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BASICS
TRIP REPORT

Discussions and Briefing at the WHO Global Programme for Vaccines and Immunization

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

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USAID

DISCUSSIONS AND BRIEFING AT THE WHO GLOBAL PROGRAMME FOR VACCINES AND IMMUNIZATION

December 16, 1994

Robert Steinglass

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BASICS Technical Directive:
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TABLE OF CONTENTS

	PAGE
PURPOSE OF THE TRIP	1
TRIP ACTIVITIES	1
FINDINGS	2
FOLLOW-UP ACTIONS	7
APPENDICES	
APPENDIX A	GROUP BRIEFING BY ROBERT STEINGLASS AT WHO/GPV
APPENDIX B	RESEARCH AND DEVELOPMENT PRIORITIES OF THE BASICS WORKING GROUP ON SUSTAINABILITY OF IMMUNIZATION PROGRAMS
APPENDIX C	PERSONS CONTACTED
APPENDIX D	PROVISIONAL STAFF STRUCTURE FOR GLOBAL PROGRAMME FOR VACCINES AND IMMUNIZATION
APPENDIX E	THE GLOBAL PROGRAMME FOR VACCINES AND IMMUNIZATION
APPENDIX F	GPV TECHNICAL BRIEFING SCHEDULE

ACRONYMS

ARI	Acute Respiratory Infections
BASICS	Basic Support for Institutionalizing Child Survival
CDD	Control of Diarrheal Diseases
EPI	Expanded Program on Immunization
GPV	Global Program for Vaccines and Immunization
HQ	Headquarters
IEC	Information, Education, and Communications
MOH	Ministry of Health
NID	National Immunization Day
NIS	Newly Independent States
NNT	Neonatal Tetanus
OPV	Oral Polio Vaccine
PAHO	Pan American Health Organization
PHC	Primary Health Care
SIDA	Swedish International Development Agency
TAG	Technical Advisory Group
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USAID/G	USAID/Global Bureau
VRD	Vaccine Research and Development
VSQ	Vaccine Supply and Quality
VVM	Vaccine Vial Monitor
WHO	World Health Organization
WHO/AFRO	WHO Africa Regional Office
WHO/EMRO	WHO/Eastern Mediterranean Regional Office
WHO/EURO	WHO/European Regional Office
WHO/SEARO	WHO/South East Asia Regional Office
WHO/WPRO	WHO/Western Pacific Regional Office

PURPOSE OF TRIP

The writer took advantage of a short trip to Berlin and Copenhagen to visit WHO in Geneva for one working day. The trip provided an opportunity to:

- introduce BASICS' EPI strategy;
- present BASICS' research and development priorities for the second year of the project, which have been developed by the BASICS Working Group on Sustainability of Immunization Programs;
- review, by type of assistance, countries currently receiving BASICS EPI technical assistance and those proposed for future assistance; and
- discuss with key individuals some of the upcoming opportunities in individual countries to ensure a coordinated approach, since many of these activities will be conducted in collaboration with WHO.

TRIP ACTIVITIES

The writer visited the Global Program for Vaccines and Immunization (GPV) in Geneva at WHO headquarters on December 16, 1994. A 45-minute group briefing session was held in the morning, at which the writer passed around sheets with talking points (Appendix A). The writer particularly stressed the way in which WHO can access BASICS resources and can help to open doors at country level for BASICS technical assistance. The writer announced that the BASICS project was recruiting immediately for a Regional Technical Advisor for the Central Asian Republics, based in Almaty; the job description for this position was handed to Nick Ward. Other handouts included the BASICS brochure, BASICS EPI Strategy, and the attached snapshot of research and development priorities of the BASICS Working Group on Sustainability of Immunization Programs (Appendix B).

Individual meetings were then held with key staff members listed in Appendix C in order to discuss areas of common interest at greater length. Unfortunately, one key staff member, John Lloyd, was absent on duty travel. Despite the fact that many of the staff were preparing for a departure over the weekend to Bangkok to participate in the first TAG meeting to be held in WHO/SEARO, the staff were very generous in sharing their limited time with the writer.

FINDINGS

The current staff structure (provisional) for the GPV appears in Appendix D. The three units within the GPV are:

- Expanded Program on Immunization (EPI),
- Vaccine Supply and Quality (VSQ), and
- Vaccine Research and Development (VRD).

Appendix E lists the purposes of each of the three units within the GPV. BASICS activities and field of interest in EPI correspond well to the stated goals within the WHO/GPV units of EPI and VSQ.

The EPI unit has three divisions that concentrate on disease surveillance and reduction, introduction of new vaccines, and countries with the lowest immunization performance.

Some of the noteworthy points which emerged from discussions with individual staff members are presented below, by source of information.

