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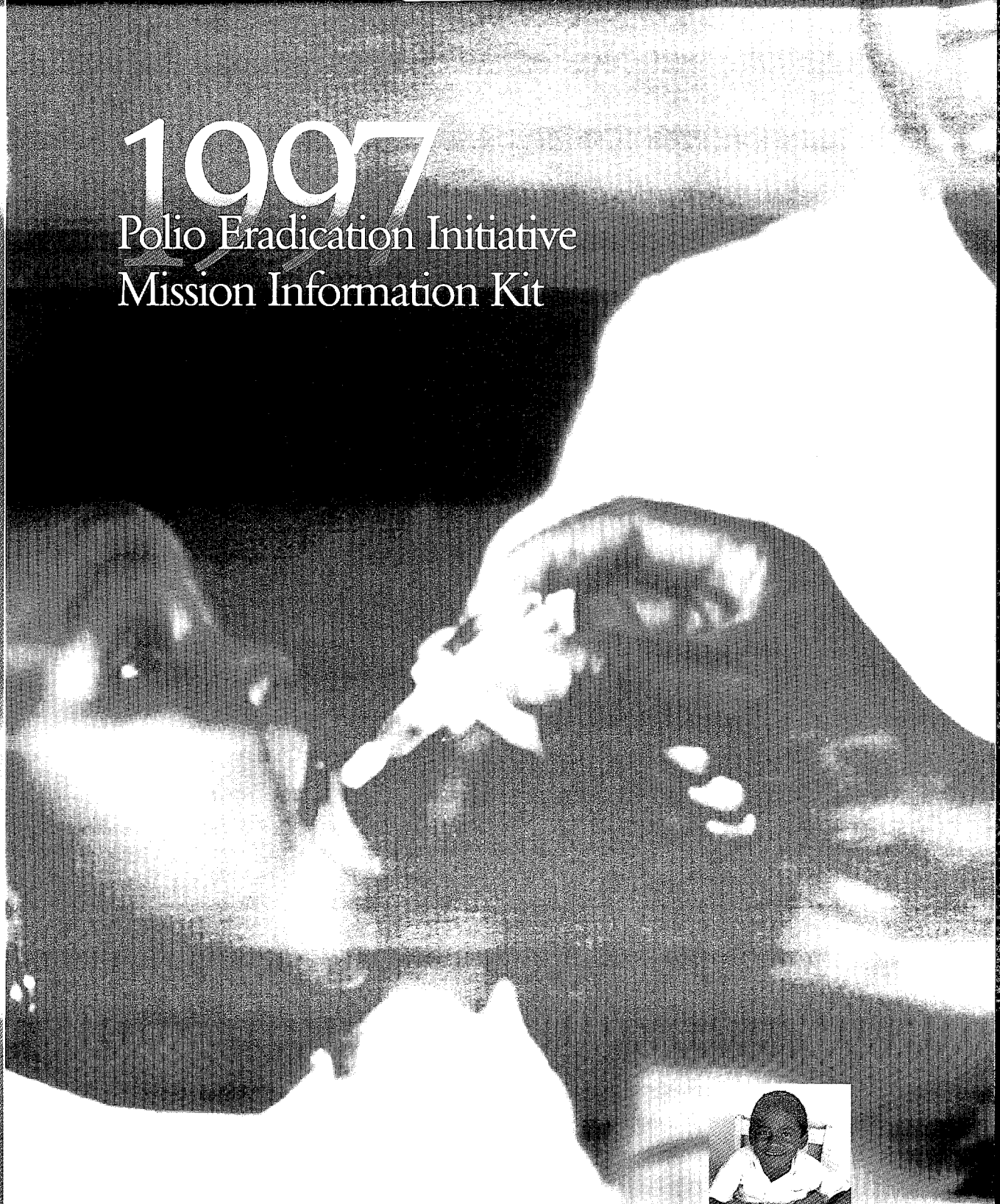
1997 Polio Eradication Initiative Mission Information Kit



USAID

Part of the Global Effort to Eradicate Polio Worldwide by the year 2000

Polio Eradica

This booklet was designed to provide USAID missions and staff with current information on polio and describe USAID involvement in the on-going global partnership to eradicate polio by the year 2000.

Accompanying this booklet is a "Directory of Polio Eradication Initiative Partners," that includes contacts at partner organizations worldwide.

