
MOU	Memorandum of Understanding
NGO	Non-Governmental Organization
NID	National Immunization Day
NIS	New Independent States
OMNI	Opportunities for Micronutrients Initiative (USAID Project)
PAHO	Pan American Health Organization
PEI	Polio Eradication Initiative
PVO	Private Voluntary Organization
SNID	Sub-National Immunization Day
TFI	Task Force on Immunization (in Africa)
UNICEF	United Nations Children's Fund
UNFPA	United Nations Fund for Population Activities
UPHAAR	Uttar Pradesh Health Acceleration Activity and Review
USAID	United States Agency for International Development
VOA	Voice of America
WHO	World Health Organization
WHO/AFRO	World Health Organization/Africa Regional Office
WHO/EURO	World Health Organization/Europe Regional Office
WHO/EMRO	World Health Organization/Eastern Mediterranean Regional Office
WHO/SEARO	World Health Organization/South East Asia Regional Office
WHO/WPRO	World Health Organization/Western Pacific Regional Office



I. Introduction

The USAID Polio Eradication Initiative (PEI) is a vital component of the global polio eradication effort. In 1988, the U.S. government joined with other member nations of the World Health Assembly to adopt a global resolution to eradicate polio by the year 2000, in the context of improving national immunization and disease control programs. USAID and its Partners are striving to ensure that poliovirus transmission can be interrupted by the end of the year 2000 or shortly thereafter.

A. Overview

WHO is divided into six regions, each of which must individually certify their polio-free status. A country is free of polio when the wild poliovirus ceases to circulate and no virologically confirmed cases are found. For a region to be certified as “polio-free,” all countries in the region must meet strict criteria for three consecutive years. The criteria include:

- the absence of confirmed polio cases and of detectable wild poliovirus
- the presence of an adequate surveillance system
- on-site evaluation by a national certification commission
- establishment of appropriate measures to handle importations

The Americas Region met these criteria in 1994. The WHO/Western Pacific Region (WPR) is approaching the necessary standard of surveillance and is preparing to submit its first year of documentation for certification. It is hoped that all regions will gain certification status by 2003–05.

Much needs to happen before global certification occurs. Health systems should strive to reach the 90% target level set by the global Expanded Program on Immunization (EPI), thus assuring that children are fully immunized by their first birthday, and that populations are protected against reimportation of the poliovirus. High quality National Immunization Days and mop-ups must continue in most countries for the next several years to further boost population immunity and interrupt the chains of transmission. Surveillance systems must be in place that can identify and report all remaining reservoirs of the wild poliovirus, and the WHO LABNET system must be fully functional to analyze and identify polio and AFP cases.

Transmission of wild poliovirus is now concentrated in two major reservoirs in South Asia and sub-Saharan Africa. Infection rates are highest in the largest and most populous countries—Bangladesh, India and Pakistan in Asia, and the

What is polio? Polio is an infectious viral disease that is spread from person to person, usually through close (fecal) contact, with more than 95% of cases occurring in children younger than five years of age. Transmission is most intense in densely populated areas with poor sanitation. In one in 200 cases, the virus kills the nerve cells that activate the muscles. The dead nerve cells cannot be replaced; the result is usually lifelong paralysis or, in some cases, death.

Democratic Republic of Congo (DRC), Ethiopia and Nigeria in Africa. High infection rates are also found in a number of smaller countries, such as Angola. Each of these countries, with the exception of the DRC, have initiated NIDs and especially in Asia, have succeeded in lowering transmission rates.



National Immunization Days, surveillance and mop-up campaigns go hand in hand in the eradication effort. NIDs are mass immunization campaigns designed to stop the circulation of the wild poliovirus by immunizing every child under five in two rounds four to six weeks apart, regardless of prior immunization status. Three to five years of NIDs are usually required to eradicate polio, but in some countries, where routine immunization levels are low, it can take longer.

A strong surveillance system will identify where mop-up campaigns should take place. In the final stages of polio eradication, there will be a few remaining areas where the poliovirus persists. These are likely to include urban slums, where population turnover is high and health services inadequate, and where overcrowding and poor sanitation provide fertile ground for disease transmission. The most vulnerable population groups include minorities, nomadic groups, refugees and those who live in isolated or hard-to-reach areas. Surveillance data are used to identify these geographical areas, as well as the demographic characteristics of the high-risk groups. Mopping-up immunization is then carried out in the defined areas. To ensure that every child is reached, the vaccine is carried and administered house to house. As with NIDs, two doses are given a month or so apart to all children under five, regardless of prior immunization status.

While major steps have been taken toward eradication, in

much of the developing world much more remains to be done. USAID is working with its Polio Partners to address these challenges, such as the fundamental need to raise static or declining routine immunization rates.

Surveillance and a functioning laboratory network are critical components in achieving and documenting eradication. The immunization of children in war-torn areas presents a challenge that must be met, especially since movements of people escaping civil strife can result in the virus being reintroduced in areas that were once polio-free. USAID and its Partners are actively seeking “Days of Tranquility” to allow immunization to take place in these troubled areas.

B. Polio Partners

USAID and its Polio Partners—WHO, Rotary International, UNICEF and CDC—are working closely with host country governments in Africa, Asia, Europe and the New Independent States (ENI Bureau) regions to promote and strengthen eradication efforts and improve links with other immunization services. Working together, the Polio Partners monitor routine immunization coverage, provide technical advice and report on polio and EPI coverage at country, regional and interna-



Figure 1



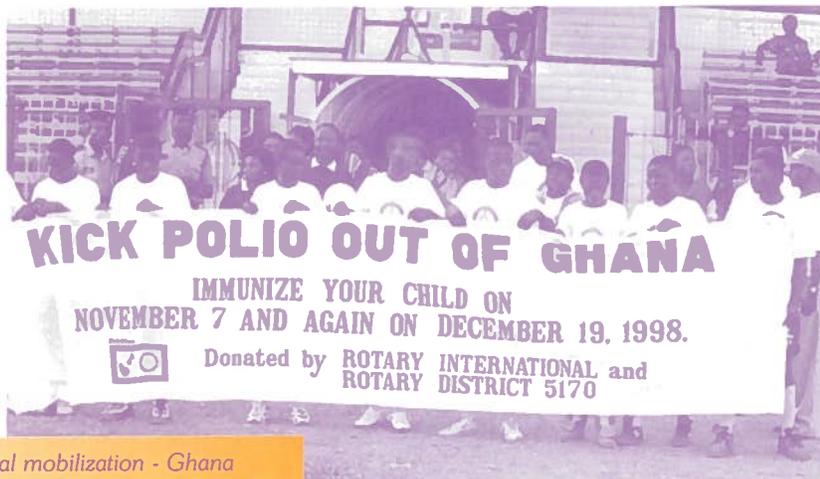
tional meetings. USAID is also supporting joint research on the impact of polio eradication efforts on health systems and is exploring cost-effective methods of providing supplemental immunization.

USAID provides technical assistance and financial support for a variety of activities. The Agency administers most of its support through grants to WHO and UNICEF. USAID also draws on the skills and experience of its technical staff and that of its cooperating agencies. Other important polio partners are community groups, private and nongovernmental organizations (PVOs/NGOs), the Voice of America and other bilateral donors, including the governments of Australia, Canada, Denmark, Japan, Sweden and the United Kingdom.

The Polio Partners provided an estimated \$193 million in funding in 1998. Activities focused on strengthening NIDs and mop-up campaigns, surveillance, the laboratory network and social mobilization, as well as the routine immunization system. The Partners sponsored and participated in regional and national advocacy and planning meetings, all designed to strengthen national systems, share information and motivate participants.

Rotary International's Commitment to Polio Eradication

Rotary International committed to polio eradication in 1985, its first global cause. Rotary has raised more than \$240 million in private donations for the initiative and has contributed more than \$335 million through its 1.2 million members and 23,000 clubs in 158 countries. The organization expects to spend nearly \$500 million in total by the time eradication is achieved. Rotary volunteers help organize and participate in NIDs; they are active in advocacy efforts and work with other donors and governments to support the initiative. Rotary plays an important advocacy role on Capitol Hill, regularly appearing before the U.S. Senate Appropriations Subcommittee to advocate for and promote polio eradication efforts.



Social mobilization - Ghana
Photo by Kwabena Ofari/VOA



II. The USAID Polio Eradication Initiative

A. The PEI Strategy

The Agency PEI strategy is designed to achieve the eradication of polio within the context of a strong and sustainable routine immunization and disease control system, an essential foundation for basic primary health care services in the developing world.

USAID assistance for polio eradication initially focused on Latin America and the Caribbean (LAC), where the Agency was the major external donor (Figure 2). After the Americas were certified polio-free in 1994, the U.S. shifted its geographic focus. In 1996, with the encouragement and support of the United States Congress, USAID launched the PEI. The PEI strategy incorporated the many lessons learned from ten years of support to the LAC region. These included the importance of collaborating closely with donor partners, host governments and community organizations, establishing Inter-agency Coordinating Committees (ICCs) at

country and regional levels, the value of measuring specific indicators of program success, and the benefits of building partnerships to harness the enthusiasm and commitment of all those involved in eradication efforts, including community members.

The USAID PEI reflects a continuing political commitment to polio eradication. As the year 2000 approaches, USAID and its Polio Partners are accelerating eradication activities, with a strong focus on conducting high quality NIDs and mop-up campaigns and strengthening surveillance reporting and the laboratory network.