James Cheyne:

BASICS is invited to send one or more staff to participate in the next round of briefings on GPV, which will be held in Geneva from January 30 to February 3, 1995 (Appendix F). The writer mentioned that, subject to USAID agreement, BASICS would send at least one staff member -- Mutombo wa Mutombo, the BASICS Regional EPI Advisor for francophone Africa. The briefings will be in English. Cheyne confirmed that the briefing is held only rarely in French. He said that BASICS should contact Carole Torel, who is in charge of the briefing.

James will expect a call from Mark Weeks in early January to discuss Mark's preliminary findings on the "Review of the EPI Review" method.

James agreed that it was essential for WHO to participate in the Steering Committee meetings for the UNICEF review of lessons learned in the immunization program about sustainability. He stated that in case Francois Gasse was unable to participate, someone else would be sent.

James agreed that an EPI Review in Ethiopia would be appropriate in 1995. He has little influence on WHO/AFRO in such matters and believes that the ball is in their court.

James will send to BASICS:

- the next Quarterly Update of WHO/GPV activities; and
- reports of the EPI Reviews for Madagascar, Niger, Uganda, and South Africa as soon as each is available.

Francois Gasse:

Francois said that the workshop on neonatal tetanus (NNT) in the Philippines had been successful. Tools were developed and implemented for household visits around NNT cases in order to assess protection at household level and determine what actions might have prevented the case. The workshop experience will be distilled into a field guide for NNT elimination, which Francois agreed to send to BASICS. Action plans were developed by the participants from high-risk areas who were invited to the workshop. BASICS had supported the participation of two staff from Bangladesh.

Francois has organized a WHO/UNICEF Inter-Regional Workshop on Neonatal Tetanus Elimination, which is being funded by UNICEF and WHO. The workshop has just been approved and will be held in Nepal from January 19-28, 1995. The workshop is being held at this time because 1995 is the target date by which NNT is scheduled to be eliminated in each country and district as a significant public health problem. Participants will include the EPI manager, the disease surveillance focal point, one district officer from a high-risk area, and the relevant UNICEF officer from each participating country: Indonesia, Bangladesh, China, India, Pakistan, Sudan, and Viet Nam. These countries were selected because they have among the highest rates of NNT in the world. The workshop is intended to serve as a model workshop for NNT training and planning, which can then be repeated within each country. Reviews of health records and household visits around NNT cases will be conducted, and the field guide for NNT elimination will be further refined based on the experience.

Facilitators for the workshop in Nepal have not all been confirmed but will include some or even most of the following persons: Terrel Hill, Dr. Luna (WHO/Nepal), Karin Bergstrom, Francois Gasse, Anton Fric, Imam Mochny, Suniti Acharya, Michel Zaffran, and representatives from SIDA, WHO/WPRO, and WHO/EMRO. Francois is requesting the participation of the writer and/or Mary Carnell as a facilitator.

A second inter-regional NNT workshop will not be held in Africa, as originally planned. Instead, country workshops will be conducted.

Marge Pollack is currently in Bangladesh preparing a workplan for NNT elimination for 1995.

Francois is interested in BASICS' participation in reducing NNT in Dakar, where a high-risk approach to NNT control has been initiated by the MOH and WHO. The writer informed him that BASICS staff member Mutombo was Mutombo could be involved, if USAID/Dakar were agreeable.

Francois is also interested in BASICS' involvement in NNT control in Chad, where incidence in the capital Ndjamena is surprisingly high at 8 per 1000 live births.

Francois intends to participate in the third (and last) meeting of the Steering Committee meetings on the UNICEF review of lessons learned in the immunization program about sustainability. So far, no one from WHO has been able to attend, since on both occasions Francois had to cancel. He agreed that if

he knows in advance that he will not be able to participate, he will inform UNICEF so that another WHO person can substitute.

Michel Zaffran:

Michel expects a considerable demand for technical assistance on injection safety in Africa. UNICEF has agreed to support production and dissemination of the safe injection folder which was presented in Cape Town. The writer recommended that WHO replace the writer's thick report on a field trial of an auto-destruct syringe in Pakistan, which is currently in this folder, with the shortened version due to appear in January in the Bulletin of the WHO.

Michel showed the writer samples of light-weight steam sterilization drums, which can be carried on outreach more easily than the entire steam sterilizer. Michel also showed the writer racks for steam sterilizers which have lids which can accommodate different sizes of syringes for use by PHC centers. He can provide ordering information on any of these items, which are manufactured by several firms. The racks with lids with various hole sizes are also available directly from Prestige, manufacturer of one of the popular steam sterilizers.

Michel was unable to locate a transport management study but will continue the search. The writer intends to send such a study to the MOH in Namibia at their request.

Michel had blocked off the month of January, as had the writer, to visit Okwo Bele in WHO/AFRO on a joint planning visit. However, like the writer, Michel had not heard from Okwo and has now filled the month with other duty travel.