USAID

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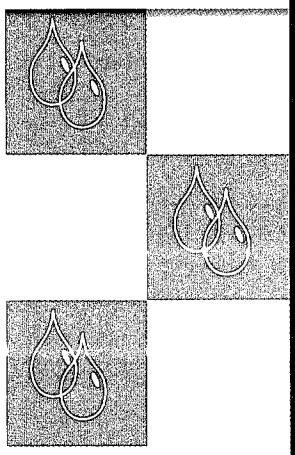


ion Initiative

Part of the Global Effort to Eradicate Polio Worldwide by the year 2000

USAID is proud to be one of the key partners contributing to the polio eradication effort.

Why? Because:

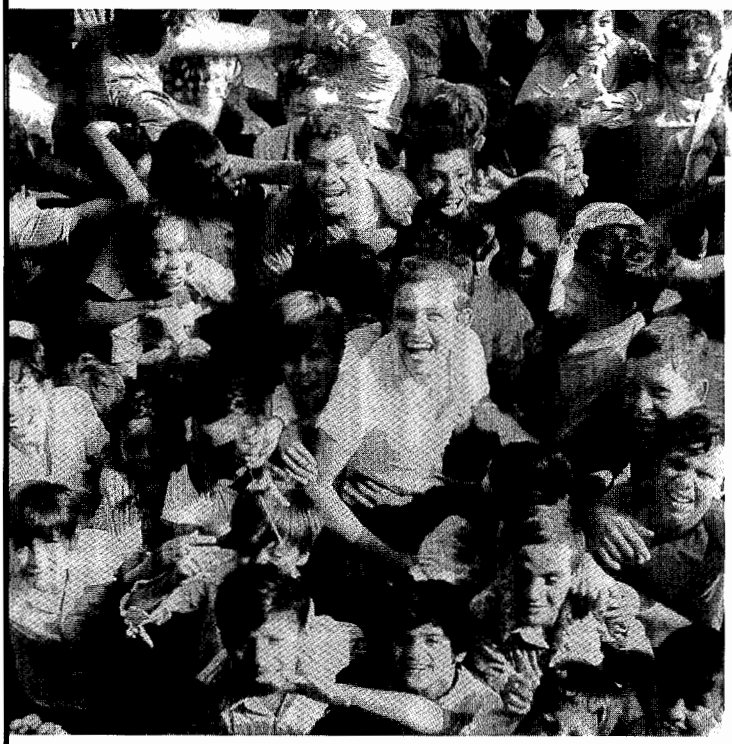
What is Polio and How Does It Spread?

- Polio is an infectious disease caused by the poliovirus.
- The virus is passed from person to person, with most cases occurring in children less than 5 years old.
- The virus infection starts in the intestine and can spread elsewhere in the body, causing an illness with symptoms resembling the flu.
- Once established, poliovirus can enter the bloodstream and invade the central nervous system. In one in 200 cases, it can kill the nerve cells that activate the muscles.
- The dead nerve cells cannot be replaced; **the result is usually life-long paralysis or, in some cases, death.**

Beginning in 1987, USAID was the major external donor to the eradication effort in Latin America.

In FY 1996, with Congressional support, USAID began to take a more active role in the worldwide effort to wipe out polio in other regions of the world. USAID began its Polio Eradication Initiative (PEI) with a $20 million effort to support activities in Africa, South Asia, and the New Independent States of the former Soviet Union - major polio endemic areas.

In FY 1997, USAID received $25 million for the PEI and received another $25 million for the initiative in FY 1998.



Global Partnership to Eradicate Polio

The Global Partnership

In 1988, the U.S. government joined with other nations in the World Health Assembly to adopt a global resolution to eradicate polio by the year 2000 in ways that strengthen the development of the Expanded Program on Immunization (EPI) at all levels and contribute to the development of sustainable health care systems.

USAID and the polio partners are working with host countries in this collaborative effort.

USAID provides technical assistance and financial support for polio eradication efforts. Much of the USAID efforts is administered through grants from USAID/Washington to WHO, UNICEF and other partners. USAID focuses on the five Polio Eradication Initiative elements articulated in the Initiative's results framework. In particular, USAID works to strengthen partnerships, supports host country capacity to provide quality polio vaccine delivery, and strengthens supplemental immunization, surveillance, and information collection and use.

WHO leads the polio eradication efforts by providing technical leadership and training. In addition, WHO's role is to coordinate the initiative and its many partners. The in-country WHO/Polio Eradication Initiative (PEI) coordinator is responsible for working with the host country EPI program manager to implement the eradication strategy, monitor progress, and work with the Interagency Coordinating Committees to ensure that technical and financial resources are available locally.