B. PEI Results Framework

The five strategic elements (Figure 3) of the PEI Results Framework are:

1. Build effective partnerships

USAID supports partnerships at both the regional and national levels, including establishing Interagency Cooperating Committees to promote improved collaboration between donors and governments.

2. Strengthen systems

USAID supports activities to enhance national capacity to provide high-quality oral polio vaccine through routine and supplemental immunization systems. This includes improved training, supervision, logistics, planning, cold chain assessment and management, and program management for polio and other childhood illnesses. Where feasible, USAID supports including vitamin A in NIDs and EPI activities.

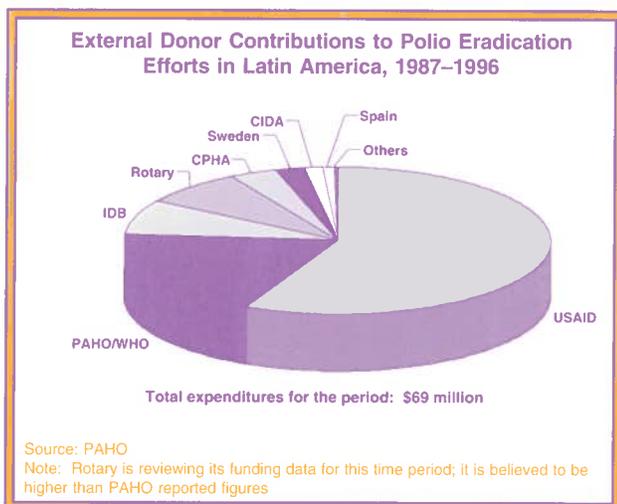


Figure 2



3. Ensure effective supplemental immunization through NIDs and mop-up campaigns

USAID resources are used in planning and implementing strong supplemental polio immunization campaigns, including targeted mop-up activities in high-risk areas.

4. Improve Acute Flaccid Paralysis surveillance and laboratory investigation

USAID funds are used to strengthen existing surveillance systems and to support the development of new surveillance systems to detect, report and respond to outbreaks of polio and other infectious diseases. USAID also provides substantial support to the global WHO LABNET system.

5. Improve information collection and use

USAID supports data and information collection to monitor, evaluate and continually improve the quality of PEI activities.

C. PEI Funding

In FY 1996, with the support of the U.S. Congress, USAID allocated \$20 million for the PEI, and in each fiscal year since an additional \$25 million has been allocated, for a total of \$70 million to date (Figure 4). This level of support has provided USAID the opportunity to play an important role in the global eradication effort. USAID resources have focused on Africa, South Asia and the ENI region, areas where polio remains or was recently endemic.

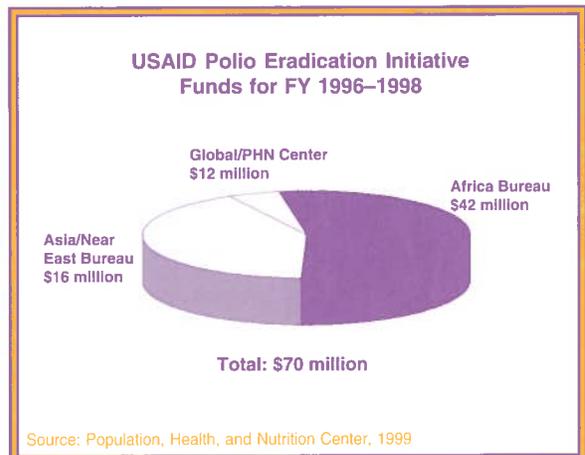


Figure 4

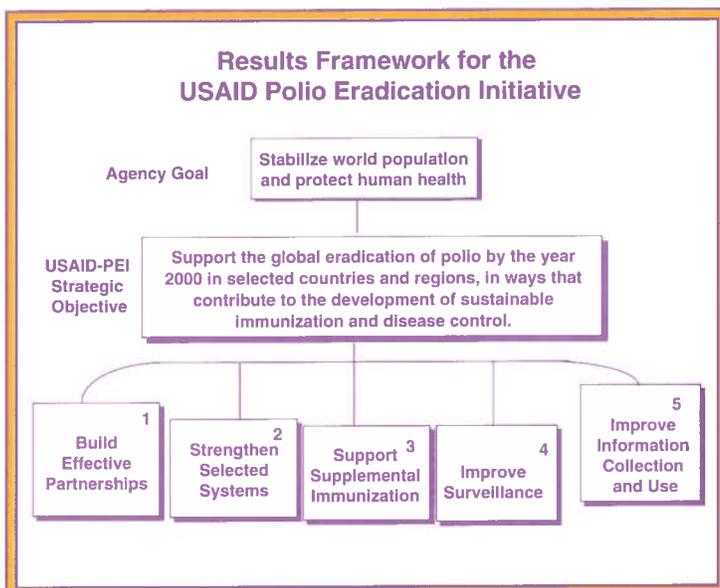


Figure 3

In FY 1998, the USAID \$25 million PEI contribution was allocated as follows:

- \$16 million to the Africa Bureau for support to NIDs and surveillance via WHO/AFRO, UNICEF and the USAID-funded BASICS project. Funds were used to assist Ministries of Health to plan and strategize for polio eradication activities. This included improving strategies for social mobilization, cold chain and logistics management, program planning and evaluation. USAID funds were essential in establishing AFP surveillance in West and Central Africa.



- \$5 million through the USAID/Global Bureau Center for Population, Health and Nutrition to WHO, VOA and several USAID-funded projects to fill country level gaps and to support global, regional and country eradication activities.
- \$4 million to the Asia and Near East Bureau for support to NIDs and surveillance, primarily through grants to UNICEF and WHO. The International Clinical Epidemiology Network (INCLEN) received limited support to continue post-NID assessments for program improvement in India, and Rotary/India continued to receive funds for social mobilization and advocacy through UNICEF.

Based on discussions with partner organizations and regional need, the FY 1999 PEI funding of \$25 million will follow the same distribution pattern described for FY 1998.

Figure 5 illustrates the distribution of PEI funding for FY 1997 and FY 1998 by implementing organization.

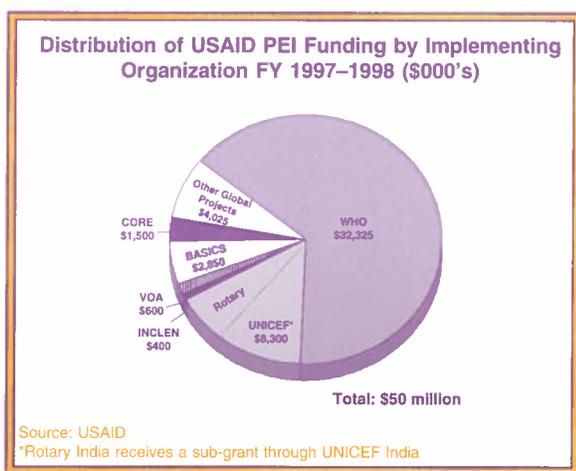


Figure 5

D. 1998 Activities/ Accomplishments

The emphasis in 1998 focused on strengthening key components of the PEI strategy, which in turn strengthened the foundation for the final push toward eradication. NIDs received high priority, as did surveillance and establishing the laboratory network. Significant progress was made in these three areas. Attention was also given to communication and social mobilization efforts, especially in Africa.

The BASICS project, in collaboration with WHO/AFRO and UNICEF, facilitated three regional workshops, in West, Central and East Africa, to address communication and social mobilization issues. A Social Mobilization Advisory Group meeting, held by WHO and international partners in Uganda in 1997, found that although social mobilization had made a great contribution to the success of NIDs, it remained weak in supporting routine immunization and disease surveillance. Given the prevalence of top-down communication in immunization activities and the amount of attention and resources increasingly diverted away from routine immunization to NIDs, a workshop of communications practitioners was recommended to discuss possibilities for improving overall immunization through communication efforts. These workshops were held late in 1998; a fourth workshop will be held in Southern Africa early in 1999. The purpose of the workshops was to assist country teams in developing and reinforcing strategic and integrated communication plans for the routine EPI, NIDs and surveillance, to be implemented in-country. This approach is part of a longer-term vision that should provide the impetus needed to rapidly address eradication priorities as well as providing the foundation for a sustainable health infrastructure.



The latest partner in the PEI effort is the CORE Group of PVOs, a network organization of 32 US-based PVOs with a history of successful USAID-funded projects in health and nutrition, and an established organizational presence in over 140 countries. The CORE focus is to strengthen community-based surveillance in India, Ethiopia, Malawi, Mozambique, Tanzania and Uganda. CORE intends to expand to other interested countries, once these initial programs are underway. CORE PVOs will also participate in ICCs and they plan to assist, where appropriate, in district-level planning and training, monitoring and evaluation, social mobilization and advocacy.

USAID is also supporting ongoing research on a variety of topics. This includes university-based research looking at polio virus shedding in immune-compromised individuals, the results of which will inform the development of end-stage strategies for the eventual cessation of immunization, and joint donor-funded studies on the effects of eradication efforts on national health systems. The Partnerships for Health Reform project is looking at cost-effective approaches to supplemental immunization strategies, and is assessing the financial implications of polio eradication on health systems.

The global eradication effort represents an enormous commitment of financial and human resources, time and dedication from governments, organizations and untold numbers of individuals. The examples cited below represent a sampling of significant achievement in 1998 and show steady progress toward achieving polio eradication goals.