Peter Evans and Amie Batson:

Evans and Batson have recently invited the writer to join them on a visit to Nepal for vaccine supply assessment and planning. They expressed a need for additional external technical input, as they try to develop a simple method which can be replicated elsewhere. The recent cover letter from the Executive Director of UNICEF to all UNICEF field offices, accompanying the new UNICEF strategy for vaccine sustainability, provides the rationale for country visits.

As regards other vaccine planning trips, Kenya is scheduled for March. Judy Polsky from UNICEF/New York is expected to participate on the WHO team. The trip to Russia has been canceled.

John Lloyd is involved with development and use of VVMs (vaccine vial monitors). Unfortunately he was absent. The VVMs are expected to be available by April on pilot production runs of OPV and their introduction will be tested in Swaziland and Tanzania. The writer reiterated BASICS' interest, availability, and funding to play a role in introduction and testing. Lloyd may also be planning to use the VVM on the NIDs (National Immunization Days) in the Newly Independent States (NIS). As these countries are accustomed to relying on a "fast chain" rather than a cold chain as conventionally understood and given the speed within which OPV will be used during the campaigns, the writer stated

his doubts about the utility of using the VVMs in the NIS -- especially given the training and management burden associated with adding yet another unfamiliar cold chain tool.

A major crisis has occurred in the supply of auto-destruct syringes to immunization programs in developing countries and no resolution is in sight. Annual requests have risen from nine million auto-destruct syringes in 1992 to 60 million in 1994. However, production has fallen behind this increase in demand. UNICEF has 35 million syringes on back order and the time estimated to fill these orders is twelve months. UNICEF is currently refusing to accept orders in 1995 for auto-destruct syringes.

Given the considerable effort of the past several years in convincing countries and donors to finance the switch from the less expensive conventional disposable syringes to auto-destruct non-reusable syringes in an effort to promote the safety of injection practices, WHO is quite frustrated. Furthermore, given the frequently stated desire of UNICEF to play a larger programmatic role, WHO is frustrated by this apparently unilateral and unexpected action on the part of UNICEF.

As there were some differences of opinion expressed, it is unclear whether or not Becton-Dickinson is prepared to hold its current price of approximately $.12 per syringe (including incineration box) or whether it is trying to raise the price to $.14. There were also different opinions expressed as to whether or not Becton-Dickinson was even willing to supply the SoloShot syringes, given the apparent strained relations with UNICEF. Meanwhile, it is reported that recent UNICEF orders from the second manufacturer of auto-destruct syringes have been repeatedly returned due to inadequate quality of the product. A third manufacturer of auto-destruct syringes is expected to come on line in July 1995.

Artur Galazka:

The writer discussed the desirability of Artur Galazka joining a team to conduct a seminar on policies, practices and policy-setting in Kazakhstan and a follow-up visit to Kyrgyzstan in late May or early June. The seminar would be along the same lines as earlier ones conducted jointly by REACH and WHO in six other republics of the former Soviet Union. The MOH in Kazakhstan has already informed BASICS consultant Gordon Larsen of their interest in such a seminar. At the request of the MOH in Kyrgyzstan, the trip there would be a follow-up to the policy seminar conducted in November 1992 and consist of 1-2 persons only.

The writer and Galazka agreed that additional guidance should be provided to the MOH in Kyrgyzstan at the central policy-setting level on true and false medical contraindications to immunization. However, the MOH is not interested in detailed advice on this assignment. Instead, they intend to have formulated their own detailed revisions of the contraindications list by January. The MOH wants Galazka and perhaps George Oblapenko to tour the oblasts and serve as advocates for routine immunization in general and for polio elimination/diphtheria control specifically. Health staff in the oblasts are at an operational/implementation level and need to know that, in an environment of system and economic collapse, priority for resource allocation must be given to routine child immunization. They need to hear that they are part of a larger global effort and that expenditures on immunization are cost-beneficial.

Birgitte Sylvest-Hansen:

The curriculum for training PHC workers on EPI is now at the printers and will be sent to BASICS shortly. It is unchanged from the draft version received by the writer and already provided to Rebecca Fields and Paultre Desrosiers.

Maureen Birmingham:

Maureen has recently provided BASICS with a copy of the near final Field Guide for Polio Eradication. She is looking for funding to translate it into Russian.

John Clements:

John has the "go-ahead" to support measles campaigns in five urban areas, including Lagos and Dhaka. He was disappointed by the fact that BASICS is currently prohibited from working with the public sector in Lagos. He was also disappointed to learn from the writer that the geographic scope for USAID/BASICS service delivery and systems strengthening in Ethiopia is exclusively the Southern Ethiopian People's Region, and that it was highly unlikely that USAID in Ethiopia would be interested in an urban measles campaign in Addis Ababa.