Rotary International is a private organization with an elaborate volunteer network of more than 1 million Rotarians worldwide. Through its PolioPlusProgram, Rotary supports advocacy work, social mobilization for NIDs, and immunization campaigns in high-risk areas. Rotary International has raised over $400 million to support Polio eradication.

Glossary

Polio Eradication Strategy
A simple but effectiv eradication strategy calls for:

- High levels of routine immunization
- National Immunization Days, a short-term activity, not to be sustained over the long-term
- Surveillance systems adequate to isolate and identify all polio cases
- "Mop-up" in high risk areas
- A certification process to verify the reported polio-free status of countries.

Global Partnership to Eradicate Polio (continued)

United Nations Children's Fund (UNICEF) assists with vaccines, cold chains, program development, and social mobilization. UNICEF is a key player in oral polio vaccine procurement, forecasting, and distribution.

U.S. Centers for Disease Control and Prevention (CDC) provides epidemiologic, laboratory and programmatic assistance for global polio eradication efforts through the assignment and funding of polio eradication specialists to WHO or UNICEF offices. CDC provides funds (through UNICEF) to buy a portion of the oral polio vaccine used in NIDs.

Other important partners in the success of polio eradication are host countries, community groups, private voluntary organizations, other bilateral donors, and governments including Australia, Canada, Denmark, Japan, Sweden, and United Kingdom.

Together the partnerships provide developing countries with funding, technical expertise, leadership, advocacy, and volunteers.

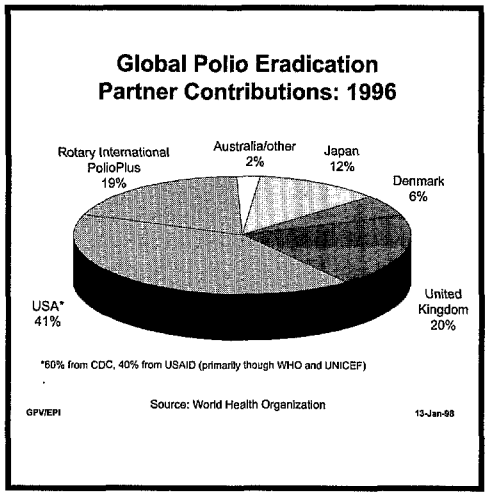
Glossary

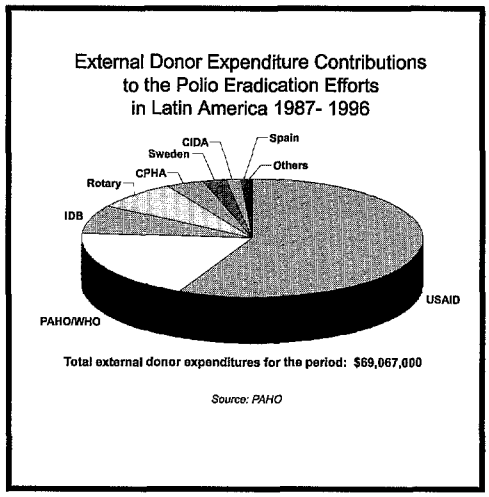
Mop-Up Campaigns
These targeted campaigns are used in both high-risk districts that have poor routine coverage or high incidence of polio, and border areas with endemic sectors or insufficient surveillance.

In the targeted areas, the OPV is taken door-to-door and two doses are administered one month apart to all children under five, regardless of their prior immunization status.

These intensive localized immunization campaigns improve coverage and ensure that those children who are most difficult to reach are immunized, thereby eliminating the last routes of wild poliovirus transmission.

Donor Contributions to Polio Eradication





What is USAID's Commitment to the Polio Eradication Effort?

The U.S. Agency for International Development:

- Accepts the challenge of working toward global polio eradication.
- Supports a legacy in countries that goes beyond the elimination of polio and strives to enhance sustainable health care systems in developing countries.
- Offers technical assistance for planning, implementation, social mobilization, monitoring, and evaluation of polio-related activities.
- Commits to polio eradication by strengthening routine immunization programs within the context of the Agency's sustainable development objectives.
- Supports the development of surveillance systems capable of finding and reporting cases of polio and other childhood diseases, and strengthening health systems to rapidly respond to outbreaks.
- Helps to enhance the foundation for the Expanded Program on Immunization (EPI) by applying the skills developed through the polio effort – such as vaccine forecasting, regular disease reporting and response, district level planning for routine health services and immunization campaigns, and mobilizing people to reach a common goal.
- Raises awareness about the polio effort.
- Supports research and evaluation of polio eradication activities, helping to fill the knowledge gaps about polio eradication.
- Provides annual reports to the U.S. Congress on PEI activities.