- The number of cases of polio has declined by nearly 85%, from a high of 35,000 cases reported in 1988 to 5,673 confirmed in 1998. The increase from 1997 is due to improved surveillance and reporting (Figure 6). More than half of

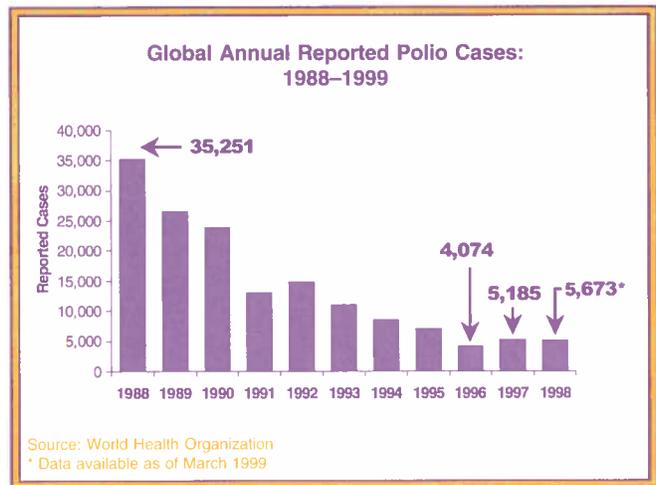


Figure 6

cases reported are found in five countries in South Asia.

- National Immunization Days (NIDs) reached more than 470 million children in mass campaigns in 74 countries in 1998. Many countries reported that more than 95% of the eligible child population was reached; efforts are now under way to verify these figures. During a recent NID in India, two million volunteers were deployed to immunize 130 million children in a single day.
- Steady improvements have been made in acute flaccid paralysis surveillance and reporting, especially in the South Asia region (Figure 7). This is evidenced by the increase in numbers of AFP cases reported, from roughly 17,000 in 1997 to 25,000 in 1998. A growing number of surveillance systems are integrated, which means they are capable of detecting cases and outbreaks of vaccine-preventable diseases other than polio.
- WHO assessed 112 laboratories in 1998, giving full or provisional accreditation to 90. The WHO Global Polio Laboratories Network consists of 133 national and regional virology laboratories, all of which will soon be capable of identifying and



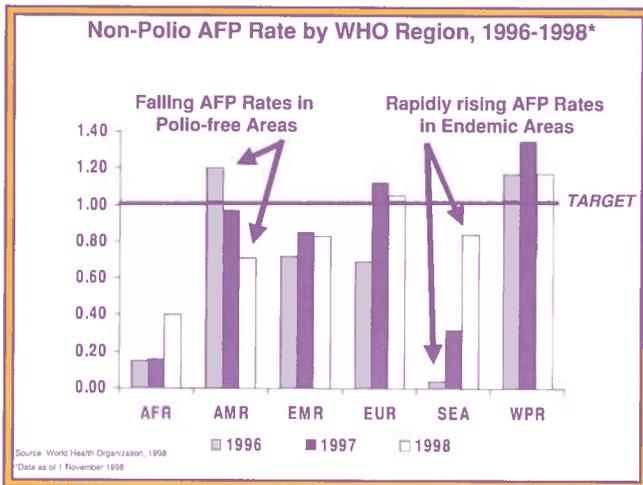


Figure 7

confirming AFP and polio cases. The national laboratories process stool specimens and identify serotypes from AFP cases, while regional laboratories identify the type of poliovirus and determine whether it is wild or vaccine-derived. USAID is the largest bilateral donor to the global laboratory network.

- The collaboration between USAID and the Government of Japan under the *U.S.-Japan Common Agenda* has encouraged the Japanese government to increase funding for polio and other immunization activities and has boosted its support of eradication activities in Africa. USAID has also encouraged the collaboration of Japan Overseas Cooperation Volunteers and U.S. Peace Corps volunteers in case detection and reporting at the community level.
- The Voice of America expanded its radio coverage on eradication activities, and its partner, WORLDNET Television, joined the eradication effort. More than 900 VOA/WORLDNET broadcasts supporting eradication have been heard in 22 countries. These broadcasts include radio dramas, con-

tests, polio fan club reporting and a variety of innovative features, all in local languages.

- The BASICS project produced two important technical reports that are expected to have a wide distribution and influence on social mobilization and the routine EPI: *The Polio Eradication Initiative: Monitoring Service Delivery during National Immunization Days and Assessing Local Capacity to Strengthen Disease Surveillance, and Communication Handbook for Polio Eradication and EPI*.
- USAID supported the development of the vaccine vial monitors, which are now a component part of all polio vaccine vials used in the PEI. These monitors change color when the vaccine has been exposed to heat and indicate when the vaccine is no longer potent. This simple tool has already reduced wastage and has the potential to save millions of dollars in

U.S./Japan Common Agenda

Polio eradication was a highlight of the agenda at the March 1998 U.S.-Japan Common Agenda Open Forum and September 1998 U.S.-Japan Summit. At the March meeting agreements were reached to maintain or increase funding for polio and EPI; shift funding resources to Africa to better meet PEI needs; increase human resources through Japan Overseas Cooperation Volunteers (JOCV) and U.S. Peace Corps volunteers; and increase participation at key meetings. At the September summit, President Clinton and Prime Minister Obuchi praised this collaboration and announced their commitment to polio eradication.

vaccine costs. Other USAID-supported research has resulted in a cost-saving switch to more efficient droppers that will also reduce vaccine wastage.

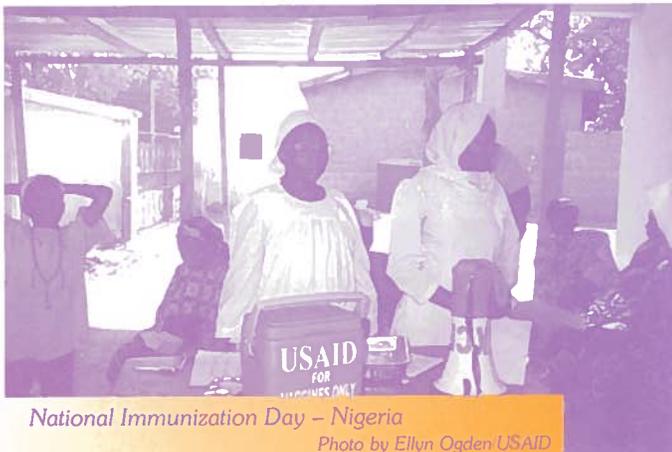


III. Partnerships and Progress

A. Overview

The year 1998 saw significant improvements in the quality of NIDs and in surveillance and reporting of suspected AFP cases. The geographic distribution of poliovirus continues to shrink. Reducing the number of cases further will require increased attention to reaching children not yet immunized and continued strengthening of surveillance and the laboratory reporting network. To accomplish this, all partners will need to collaborate and closely coordinate activities and resources to achieve maximum impact.

The following section highlights specific examples of 1998 accomplishments within the context of the PEI results framework.



National Immunization Day – Nigeria

Photo by Ellyn Ogden/USAID

1. Build Effective Partnerships

In 1998, strong consensus and teamwork were in evidence among the Polio Partners and other groups and organizations involved in the eradication effort. At the country level Inter-agency Coordinating Committees began taking a more proactive approach by identifying areas to be strengthened and targeting resources to those areas.

Within this collaborative context, USAID has gained recognition as a strong technical resource and has been increasingly called upon to provide technical expertise and to facilitate collaborative activities. USAID and cooperating agency staff actively participate in key international and regional meetings, on international surveillance reviews and on monitoring and observational visits. Below are three examples of successful partnerships:

- In the Democratic Republic of the Congo, USAID forged a partnership and signed an MOU with the Ministry of Health (MOH), WHO, UNICEF and BASICS to coordinate polio eradication activities. Although NIDs were postponed because of civil strife and international staff were dispersed to safer areas, USAID continued to coordinate with the Ministry and ICC through telephone and e-mail. As a result, when the political situation stabilized, USAID and its partners were able to quickly organize and conduct Sub-National Immunization Days (SNIDs) in areas considered safe. USAID also helped draft a recommendation at the recent Africa Task Force on Immunization (TFI) meeting, requesting that WHO and UNICEF seek assistance from the Organization of African Unity, United Nations High Commission on Refugees, or ultimately the United Nations Secretary General, to intercede on behalf of the eradication program and ensure that the remaining areas of the country are able to participate in the proposed 1999 NIDs. These avenues are being pursued as this report goes to press.
- In India, USAID worked closely with the Bihar state government, WHO, Rotary, UNICEF and more than 30 NGOs to establish the BIMAA, the Bihar Immunization Acceleration Activity. As the second most populous state in India,



Bihar has 25 million children under age five. Routine immunization coverage is an unacceptable 5% and NID coverage is around 80%—far short of what is needed to eradicate polio or protect against other childhood diseases. The MOU that established BIMAA was signed in October 1998, with all signatories agreeing to work closely to coordinate and improve all NIDs, mop-up and surveillance activities. Most important, agreement was reached to ensure year-round routine immunization services. Although operational for only a few months, early results are impressive. Bihar immunized over

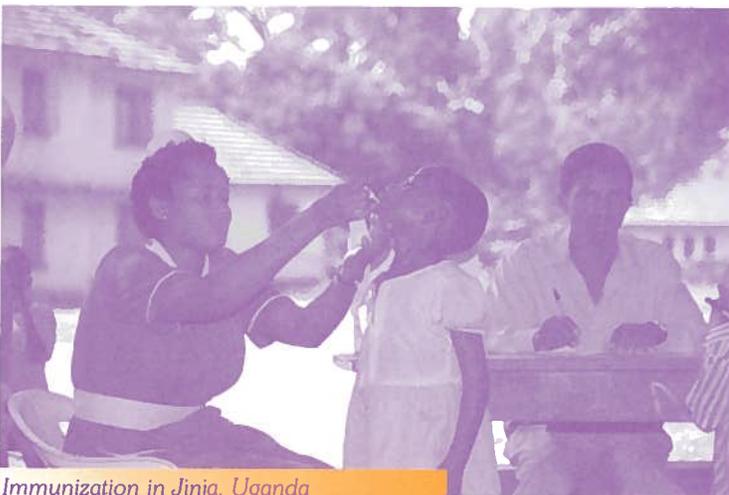
NGOs for PEI coordination was an essential step. The collaboration resulted in the development of Nigeria's PEI strategy and focused on identifying and resolving constraints, and improving coordination and planning between the public and private sectors. Nigeria achieved 100% coverage in both rounds of the 1998 NIDs, a significant improvement from 1997. Over 100 NGOs participated in the NIDs.