In Dhaka, measles immunization and vitamin A supplementation will be provided during the NIDs in some areas of Bangladesh. The measles vaccine will be supplied by the local offices of UNICEF, USAID and WHO.

WHO is funding an evaluation of two serological tests suitable for field diagnosis of suspected measles. A third test, based on saliva, is not receiving WHO funding but is said to be particularly promising. He agreed that such tests are more appropriate in advanced programs which are aiming for and capable of achieving a high degree of control.

As part of the Sick Child Initiative, John has been preparing teaching materials for primary health care workers to treat children who present with rash and fever, including measles. He sees a role for BASICS' involvement in testing these materials.

John mentioned that he and G. Hussey have turned their attention to the question of whether antibiotics should be given to all children who present with measles.

Nick Ward:

As Nick was literally "out the door" for Bangkok, we were unable to meet. Topics which need to be raised with him include: BASICS' plan to visit Brazzaville for detailed discussions with Okwo Bele on BASICS support and potential for USAID support for logistics and cold chain staff at the inter-country level.

Jean-Marc Olive:

As this was Jean-Marc's first day in the office to take up his new assignment in Geneva, the writer was unable to speak with him for long. He suggested that technical areas where there might be receptivity at PAHO for BASICS involvement are missed opportunities studies, costing, coping with decentralization, and IEC/social mobilization.

FOLLOW-UP ACTIONS

URGENT:

1. Determine immediately whether Robert Steinglass and/or Mary Carnell can be made available to serve as facilitators in a WHO/UNICEF Inter-Regional Workshop for Neonatal Tetanus Elimination, which will be held in Nepal from 19 to 28 January.

ACTION: ROBERT STEINGLASS TO CONTACT RON WALDMAN AND USAID/W ASAP TO DETERMINE WHETHER HE AND/OR MARY CARNELL CAN SERVE AS FACILITATORS.

2. Determine whether BASICS is available to translate into Russian the recently finalized Field Guide for Polio Eradication, which is urgently needed in advance of the meeting in Ankara on "Operation MECACAR".

ACTION: ROBERT STEINGLASS TO DISCUSS WITH LYNDON BROWN AND INFORM WHO/EURO.

3. Secure USAID agreement to send Mutombo wa Mutombo to the WHO briefing on GPV in late January and inform Carole Torel at WHO/GPV. Determine whether he is also available to attend the week of briefing on CDD/ARI, which is always held immediately before or after the briefing on GPV (exact dates must be ascertained for the CDD/ARI briefing). Determine if other BASICS HQ or field staff are in need of such a briefing.

ACTION: REBECCA FIELDS TO FOLLOW UP, WITH SUPPORT FROM TONYA SMITH AND IN CONCERT WITH OPS DIVISION.

NEAR-TERM:

4. Communicate again with Okwo to arrange a trip to Brazzaville. Use the opportunity to inform him of BASICS' interest and past involvement with other WHO Regions (through REACH) in developing regional plans for safe injection practices.

ACTION: ROBERT STEINGLASS.

5. Discuss with Nick Ward BASICS' plan to visit WHO/AFRO for detailed discussions with Okwo Bele about how BASICS can support him. Discuss the potential for USAID support for logistics and cold chain staff at inter-country level.

ACTION: ROBERT STEINGLASS TO CONTACT NICK WARD, USAID/AFRO AND USAID/G ABOUT BASICS PLANS AND POSSIBLE AVAILABILITY OF USAID/AFRO FUNDS FOR LOGISTICS/COLD CHAIN STAFF SUPPORT.

6. Advise Mark Weeks to be in contact with James Cheyne in early January when Mark begins to "Review the EPI Review" method.

ACTION: REBECCA FIELDS.

7. Keep John Clements apprised of BASICS' evolving plans in Lagos.

ACTION: ROSE MACAULEY.

8. Inform Colette Roure and George Oblapenko about the expectations of the MOHs in Kazakhstan and Kyrgyzstan regarding support for policy reform. Send a formal letter to WHO/HQ and WHO/EURO requesting their participation in a joint BASICS and WHO activity, with BASICS picking up travel costs. Keep other members of BASICS' Kazakhstan team informed of possible changes in plans for the follow-up visit to Kyrgyzstan. Engineer formal letters from the MOHs requesting BASICS and WHO involvement in these activities. Collect examples of detailed lists of true and false medical contraindications from the USA and United Kingdom and send these lists as soon as possible to Kyrgyzstan to influence their policy decisions.

ACTION: ROBERT STEINGLASS.

9. Discuss with other BASICS staff and consultants experienced in the NIS their opinions on the potential use of the Vaccine Vial Monitors (VVM) during the NIDs (National Immunization Days) in the Newly Independent States (NIS) and report back to John Lloyd. As these countries are accustomed to relying on a "fast chain" rather than a cold chain and given the speed within which OPV will be used during the campaigns, the writer has doubts about the utility of studying the use of the VVMs in the NIS -- especially given the training and management burden associated with adding yet another unfamiliar cold chain tool.

ACTION: ROBERT STEINGLASS.

10. Advise WHO/GPV in writing that WHO could replace the writer's full report on the field trial of an auto-destruct syringe in Pakistan, which is in a folder prepared on safe injection prepared by WHO and due to be printed in large quantities by UNICEF, with the shortened published version due to appear in January in the Bulletin of the WHO.

ACTION: ROBERT STEINGLASS.

11. Request a transport management study in writing, as John Lloyd may be able to locate a good example upon his return to Geneva.

ACTION: ROBERT STEINGLASS.

MEDIUM-TERM:

12. Advise Africa Bureau that both Okwo Bele and James Cheyne, as well as Terrel Hill, have all recently stated their agreement that an EPI Review in Ethiopia is overdue. Strategize about the next steps to make it happen.

ACTION: ROBERT STEINGLASS TO CONTACT PAUL ZEITZ AND HOPE SUKIN.

13. Inform Mutombo wa Mutombo that BASICS' participation in reducing NNT in Dakar, where a high-risk approach to NNT control has been initiated by the MOH and WHO, is welcomed by WHO.

ACTION: MUTOMBO WA MUTOMBO TO DETERMINE WITH THE MOH AND USAID/DAKAR WHETHER BASICS IS ABLE TO PLAY A ROLE IN NNT CONTROL IN DAKAR.

14. Discuss with PAHO technical areas in which BASICS support could be provided, such as missed opportunities studies, costing, coping with decentralization, and IEC/social mobilization.

ACTION: ROBERT STEINGLASS AND RON WALDMAN TO CONTACT CIRO DE QUADROS.

15. Decide whether BASICS would like to participate in reviewing and testing new teaching materials being prepared by WHO, which are aimed at PHC workers for case management of children with fever and rash.

ACTION: BOB POND, DIANA SILIMPERI, AND RON WALDMAN TO DETERMINE BASICS' INTEREST AND IDENTIFY OPPORTUNITIES WITH JOHN CLEMENTS.

16. Alert BASICS staff involved in developing interventions in Indonesia, which will have a strong element of training and medical curriculum revision, that GPV has prepared a new curriculum for training PHC workers on EPI.

ACTION: ROBERT STEINGLASS TO INFORM JEAN-JACQUES FRERE, PAULTRE DESROSIERS, ROB NORTHRUP, AND BOB SIMPSON AND DISCUSS POSSIBILITIES FOR INTRODUCTION OF THE EPI CURRICULUM.

17. Inform UNICEF/NY that WHO/HQ is prepared to send a replacement if Francois Gasse is unable again to participate in the next Steering Committee meeting on the UNICEF review of lessons learned in the immunization program about sustainability.

ACTION: ROBERT STEINGLASS TO INFORM SAWON HONG.

18. Request Prestige to send a sample rack with various hole sizes to BASICS.

ACTION: ROBERT STEINGLASS.

APPENDICES

APPENDIX A

BASICS

Basic Support for Institutionalizing Child Survival

5 year project

worldwide

funded by USAID

managed by Office of Health and Nutrition
in the Global Bureau

13

BASICS

OBJECTIVE

REDUCE INFANT AND CHILD MORTALITY

BASICS PROVIDES TECHNICAL ASSISTANCE IN:

- EPI
- ARI
- CDD
- MALARIA
- (NUTRITION)

BASICS

WHO IS BASICS?

PARTNERS:

A.E.D. (Academy for Educational Development)

(HEALTHCOM)

J.S.I. (John Snow, Inc.)

(REACH)

M.S.H. (Management Sciences for Health)

(PRITECH)

SUBCONTRACTORS:

- JOHNS HOPKINS
- EMORY UNIVERSITY
- CLARK ATLANTA UNIVERSITY
- PATH
- PORTER-NOVELLI
- KINGSBURY GROUP

BASICS

MANAGEMENT STRUCTURE

BOARD OF DIRECTORS

3 Chief Executive Officers

Bill Foege

Alison Herrick

DIVISIONS

TECHNICAL

OPERATIONS

FINANCE AND ADMINISTRATION

EVALUATION

WASHINGTON STAFF

16 technical

5 operations

_ finance and admin

BASICS

REGIONAL OFFICES

LATIN AMERICA (HONDURAS)

EAST AFRICA (NAIROBI)

WEST AFRICA (DAKAR)

CENTRAL ASIA (ALMATY)