2. Strengthen Systems

Strengthening health systems and boosting routine immunization through the EPI has been a central topic at recent regional ICC meetings. The Africa ICC is beginning to see integrated national budgets for routine immunization, NIDs and surveillance activities. The two MOUs in India each give increased attention to linking polio eradication to stronger EPI systems. Continued investments in cold chain and logistics management, the laboratory network, integrated surveillance and community participation are all intended to build national capability to both prevent and respond to disease outbreaks on a sustainable basis.

USAID and Japan have shared a continuing dialogue on both immediate and long-term regional cold chain needs, with the result that Japan is now planning to increase its support for cold chain equipment through its Child Health Grants under the *U.S.-Japan Common Agenda*.

Strengthened routine immunization systems that result in increased coverage for all vaccine-preventable diseases should also reduce the incidence of measles. The skills learned through the PEI experience in logistics and cold chain management and planning, vaccine forecasting and advocacy can be utilized in improving the routine EPI system. The Agency encourages ICCs to emphasize the importance of



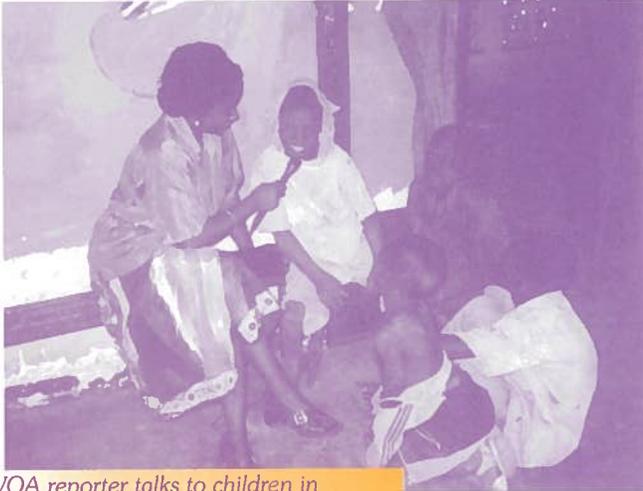
Immunization in Jinja, Uganda

Photo by Richard Franco/WHO

90% of eligible children during the December 1998 NID. USAID was able to facilitate a similar MOU in the neighboring state of Uttar Pradesh, with an even larger under-five population and routine immunization coverage of around 40%.

- A July 1998 visit to Nigeria by the USAID Worldwide Polio Eradication Coordinator provided the catalyst for developing an MOU between the government, WHO, UNICEF, USAID and its NGO cooperating agencies. Since USAID cannot work directly with the government in Nigeria, establishing a formal framework with





VOA reporter talks to children in Senegal

Photo by Maimouna Mills/VOA

high routine measles coverage, and to facilitate EPI outreach activities in hard-to-reach populations and areas where the health infrastructure is weak.

The PEI communications strategy promotes health issues and the mobilization of communities to participate in immunization and surveillance efforts. The BASICS project work in 1998 has strengthened this effort enormously. The Voice of America has also greatly enhanced community participation and involvement through its ability to reach even isolated areas and communities through its radio network. Highlights of its contribution, and that of its WORLDNET Television partner, are described below.

Communication Highlights:

- The Voice of America is influential in reaching large segments of the population. VOA reporters participate in NIDs by conducting live interviews with respected authorities, local doctors and polio survivors, which help to counter rumors, myths and misinformation about immunization. The scripts and materials produced by VOA are available to affiliates and others free of charge, thus further expanding the potential audience.
- A VOA listener from Nigeria wrote: "With sincere appreciation for the good work undertaken by your organization in recent times . . . My radio dial is always tuned to the VOA Africa Service for news updates and more information on 'child health care' programs. Please keep it up!"
- In August 1998, WORLDNET Television, the U.S. Information Agency's global television network, introduced "Health Watch," an interactive health program, with an hour-long feature on polio and polio eradication.

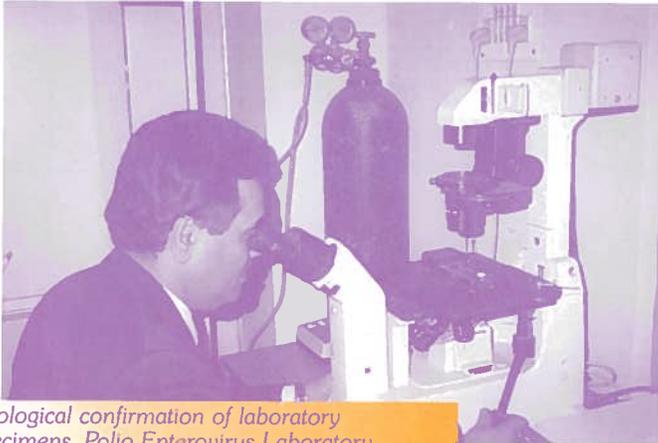
VOA Listeners' Contest Draws a Large and Enthusiastic Response

The VOA Urdu Language Service received more than 6,000 entries to its May 1998 contest on polio. Many contestants indicated that, when polio questions were too difficult, they sought help from local physicians and friends, broadening the program's audience. Most entries came from small towns and villages, particularly from north Pakistan where the incidence of polio has been very high. As one listener in Thatta noted, "If children can be saved from this disease through your efforts, we should all be grateful to you." And a listener from the Punjab wrote, "The polio contest has become the talk of our town. . . . This is a topic which will really do a lot of good in our community."

- The VOA website (<http://www.ibb.gov/polioerad/index.html>) now provides polio program information, digitized audio from many of its language programs, links to the Polio Partners, and access to the Child Survival Broadcasting Script Delivery System.
- The US Pharmacopeia is producing a polio monograph series. One monograph addresses superstitions and myths about polio vaccine and immunization that are



prevalent in developing countries. The VOA and other health journalists will use this information to develop messages to dispel such misinformation. The messages will be targeted to specific areas and populations where these beliefs prevail.



Virological confirmation of laboratory specimens, Polio Enterovirus Laboratory – Lucknow, India

Photo by Ellyn Ogden/USAID

- USAID is supporting the WHO polio website, a site which currently receives over 300 hits per day. USAID also supports the WHO global newsletter, “Polio News,” which has a global distribution of 2,000, and regional publications such as the EURO Polio Page and weekly surveillance reports, SEARO AFP weekly report, the Indian AFP Alert, and the AFRO monthly surveillance report. (WHO Polio website: <http://whqsabin.who.int:8082>.)

3. Ensure Effective Supplemental Immunization Through NIDs and Mop-up Campaigns

A record number of supplemental immunization activities took place in 1998. The number of countries reporting such activities to date is 97, broken down into 74 NIDs, 16 SNIDs and seven mop-up campaigns. USAID participated on several international observation teams to monitor the quality and effectiveness of NIDs.

Recommendations from these site visits have been incorporated into the planning of subsequent NIDs.

4. Improve AFP Surveillance and Laboratory Investigation

Progress in improving AFP surveillance and laboratory investigation worldwide is evident in the increasing number of AFP cases that are reported. Since the deployment of 60 surveillance medical officers in India in late 1997, the number of reported AFP cases tripled; and of those cases, two-thirds were confirmed as polio. Pakistan experienced a similar increase in AFP cases and confirmed polio when surveillance improved. Improved surveillance is identifying cases that were previously missed. The CHANGE Project is developing an information kit to assist PVOs and volunteers with simple instructions for AFP case detection and reporting. Continued high quality NIDs that reach the entire eligible child population will result in a reduction of both AFP and polio cases, but meanwhile surveillance is doing its job, and these skills will transfer to the identification of other disease outbreaks.

The laboratory network confirms the presence or absence of polio in specimens collected and provides supporting data necessary for certification. Since AFP can be caused by agents other than polio, stool samples must be collected from each reported case, transported to and examined by an accredited virological laboratory. Improved surveillance has resulted in an increased workload for the laboratory system, with the number of reported AFP cases tripling in 1998. Intense efforts are underway to strengthen the laboratory network, and already great strides have been made in the ability to analyze and respond to the field in a timely manner. Of the 133 laboratories in the WHO LABNET system, more than 100 are accredited.