COUNTRY OFFICES

	NIGER
	NIGERIA
AFRICA	MADAGASCAR
	SENEGAL
	ETHIOPIA
ASIA	BANGLADESH
	BOLIVIA

AMERICAS

HAITI

BASICS WILL STRENGTHEN SYSTEMS

WITH STAFF DEVOTED TO:

EPI, ARI, CDD, MALARIA

+ COMMUNICATIONS

+ PRIVATE SECTOR

+ INFORMATION SYSTEMS

+ TRAINING

+ DISSEMINATION

BASICS

TECHNICAL DIVISION HAS WORKING GROUPS

- SUSTAINABILITY OF IMMUNIZATION PROGRAMS
- BEHAVIOR CHANGE
- MONITORING AND EVALUATION
- INTEGRATED CASE MANAGEMENT
- PRIVATE SECTOR

BASICS EPI STRATEGIES

1. IMPROVE DELIVERY OF ROUTINE EPI SERVICES SO THAT AS MANY CHILDREN AND WOMEN ARE IMMUNIZED IN AS COMPLETE, EFFECTIVE, TIMELY AND SUSTAINABLE A WAY AS POSSIBLE.

2. INTRODUCE STRATEGIES TO REDUCE MORBIDITY AND MORTALITY DUE TO EPI TARGET DISEASES.

3. WORK TOWARDS ENSURING THE AVAILABILITY OF REQUIRED FUNDS AND COMMODITIES FOR EPI.

BASICS Country Activities as of September 30,1994

	Long-term	Periodic	Short-term
Africa/Anglophone			
	Nigeria **REDSO/East (2)** *Eritrea* **Ethiopia** *Zambia*	**Kenya (FGM)**	Malawi Mozambique Namibia
Africa/Francophone			
	Madagascar **Mali** **Niger** **Senegal** (Burundi)		Guinea
Asia/Near East			
	Bangladesh	**India** *Indonesia*	
Latin America			
	Bolivia **Haiti**	**Guatemala** *Honduras**	Mexico Peru
NIS			
		Kazakhstan **Kyrgyz** **Moldova** **Tadjikistan**	Armenia Azerbaijan Georgia Turkmenistan Uzbekistan
War Victims			
			Angola Laos Liberia Sri Lanka Vietnam

Notes:

1. Bolded countries are those with staff on the ground and/or buy-ins in hand.
2. Italicized countries are those which are expected to result in requests for long-term o periodic BASICS assistance.
3. * Indicates buy-in pending
4. Burundi has subsequently been removed from this list due to civil unrest.

BASICS CAN ACCESS FUNDS FROM:

- **CORE CENTRAL BUDGET**
- **"BUY-INS" FROM BUREAUS IN WASHINGTON**
- **"BUY-INS" FROM USAID COUNTRY OFFICES**

BASICS

UNICEF OFFICES RECEIVING USAID (AFRICA BUREAU) GRANTS IN 1994

TO IMPROVE SUSTAINABILITY AND EFFECTIVENESS OF EPI BY:

- IMPROVING SYSTEMS FOR PLANNING AND MANAGEMENT OF PROGRAMMATIC AND FINANCIAL RESOURCES

- ASSURING THAT VACCINES AND EPI EQUIPMENT ARE AVAILABLE ON A SUSTAINED BASIS

- ESTABLISHING AND IMPROVING COORDINATION MECHANISMS AT NATIONAL AND REGIONAL LEVELS

- CHAD	GHANA
- MALI	ETHIOPIA
- BENIN	TANZANIA
- BURKINA FASO	UGANDA
- GUINEA	MALAWI
- GAMBIA	NAMIBIA

BASICS

BASICS IS A SOURCE OF TECHNICAL ASSISTANCE

(NOT COMMODITIES)

BASICS CAN COMPLEMENT WORK OF OTHER PARTNERS

- DIRECTLY (e.g., NIS)
- INDIRECTLY (e.g., open doors)

APPENDIX B

11/22/94

Working Group on Sustainability of Immunization Programs

While in the 1970s and 1980s, EPI strategies and activities focused on building infrastructure and increasing coverage, the 1990s have seen a shift away from high coverage as an end in itself and toward disease control as the ultimate goal. To work towards this goal, the World Health Assembly has adopted targets for polio eradication, neonatal tetanus elimination, and measles control, each of which requires certain specific and unique program activities. But these goals share the common need for constant, high levels of immunization coverage, especially among those at highest risk, with potent, effective, safe vaccines.

While BASICS will work to some extent to support the disease control initiatives for measles, neonatal tetanus, and polio, the Project will concentrate its efforts in working with countries to strengthen their capacity to manage and implement technically sound immunization programs whose performance is sustainable. The sustainability of national EPIs is particularly important given that on a global level, donor funding for EPI has fallen substantially since the declaration in 1990 that "Universal Childhood Immunization" was achieved. The research and development activities described below illustrate the priority that BASICS places on: building sustainable systems; efficient and effective use of resources and provision of services; reaching those at highest risk; and ensuring technical quality of programs.

Topics for research and development activities can be grouped according to the three central elements of the BASICS EPI strategy that they support, as follows:

1. ***Improve the delivery of routine EPI services so that as many children and women are immunized in as complete, effective, and timely a way as possible, targeting services to those at highest risk.***

   - Conduct operations research to evaluate linking EPI and family planning services. *(In Bangladesh or Nigeria, test alternatives for conveying key messages on both programs; explore different options for organization of services)*

   - Design introduction process for vaccine vial monitors and assess their impact on vaccine handling and wastage. *(Work in collaboration with WHO, UNICEF, and a country, e.g. Bangladesh, on developing approach to ensure that monitors are properly used and measure extent to which they achieve intended effect.)*

   - Develop and implement strategy to improve injection/sterilization safety. *(Country level work in Philippines--with WHO/WPRO--or in Nigeria, reviewing experience, convening workshop, developing materials and plans)*

   - Evaluate impact, outcome of immunization service delivery by a large, private employer. *(TT immunization through garment factories in Dhaka, Bangladesh)*

- Update and reprint EPI Essentials. *(English and French versions almost out of print and now 4-5 years since text prepared. This was REACH's, and now is BASICS', most requested document.)*

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

- Evaluate urban community surveillance methods for measles, polio, neonatal tetanus; and produce guidelines/manual. *(Review experience in several countries, and implement an approach in Bangladesh or Nigeria.)*

- Develop and implement strategy, including disease surveillance, for control of EPI target diseases (especially measles) directed to high risk groups in urban slums. *(To be done within context of country activities in Bangladesh or Nigeria.)*

- Develop prevention side of "Pathway to Survival" model. *(BASICS to take the lead, working in collaboration with the Environmental Health Project)*

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

- Develop and test approaches and methods for strategic planning and forecasting for vaccine needs. *(Work in 1-2 West African countries, e.g., Mali, Niger to help develop five year vaccine forecasting and planning documents, working together with government, WHO, and other donors)*

- Develop and test mechanism for vaccine procurement in African or NIS countries. *(Review experience with vaccine procurement and financing; work in at least one country in Africa or the NIS to implement an alternative to traditional donor financing of vaccines, e.g., government financing, currency swap, or debt swap)*

- Study sustainability of 1980s UCI program and how to reach year 2000 goals sustainably. *(Work in progress. Participate as advisor in UNICEF's working group on sustainability of UCI)*

APPENDIX C

Appendix C

PERSONS CONTACTED INDIVIDUALLY

J.W. Lee
James Cheyne
Peter Evans
Michel Zaffran
Artur Galazka
Francois Gasse
Amie Batson
Birgitte Sylvest-Hansen
Maureen Birmingham
John Clements

ADDITIONAL PERSONS CONTACTED IN A GROUP SESSION

Nick Ward
Lahouari Belgharbi
Jean-Marc Olive
Mark Kane

APPENDIX D

Provisional staff structure for
The Global Programme for Vaccines and Immunization

16 December 1994

Director, GPV
Executive Secretary, CVI
Dr J.W. Lee

Director's office

Mr J. Cheyne
Ms F. Adam (Re-assigned from VRD)
Mr L. Belgharbi
Ms J. Sikkens
Ms C. Torel
Dr R. Widdus (Jan 1995)
New post: Funding & advocacy

Vaccine Research & Development (VRD)

Dr P-H. Lambert (Unit Chief)

Dr A. Aguado
Dr U. Furth
Dr B. Ivanoff
Dr Y. Pervikov
Dr S. Robertson (Re-assigned from EPI for field research)

Vaccine Supply and Quality (VSQ)

Mr P. Evans (Re-assigned from EPI- Acting Unit Chief)

Ms A.Batson (Re-assigned from EPI)
Dr J. Milstien (Re-assigned from BLG)
Dr H. Doi
New post supported by UNICEF
New post for vaccine quality control (to be decided)

Expanded Programme on Immunization (EPI)

Dr N.Ward (Acting Unit Chief)

Ms K. Bergstrom
Dr M. Birmingham
Dr J. Clements
Dr A. Galazka
Dr F. Gasse
Ms E. Girardet
Dr B. Hull
Dr H. Hull
Dr M. Kane (Re-assigned from MIM)
Mr J. Lloyd
Dr J-M Olivé (Jan 1995)
Ms D. Leonor
Ms B. Sylvest-Hansen
Mr M. Zaffran

Note: professional staff and administrative assistant positions shown only.