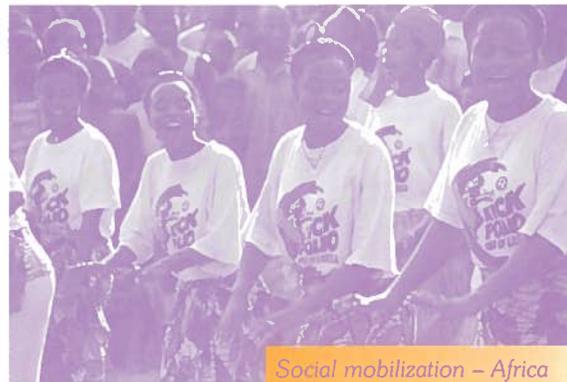


5. Improve Information Collection and Use for Continuous Program Improvement

USAID grants provide funding to WHO and UNICEF for monitoring and evaluation activities. Post-NID assessments, convenience samples, exit interviews and other survey methods are being used to document and evaluate the effectiveness of NIDs. Surveillance reports provide timely data for program managers and donors. Several USAID projects are focusing on improving information collection and use. The Center for International Health Information project is documenting lessons learned, evaluating communications activities, and has initiated the development of a community surveillance tool to be used in PEI information kits for PVOs and Peace Corps volunteers. CIHI also produced an advocacy document for WHO/AFRO in support of the PEI. The MEASURE project will be helping VOA review survey data on the reach and effectiveness of its radio programs.

B. Africa Shows Progress

By the end of 1998, all countries in Africa, with the exception of the Democratic Republic of Congo and Sierra Leone, had conducted at least one complete round of NIDs. The first round of NIDs in Sierra Leone was interrupted by an upsurge in fighting but managed to reach 350,000 children in 70% of the country under government control; the second half of the NID was cancelled. With low routine immunization levels persisting in many countries, additional rounds of NIDs and mop-up campaigns are urgently needed.



Social mobilization – Africa
Photo by Richard Franco/WHO

To improve the quality of NIDs and mop-up campaigns, the USAID-funded Applied Research on Child Health (ARCH) Project is conducting research on improving social mobilization messages and AFP case reporting, and is identifying barriers to immunization participation. The project is collaborating with the Ministry of Health, UNICEF, WHO and local USAID missions and is working in urban areas of Benin, Gambia and Mali.

The BASICS Project played a vital role in communications and social mobilization workshops in Africa in 1998. With UNICEF and WHO/AFRO, BASICS contributed to the development and field testing of the *WHO/AFRO Communications Handbook for Polio Eradication and Routine EPI* for program officers and others engaging in polio and EPI country-level activities. BASICS also produced *The Polio Eradication Initiative: Monitoring Service Delivery During National Immunization Days and Assessing Local Capacity to Strengthen Disease Surveillance*. The *Handbook* and accompanying training manual (available in French and English) were used in the regional communications and social mobilization workshops described earlier. With immunization and communications experts from 33 African countries in attendance, the workshops provided guidance to country teams on integrated planning and design for communications activities for EPI, NIDs and surveillance activities.



Eradication efforts in Africa have been hampered by the frequent postponement of NIDs due to civil strife. The immunization of children in war-torn areas presents a challenge that must be addressed, especially since movements of people escaping civil unrest can result in the virus being reintroduced in areas once considered polio-free. Conducting immunization campaigns in the Democratic Republic of Congo is a top priority for the global eradication program.

Local Hero Helps 3.5 Million Children in the Democratic Republic of Congo

When fighting broke out in August 1998 in the DRC, NIDs were delayed and expatriate health staff were evacuated. At great personal risk, a local BASICS consultant, Dr. Michel Othepa, ensured that the polio vaccine was in a safe and secure location, with functioning generators to maintain the cold chain, until the situation stabilized in December. Dr. Othepa dodged security forces and checkpoints to guarantee vaccine safety. His bravery, courage and extraordinary efforts ensured the potency of the vaccine for the December SNID, and resulted in the effective immunization of 3.5 million children and a saving of millions of dollars.

Recent AFP data indicate improved surveillance and reporting in some countries, but Africa in general has a long way to go, since in many countries, surveillance has only just begun. Surveillance presents special challenges in politically unstable areas.

USAID-funding: USAID provided funding to WHO/AFRO, UNICEF and the BASICS Project to strengthen partnerships and immunization and surveillance systems; provide technical assistance for planning; training and supplemental immunization; improve social mobilization and information collection; and provide program support in 22 countries.

1. Africa ICC and TFI Meetings Focus on Accelerating Eradication Efforts

At the fifth meeting of the Africa Regional ICC in December 1998, WHO/AFRO presented its revised three-year action plan for polio eradication, which included extra rounds of NIDs, SNIDs and mop-up activities. While progress was evident in 1998, additional work and resources are needed in social mobilization, communication, AFP surveillance and the regional laboratory network. TFI meeting participants voiced their strong support of the global eradication effort and commended member countries for their achievements. An independent review of the regional EPI supported a renewed focus on improving routine immunization coverage as a means to accelerate polio eradication.

2. Progress in the Democratic Republic of Congo (DRC)

After months of postponement, SNIDs were finally held in December 1998 and January 1999 in six southern and western provinces under government control, including Kinshasa. While this is only a portion of the country, the estimated coverage in these six provinces was 91% for the first round. Coverage was between 92% to 95% for the second round, which also included vitamin A supplementation. In anticipation of a UN-negotiated truce, full NIDs are planned for August and September 1999. AFP surveillance was introduced nationwide early in 1998, following a series of advocacy and training activities. Four full-time surveillance officers are in place and AFP reporting is expected to improve.

3. Ethiopia Conducts Successful NIDs

Ethiopia conducted NIDs in November and December of 1998, reaching more than 98% of eligible children. Vitamin A was added in the second NID, as was measles vaccine in seven urban cities. The nomadic nature of the



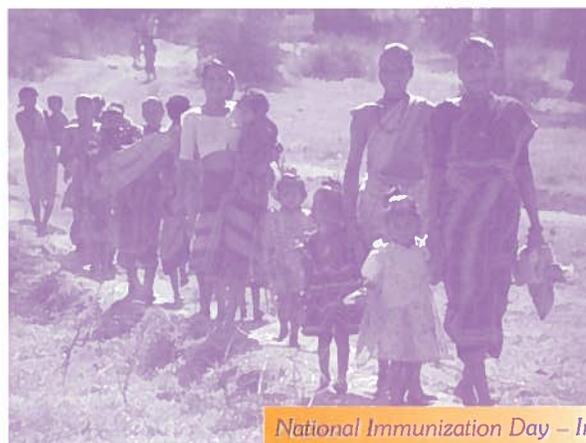
populations in sparsely settled regions poses a major problem in reaching all children, and the Polio Partners in Ethiopia are seeking ways to address the issue. Surveillance is also recognized as an important area needing to be strengthened. Partnerships were key to the success of the 1998 NIDs, which were greatly facilitated by USAID collaboration with CDC, WHO and UNICEF.

4. Liberia Collaborates for a Successful First Round of NIDs

Liberia's seven-year civil war destroyed health clinics, roads and much of the country's infrastructure. Although NIDs were considered a priority, political tensions in 1998 forced their postponement until January 1999. At the NIDs launching ceremony, the Liberian president told the crowd that his sister is partially crippled as a result of polio. VOA/WORLDNET reported that during the NIDs, there were "hundreds of people at each vaccination site. Moms, Dads, Grandparents, they all came out to get the vaccine for their children . . . A caravan of volunteers traveled to a coastal fishing village to deliver the vaccine. A helicopter was used to reach very remote regions." The NIDs were a success, with the first round reaching more than 580,000 children out of an estimated 600,000. The Minister of Health sent a personal letter to USAID to thank them for their funding and support.

5. Local Support and Partnerships Move the PEI Ahead in Zambia

Zambia NIDs received support from the WHO/AFRO grant, USAID/Zambia, the BASICS and OMNI projects, and for the first time, the *U.S.-Japan Common Agenda*. BASICS and USAID staff helped develop strategies to strengthen AFP surveillance. BASICS also provided funds to print and disseminate NID guidebooks; OMNI developed strategies and communication materials and supported distribution of vitamin A capsules



National Immunization Day – India
Photo by Richard Franco/WHO

during one NID. A joint U.S.-Japan Project Formulation Mission in late 1998, under the *U.S.-Japan Common Agenda*, identified priorities for joint support over the coming years. Top priorities were strengthening the cold chain and improving AFP surveillance.

6. Mozambique NIDs Benefit from Improved Planning and Social Mobilization

The BASICS/Mozambique EPI Advisor and the USAID Rational Pharmaceutical Management Project worked with the Ministry of Health and the ICC to bolster 1998 NID planning and surveillance and to improve social mobilization, at the same time working to strengthen routine immunization service delivery. The 1998 NIDs were successful, with 97% coverage reported in the first round and 112% in the second (indicates an underestimation of the under-five age group, but can also result from the immunization of children over five). In late 1998, an independent review of Mozambique's routine EPI recommended the need to strengthen immunization campaigns and the surveillance system. Logistics training and cold chain management also need improvement.

7. Increasing Polio Coverage and Improved Surveillance in Ghana

The Ghana ICC reported excellent coverage for the 1997/98 NIDs, with rates close to or





Carrying vaccine to Grand Kru Country, Liberia

Photo by Richard Franco/WHO

above 100%, reflecting improved planning, adequate resources and improved technical support. USAID/Ghana contributed \$740,000 through WHO/AFRO for NIDs and surveillance, with another \$100,000 above the directive to UNICEF for social mobilization, improved cold chain equipment and vaccine distribution. A major objective of the USAID Mission is to identify and support ways to boost routine immunization, as less than 60% of Ghanaian children are fully immunized by one year of age.

8. Low Coverage in Kenyan NIDs Attracts USAID Support

UNICEF/Kenya received USAID grant funding for disease surveillance and preparatory activities for Kenya's 1999 NIDs. The ICC is overseeing an intensive NID planning process. This is in response to WHO/AFRO's strong recommendation for continued and improved NIDs due to inadequate surveillance, declining routine immunization coverage, and coverage below 80% in its two previous NIDs. NIDs will be held in October and November 1999.

9. Strong Leadership and Partnerships Highlight Madagascar's Successful NIDs

The Government of Madagascar launched its second year of NIDs in September 1998 with the Prime Minister, U.S. Ambassador and other important officials in attendance. Immunization coverage was over 100% of the 2.5 million children targeted. The NID success is attributable to strong MOH leadership, and the collaborative efforts of BASICS, CDC, UNFPA, UNICEF, USAID, WHO and the Embassy of Japan. Vaccine forecasting, planning, training and distribution were well coordinated at all levels, and extensive social mobilization activities helped make the NIDs one of the biggest national events in the past 50 years. The government plans to utilize the PEI communications and community mobilization channels to bolster other priority health programs, such as adding vitamin A to the second round of NIDs. USAID provided about \$754,000 through WHO/AFRO, with additional support provided locally through the BASICS project.

10. Private Sector Fully Involved in Mali NIDs

The social mobilization required for the success of the Mali NIDs, held in November and December 1998, resulted in an unprecedented level of private sector involvement, particularly in the areas of financing, logistical support and mobilization of volunteers. The private organizations involved included cooperatives, private industries, commercial establishments, private press and agricultural organizations. The NID was launched by the President of Mali, ensuring high level government commitment. More than 100% of the target population was reached, indicating an underestimation of the population of eligible children. USAID/Mali provided bilateral funds through UNICEF and has been involved in all phases of NID planning and implementation.



C. Asia and Near East: Progress Toward Eradication



Afghanistan, Bangladesh, India, Nepal and Pakistan constitute a major poliovirus reservoir in Asia, accounting for more than half of all confirmed cases of polio in 1998. Improved surveillance, especially in India, is responsible for more accurate reporting and for the increase in numbers of both AFP and polio cases. WHO/SEARO reports a doubling of AFP cases from 1997, from approximately 5,000 to 11,000 cases. USAID funds are supporting Surveillance Medical Officer (SMO) positions in Bangladesh, India and Nepal; the officers already in place have had a significant impact. The quality of sample collection has also improved dramatically. A network of 16 WHO-accredited laboratories is conducting poliovirus isolation and AFP classification in the region.

Because of the continuing exportation of polioviruses from Afghanistan into neighboring countries, Afghanistan, Iran, and Pakistan conducted coordinated, cross-border immunization activities in 1998. These will be repeated in 1999.

Afghanistan and Myanmar concluded three years of NIDs; Bangladesh, India and Nepal four years; and Pakistan five years.

USAID funding: Grants were provided to WHO, UNICEF, Rotary and INCLIN to strengthen partnerships, planning, surveillance, laboratory and immunization systems; conduct NIDs and mop-up campaigns; provide training; improve social mobilization and information collection; and provide country-specific

program support in Bangladesh, India, Indonesia and Nepal.

1. Bangladesh Conducts Its Fourth Year of NIDs

BASICS continued to assist the Bangladesh national immunization program in its fourth cycle of NIDs (December 1997 and January 1998) in all urban areas. BASICS provided technical input on national advocacy and planning, supply and logistics management and field monitoring. Coverage for these



National Immunization Day – India

Photo by Ellyn Ogden/USAID

NIDs ranged from fair (78%) to good (90%). BASICS also assisted the national program in developing an urban surveillance system, organizing surveillance workshops in district and medical college hospitals, and producing the quarterly *Diseases Surveillance Bulletin*. USAID/Bangladesh provided \$600,000 for surveillance in FY 98; this was in addition to the \$125,000 provided by the Global Bureau. While few virologically confirmed polio cases are reported from Bangladesh, surveillance remains below standard.

2. Egypt Conducts a Successful NID Campaign

Egypt's 1998 NID campaign—with immunization coverage exceeding 99%—was inaugurated by the First Lady of Egypt and is considered one of the country's most successful. The Minister of Health and Population personally contacted relevant ministries and governors



to ensure full participation. The social mobilization campaign used the media to its fullest extent. In addition to the NIDs, eight million children were immunized in three targeted supplemental campaigns in high-risk areas. High quality surveillance in 1998 confirmed 12 polio cases. Additional NIDs rounds are planned for the spring of 1999 with mop-up in the autumn. USAID/Egypt provided \$600,000 in bilateral support for polio activities, over and above the directive.

An unusual side benefit of the NIDs was its impact in resolving a longstanding feud between two families in Upper Egypt. When a case of polio appeared in 1997 in this community, the families decided to end their animosities and work together with the government on polio eradication activities.

3. India Makes Unprecedented Progress in Surveillance

Recognizing the need to establish an effective surveillance system early in the Indian eradication program, tremendous effort was invested to ensure that AFP cases were found and data used immediately to drive program decisions. What took the Americas over four years to accomplish, India accomplished in one. USAID and DANIDA are coordinating and funding Surveillance Medical Officer posts in India in 1999. In addition, USAID staff participated in the International Review of the India Polio Surveillance System, acted as international observers to the NIDs, and conducted a site visit with a Japanese Embassy official during the NIDs.

Rotary's PolioPlus Program in India held several workshops with doctors, health workers and local NGOs to improve AFP surveillance in high-risk areas. Rotary also collaborated with an Uttar Pradesh NGO, Progress Alternatives, that trained girls to ensure that all children in their villages were immunized. The results were excellent; the villages had 100% coverage during the 1998 NIDs. As a result, this NGO has been asked to generate a 1999 awareness campaign that involves puppet shows and other community events to highlight the need for children to be immunized during NIDs.

UNICEF conducted a successful training for health workers on how to use the vaccine vial monitors that were introduced for the first time during the 1998 NIDs.

4. Indonesia Sustains Excellent Polio Surveillance Achievement

Despite a severe economic, social and political crisis, Indonesia has shown sustained quality AFP surveillance and consistent high quality case investigation and laboratory performance. Wild poliovirus was last isolated in



Social Mobilization - New Delhi
Photo by Richard Franco/WHO



Indonesia in June 1995. These results and continued high routine coverage provide strong evidence that Indonesia is polio-free. USAID funds were used to improve intersectoral cooperation in surveillance and case investigations by district health officers. USAID funds also supported national laboratory strengthening and community-based AFP surveillance training for village midwives and a local NGO in East and West Java.

5. Strong Partnerships Underscore Morocco's Successful NIDs

The Government of Morocco's annual NIDs were considered a great success. Funds from the government, USAID PEI and bilateral funds from USAID/Morocco, and support from the ruling family, community groups and individuals at all levels helped achieve the campaign goal. The NIDs reached 2.7 million children under the age of five, 98% of the target group. USAID funding was used primarily for advocacy and social mobilization efforts.

D. Operation MECACAR Moves Forward

Routine immunization coverage in most of the USAID/ENI region (WHO/EURO and WHO/EMRO regions) is quite high, yet periodic outbreaks have occurred in several countries in recent years, including Turkey and Tajikistan. More attention needs to be given to surveillance before the region can initiate certification procedures. Most MECACAR countries completed a fourth year of NIDs in 1998; in 1999, "Operation MECACAR Plus" will conduct NIDs and mop-up campaigns in selected high-risk areas.

USAID funding: WHO/EURO received \$600,000 in 1998 to improve the cold chain,

surveillance systems, donor coordination and information dissemination. In addition, USAID/ENI funded UNICEF to strengthen AFP surveillance, produce training manuals, and conduct surveillance, monitoring, supervision and social mobilization activities in Armenia, Azerbaijan and Georgia.

E. Latin America and the Caribbean



Although the LAC region was certified polio-free in 1994, USAID has continued to provide limited non-PEI funding through a grant to the Pan American Health Organization to improve measles control and to maintain polio surveillance. Key polio surveillance indicators have recently slipped, and this is being closely monitored. It may be necessary for the Americas to "re-certify" prior to global certification.

F. Western Pacific Region



The last polio case was confirmed in the WPR two years ago, in March 1997. The level of AFP surveillance in the WPR is approaching WHO standards, and the region is preparing to submit first-year documentation toward the certification process next year, with the hope of achieving certification by 2003. No PEI funds are provided to the region. USAID is working closely with WHO/WPRO on global assessment studies being conducted by two USAID projects, and is also coordinating with WHO and other donors on cross-border issues in Southeast Asia. Cambodia, where the last case of polio was found,



is making a concerted effort to ensure that all pockets of unimmunized children are reached. The USAID Mission channels funds through its grantees to both strengthen the national health system and to support NIDs.