APPENDIX E

The Global Programme for Vaccines and Immunization

For a world free from disease, suffering and death due to vaccine preventable diseases

Director, GPV
Executive Secretary, CVI

Director's office	CVI secretariat
Funding & advocacy, Donor coordination, Information system, Administration Personnel, Finance, Budget.	CVI strategic plan, CVI advocacy, Global priority setting, Information sharing, inter-organization coordination.

Vaccine Research & Development (VRD)

Development of new and improved vaccines for use in developing countries

Promotion and coordination of research for:

- improved vaccines
- new vaccines

Field testing of candidate vaccines

Vaccine related epidemiological research

Vaccine Supply and Quality (VSQ)

Assurance of high quality vaccines at affordable prices in all countries.

Promotion of self-sufficiency in vaccine supply

Rationalizing demand for vaccines

Improving quality of locally produced vaccines

Introducing sustainable financing methods for vaccine supply. For example, the Vaccine Independence Initiative.

Expanded Programme on Immunization (EPI)

Providing safe and effective immunizations to all the World's children:

Measles reduction by 1995
Newborn tetanus elimination by 1995
Polio eradication by 2000
90% coverage by 2000
80% reduction in hepatitis B carrier rates by the year 2000

Immunization policy setting

Achieving disease control and eradication based on immunization and surveillance

Improving health through other Primary Health Care interventions

Improving logistics and cold chain

Immunization programme monitoring and evaluation

Scientific and technical assistance.

Regional Offices
Alexandria, Brazzaville, Copenhagen, Manila, New Delhi, and Washington

Liaison with country offices, support to national immunization programmes, regional donor coordination, monitoring and evaluation.

APPENDIX F

GPV TECHNICAL BRIEFING SCHEDULE

GENEVA, 30 JANUARY - 3 FEBRUARY 1995

(BUILDING M, ROOM M-405)

All professional staff involved in the briefing are kindly invited to the introductory session which starts at 09:00 on Monday, 30 January 1995, in Room M-405

DAY/TIME	SUBJECT	FACILITATOR
Monday, 30 January		
09:00 - 09:15	Introduction	Ms C. Torel
09:15 - 10:15	GPV/EPI global overview	Acting Chief, EPI
10:15 - 10:45	BREAK	
10:45 - 12:00	Polio eradication	Dr H. Hull
12:00 - 13:30	LUNCH	
13:30 - 15:00	Measles control and micronutrient supplementation	Dr J. M. Olivé
15:00 - 15:30	BREAK	
15:30 - 16:30	Neonatal tetanus elimination	Dr F. Gasse

36

DAY/TIME	SUBJECT	FACILITATOR
Tuesday, 31 January		
09:00 - 10:00	Yellow fever	Dr S. Robertson
10:00 - 10:15	BREAK	
10:15 - 11:00	General trends and prospects for new vaccines and simplified vaccine delivery systems	Dr P.-H. Lambert
11:00 - 12:00	Hepatitis B	Dr M. Kane
12:00 - 13:30	LUNCH	
13:30 - 14:15	Typhoid vaccines	Dr B. Ivanoff
14:15 - 14:30	BREAK	
14:30 - 15:30	Nature and use of EPI vaccines	Dr A. Galazka
15:30 - 16:30	New viral vaccines	Dr Y. Pervikov

DAY/TIME	SUBJECT	FACILITATOR
Wednesday, 01 Feb.		
09:00 - 10:00	EPI Information System	Ms C. Torel
10:00 - 10:15	BREAK	
10:15 - 11:15	Evaluation and monitoring	Mr J. Cheyne
11:15 - 12:15	Coverage surveys	Dr M. Birmingham
12:15 - 13:30	LUNCH	
13:30 - 14:30	Field tools for improving management	Dr S. Robertson
14:30 - 14:45	BREAK	
14:45 - 15:45	Disease surveillance	Dr J. Clements
16:00	Drinks (1st floor)	
Thursday, 02 Feb.		
09:00 - 10:00	Vaccine quality and production	Dr J. Milstien
10:00 - 10:15	BREAK	
10:15 - 11:15	Vaccine financing	Ms A. Batson
11:15 - 12:15	Vaccine demands	Mr P. Evans
12:15 - 13:30	LUNCH	
13:30 - 15:00	Logistics and cold chain overview, sterilization and injection safety	Mr J. Lloyd/M. Zaffran
15:00 - 15:15	BREAK	
15:15 - 16:15	District planning of EPI	Mr L. Belgharbi

DAY/TIME	SUBJECT	FACILITATOR
Friday, 03 Feb.		
09:00 - 10:30	Training overview	Ms B. Sylvest-Hansen
10:30 - 10:45	BREAK	
10:45 - 11:30	EPI literature and documents	Dr A. Galazka
11:30 - 12:15	Meeting with Director, GPV	
	END OF BRIEFING	