G. Global Projects



USAID's Global Bureau supports a range of activities that impact the global and regional programs. These activities include research, communications, regular reports, provision of cell lines and reagents to laboratories, and support to communities primarily through PVOs and secondarily through UNICEF. These activities are described elsewhere in this document.



Polio survivor – India
Photo by Ellyn Ogden/USAID



IV. Challenges in 1999

Major achievement toward eradication has taken place in 1998, but many challenges remain. USAID is working with its Polio Partners to address these challenges, such as the fundamental need to raise static or declining routine immunization rates. Surveillance and a functioning laboratory network are critical components in achieving and documenting eradication. The immunization of children in war-torn areas presents a challenge that must be met, since the virus can continue to circulate in unreached areas and populations. Communities must be mobilized and understand the need to support both routine and supplemental immunization efforts. The challenges of 1998 are thus the challenges of 1999 and beyond.

A. Challenges Ahead

1. Reaching the Unreached

To achieve the eradication goal, USAID is focusing on achieving high quality NIDs to make “every round of NIDs count” and “reach the unreachable.” By linking communication systems with disease control activities, the Agency hopes to reach those who have not participated in NIDs. The Agency will continue to work with its Polio Partners to ensure that PEI participating organizations improve their planning capabilities and build strong public-private partnerships. USAID will continue to draw on its own technical expertise and that of its cooperating agencies to support the Initiative.

2. Accelerating Surveillance

USAID will continue to support community and facility-based surveillance. USAID-funded surveillance officers are having an immediate positive effect on improving both the

quality and quantity of surveillance reporting. USAID is working with the CORE Group of PVOs, UNICEF, Peace Corps and the JOCV to improve AFP case detection and reporting. The Peace Corps and the JOCV will promote and strengthen community-based participation and ensure that potential AFP cases are reported in a timely manner to designated facilities, in support of national surveillance systems.

3. Static and Declining Routine Immunization Coverage

Many countries are experiencing an alarming decline in routine immunization rates, even as successful rounds of NIDs are conducted. Underfunded and neglected for many years, the health infrastructure and EPI programs in many countries are struggling to provide the most basic services, with the effect that eradication efforts are forced to add costly extra rounds of NIDs and extensive mop-up as a means of compensating for the poor routine coverage. USAID is monitoring the situation to identify and address barriers to routine immunization, and continues to work with its partners to find ways to further support and boost routine immunization coverage. USAID continues to promote the right of every child to be fully immunized before the first birthday.

The importance of routine immunization and AFP case reporting are being promoted during NIDs and through social mobilization efforts in most countries, and ICCs are expanding their scope to coordinate support to strengthen the routine system.

4. War-torn and Conflict Areas

War and civil unrest destroy health systems and infrastructure, resulting in declines in routine immunization coverage and creating fertile ground for disease transmission. WHO, UNICEF and Rotary have brokered cease-fires and truces in several countries to allow polio





Child with polio – Cambodia
Photo by UNICEF

immunization campaigns to take place. These efforts will continue wherever and whenever necessary.

Many of the most difficult countries to reach are those that USAID is not currently supporting, such as Afghanistan, Burundi, Myanmar, Sierra Leone, Somalia and Sudan. USAID and its Polio Partners are exploring alternatives to support polio eradication in these and other critical

areas where the virus continues to circulate, including working with local partners and NGOs.

5. Sustainability

The PEI focus on strengthening the routine immunization system, surveillance and the laboratory network is a deliberate strategic approach that it is hoped will lead to the establishment of sustainable national health systems and the consequent improvement of global public health. This could ultimately be the most important potential long-term legacy of the entire polio eradication effort.

The success achieved to date establishes the technical feasibility of polio eradication. Despite certain obstacles, it now appears that most chains of transmission will be interrupted by the year 2000 if current levels of participation are maintained or, in some cases, accelerated. Surveillance continues to lag in Africa,

and most regions do not expect to be certified polio-free before 2003. WHO estimates that the earliest global certification can be achieved is 2005. Containment of laboratory stocks of poliovirus, as well as other factors, will determine when to recommend cessation of immunization.

6. Political and Financial Commitment

Political and financial commitment remains weak or inconsistent in a number of countries where polio transmission persists. With many competing priorities, some countries are reluctant to continue support for more than three years of supplemental immunization activities. In addition, keeping countries focused on certification—not just completing three years of NIDs—is proving to be a greater challenge than expected. Although most countries have borne a significant percentage of polio eradication costs, virtually all the supplementary costs need to be financed by external sources, especially in the poorest countries. New partners continue to join the effort, but funding levels from current Polio Partners have stayed constant or declined.

USAID and its Partners are advocating for increased local resources and commitment, both government and private, but funding gaps remain. WHO estimates that an additional \$350 million is needed to cover the costs of country-level eradication activities through 2001, and global and regional needs involving certification will widen the gap further. USAID intends to continue support at \$25 million annually in 1999 and 2000.

The challenges are significant, but the benefits are many. Polio eradication will eliminate the disease and wipe out the wild poliovirus forever. It will also eliminate the social and cultural ostracism experienced by crippled children, as their families attempt to provide edu-

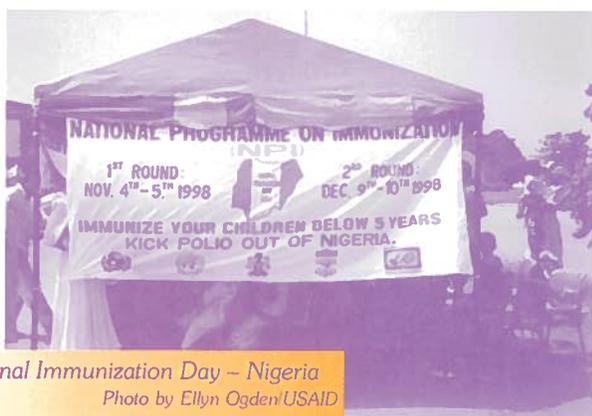


cation, arrange marriages and find meaningful employment for them, often to be rebuffed in their efforts. When global certification is achieved and immunization is no longer necessary, WHO estimates the global savings could equal \$1.5 billion per year, most of which will accrue to industrialized countries. The United States will save an estimated \$230 million per year in vaccine costs alone.

The Polio Partners collaboration is proof that major improvements in global health are possible when governments, institutions and individuals work together to address common



National Immunization Day – Africa
Photo by Maimouna Mills/VOA



National Immunization Day – Nigeria
Photo by Ellyn Ogden/USAID

concerns. The collaboration is resulting in strong interagency coordination which is strengthening national health systems at all levels. This is the legacy that USAID hopes to leave for the world's children, a legacy of a polio-free world, global cooperation, and strong and sustainable health systems to monitor and prevent the spread of disease everywhere.



Social Mobilization – New Delhi
Photo by Richard Franco/WHO





Annex to the Polio Eradication Initiative 1998 Report to Congress

- Table 1: USAID Polio Eradication Initiative - FY 1998 Budget by Results
- Table 2: USAID Polio Eradication Initiative - Summary Budget FY 1998
- Table 3a: USAID Polio Eradication Initiative - Africa Region Funding FY 1998
- Table 3b: USAID Polio Eradication Initiative - Asia Near East Region Funding FY 1998
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**Table 1: USAID Polio Eradication Initiative - FY 1998 Budget By Results
(\$000's)**

	Africa					ANE					G/PHN					Total	
	WHO/ AFRO	BASICS / AFR	UNICEF/ AFR	Other	Subtotal	WHO/ India	UNICEF/ India**	INCLN	Other	Subtotal	WHO/ HQ	WHO/ EURO	WHO/ SEARO	WHO/ SEA Countries †	G/PHN Projects		Subtotal
Result 1: Partnerships	250				250							90					250
Result 2: Strengthening Immunization Systems Planning and Training	1,533		445		1,978		100			100		90	100		300	450	2,528
Result 3: Effective Supplementary Immunization, Social	7,445	1,550	1,775	300	11,070	900	650		600	2,150	100		100		1,100	800	14,020
Result 4: Surveillance	2,182		370		2,552	2,000	100	200	600	2,900	375	350	300	375	1,500	2,900	8,352
Result 5: Use of Information	250				250	50				50	100	70			50	850	1,150
Total	11,660	1,550	2,590	300	16,100	2,950	850	200	1,200	5,200	575	600	500	375	2,950	5,000	26,300*

* Total reflects additional funding (\$1,300,000) over and above directive (\$25,000,000).

** Includes \$400,00 for Rotary/India

† Bangladesh, Indonesia, Nepal

Table 2: USAID - Polio Eradication Initiative Summary Budget FY 1998

By Region and Major Partners	FY 98 PEI Funds	Additional FY 98 Bilateral Funds	Total FY 98 Funds
Africa			
WHO/AFRO	11,660,000		11,660,000
UNICEF	2,590,000		2,590,000
BASICS	1,550,000		1,550,000
OTHER	200,000		200,000
Subtotal	16,000,000	*100,000	16,100,000
Asia & Near East			
WHO/India	2,950,000		2,950,000
UNICEF/ India	850,000		850,000
INCLN/India	200,000		200,000
Subtotal	4,000,000	**1,200,000	5,200,000
Global / PHN			
WHO / SEARO	500,000		500,000
WHO / Bangladesh	125,000		125,000
WHO / Indonesia	125,000		125,000
WHO / Nepal	125,000		125,000
WHO / EURO	600,000		600,000
WHO / HQ	575,000		575,000
G/PHN Projects	2,950,000		2,950,000
Subtotal	5,000,000		5,000,000
Total	25,000,000	1,300,000	26,300,000

* Ghana

** Bangladesh: \$600,000; Egypt: \$600,000

Table 3a: USAID Polio Eradication Initiative - Africa Region Funding FY 1998
(\$000's)

Country	WHO		UNICEF					BASICS	OTHER	PEI Directive Total	Additional Bilateral	Total PEI Funding
	NIDS	Surveillance	NIDS	Social Mobilization	Planning & Training	Monit. & Eval.	Surveillance					
Angola	1,200									1,350		1,350
Benin	194	173		100	50					367		367
Chad								20		20		20
Cote D'Ivoire	300							20		320		320
DR Congo	400		1,000					600		2,000		2,000
Eritrea		110	345	35	5	5				500		500
Ethiopia	2,000	821								2,821		2,821
Ghana	487	254								741	100	841
Guinea	200	211								411		411
Kenya				65	50	60	100			275		275
Liberia	589									589		589
Madagascar	528	226		80	20					854		854
Malawi	25	142								167		167
Mali	187	171					30			389		389
Mozambique	500			50	40	35				625		625
Nigeria								400	200*	400		400
Rwanda	270									270		270
Senegal	46						20			66		66
Tanzania				50	15	5	30			100		100
Togo	187	74								261		261
Uganda							30			30		30
Zambia	331			50	35	15				431		431
Subtotal	7,444	2,182	1,345	430	215	120	250	1,000	200	13,187		13,187
Regional Office Support		2,033 (includes 13% admin. costs)					230	550				
Total		11,660					2,590	1,550	200	16,000	100	16,100

*Johns Hopkins University/Population Communications Services (JHU/PCS)

Table 3b: USAID Polio Eradication Initiative - Asia Near East Region Funding FY 1998
(\$000's)

Country	WHO					UNICEF					Rotary Via UNICEF		INCLN	PEI Directive	Additional	Total PEI
	NIDS Mop Up	Soc. Mob.	Plan. & Trng	Monit. & Eval.	Surveillance	NIDS Mop Up	Soc. Mob.	Plan. & Trng	Monit. & Eval.	Surveillance	Social Mobilization	NIDS		Total	Bilateral	Funding
Bangladesh					125									125	*600	725
Egypt															**600	600
India	900				2,050	280	70			100	300	100	**200	4,000		4,000
Indonesia					125									125		125
Nepal					125									125		125
WHO/SEARO		100	100	50	250									500		500
Subtotal	900	100	100	50	2,675	280	70			100	300	100	200	4,875	1,200	6,075
Total					3,825							850	200	4,875	1,200	6,075

* Surveillance

** Monitoring and Evaluation

*** NIDS/ Social Mobilization

Table 3c: USAID Polio Eradication Initiative - ENI Region Funding FY 1998

	WHO/EURO*	TOTAL
	Surveillance, Planning, Training, Monitoring	600,000
Total		600,000

* Includes ENI Countries: Russia, Moldova, Ukraine, Kazakstan, Kyrgystan, Uzbekistan, Tajikistan, Turkmenistan, Georgia, Armenia

Table 3d: USAID Polio Eradication Initiative - USAID Funding for Global Activities FY 1998

Global Projects	WHO/HQ	BASICS	Child Health Research		Voice Of America	CHANGE	CORE	TOTAL
			ARCH	JHU				
Amount	575,000	500,00	200,000	50,000	350,000	350,000	1,500,000	
Total								3,525,000

RANAKUN YIN ALLURAN RIGAKAELIN KASA

RANAKUN

January 1998

Always people should careful for our health. If we don't careful for our health it effect other people

Only for prevention of all diseases to keep clean our city environment. The polio is very dangerous diseases and to prevent up be protecte from disease we must vaccine on time.

**Name: Mustafa "nassry" Class: eight 8th
F. Name: Kham M. "Nassry"
School: Malaly**

January 1998

I would first of all like to express my profound thanks and appreciation to your etheral and optimistic campaign towards polio to eradicate by the year 2000.

Magniloqueatly, I attest that in my home town the campaign against polio was very successful. The children inoculated at different vaccinations posts and commendid the active participation by the communities on the normal schedules. I personally kkep my finger crossed for such and the rest world-wide campaign you performed.

Daniel Bahiru

Immunisation Days

January 4, 1998

Health is Allah's for all people. Me friend is not good because he didn't perform polio vaccination.

All people are supposed to perform vaccination they are very useful vaccinations. Health is very importint for human.

**Sincerely,
Vajeab Alla Kabry**

January, 1998

Health is very important in our life and health is a state of doily or mental well being. Unless our bodies are in good health we are not able to function properly in our everyday lives. For bodily health, a well balance diet, cleanliness, exercise and rest are essential.

For a good health we must eat good food and we should exercise everyday because exercise helps us to breathe deeply and allows better circulation of blood in the body.

At the end we can say that: A truly healthy person is a happy and active.

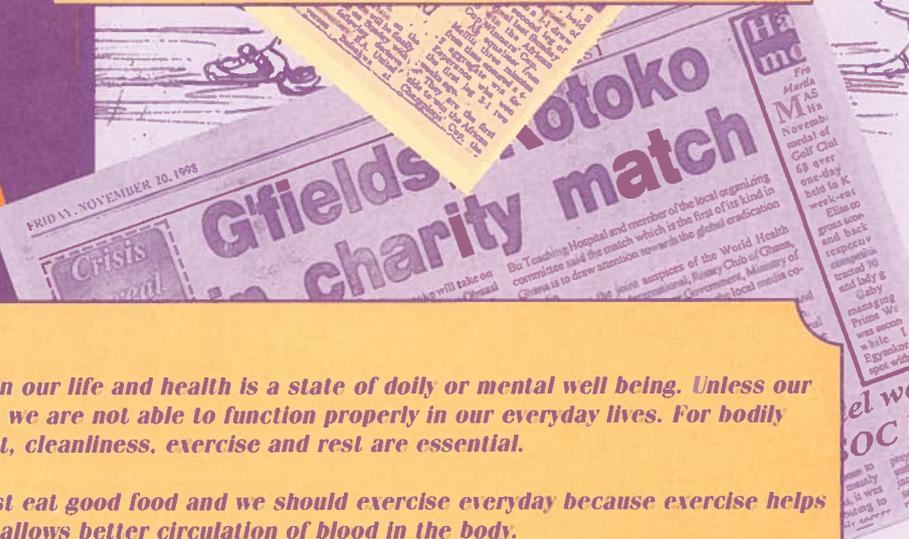
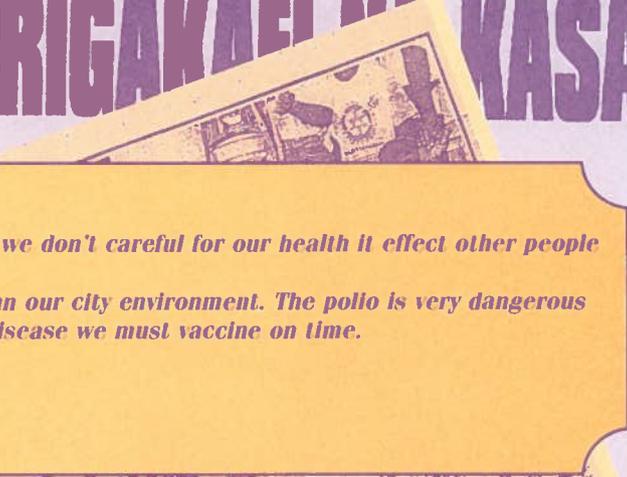
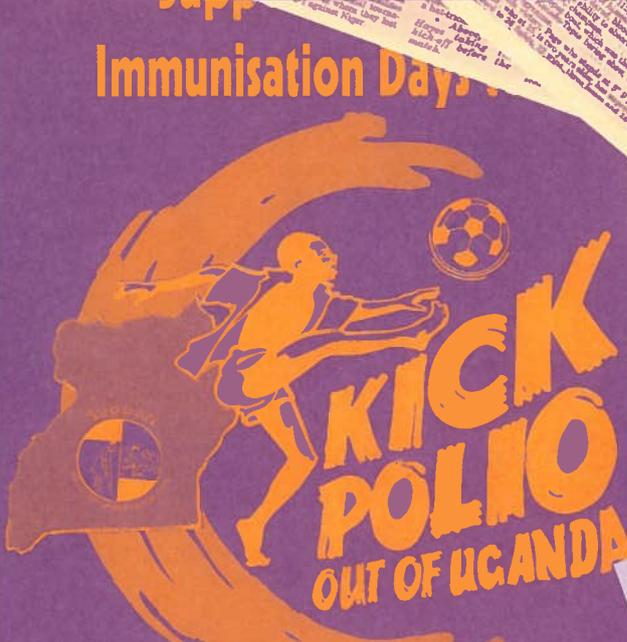
I have to mention that performance of the vaccination of polio are necessary to be done on time.

Name: Nazia Bafatiz Class: 8 School: Malay

(Federation of Muslim Women Ass in Nigeria FOMWAN, Kano State)

National Immunisation Days
18-19th January 1997
2-3rd August 1997
13-14th September 1997

GUDUNMAWA





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1601 N. Kent Street, Suite 1014

Arlington, Virginia 22209

e-mail: info@cihi.com • website: www.cihi.com