A Gift for the 21st Century - ***A Polio-Free World!***

How is USAID Targeting Its Efforts?

Polio eradication is considered one of the highlights of the U.S. – Japan Common Agenda – where we continue to find ways to maximize our collaboration.

The Agency's PEI strategy is designed to eradicate polio within the context of a strong, sustainable, routine immunization system – an essential foundation for childhood immunization and basic curative and preventive services throughout the developing world.

The PEI Framework can be found in Annex II. The five elements of USAID's strategy are as follows:

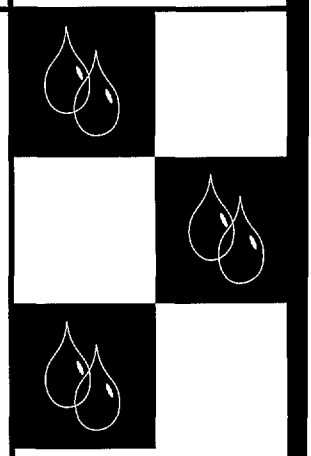
1 Build effective partnerships
USAID supports partnerships at both the regional and national levels, particularly through Interagency Coordinating Committees (ICCs).

2 Strengthen systems
USAID supports activities to enhance a country's capacity to provide high quality polio vaccine delivery. These activities include improved training, supervision, and logistics, cold chain assessment and management, and program management for polio and other childhood illnesses.

3 Ensure effective supplemental immunization through National Immunization Days (NIDs) and Mop-Up Campaigns
USAID funds are used to assist in planning and implementing supplemental polio immunization and intensive immunization campaigns in high-risk areas.

4 Improve surveillance
USAID funds are used to strengthen existing surveillance systems and support developing new surveillance systems when needed to detect, report, and respond to polio and other infectious diseases in the community.

5 Improve information collection and use
USAID supports data and information collection to monitor and evaluate eradication activities.



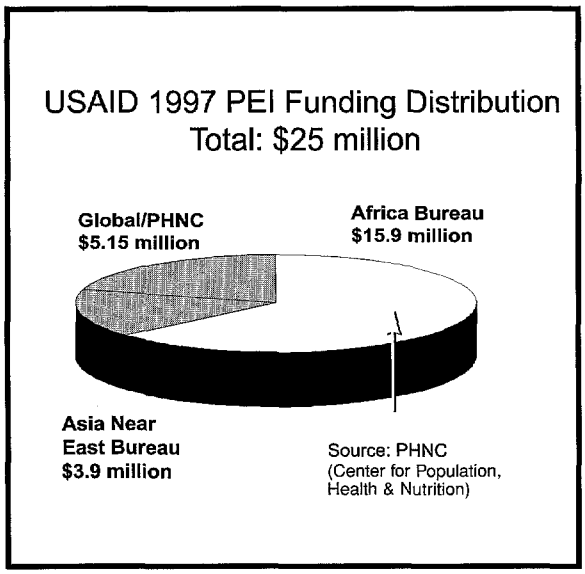
USAID's FY 97 $25M PEI Contribution

In FY 1997, USAID contributed $25 million for the Polio Eradication Initiative.

- **$15.9 million in the Africa Region.** These funds supported Ministries of Health in host countries to plan and strategize for their polio eradication activities. Funds were also used to purchase polio vaccine and conduct National Immunization Days.

- **$5.15 million through the USAID Global Bureau's PHN Center.** Funds covered research, monitoring and evaluation initiatives and specific activities in South Asia and the NIS to improve polio surveillance and strengthen immunization systems. Funding included efforts to identify barriers to effective immunization and case reporting, and dissemination of information and lessons learned on effective communication and training efforts.

- **$3.9 million to the ANE Region.** With India representing about 25 percent of the reported polio cases, grants to UNICEF and WHO were to strengthen planning and training systems, improve effective NIDs, and increase polio surveillance systems in India.



These funds help to fill gaps in polio immunization coverage in the countries where USAID works. For more details, see the funding matrix in Annex I.

The Americas were declared polio-free in 1994 – however, USAID continues to support polio surveillance in the region and has expanded efforts for measles elimination. Funds for these activities are not included in the polio initiative.

What Role Can the USAID Missions Play?

Although USAID support for eradication is channeled mainly through international organizations such as WHO and UNICEF, USAID missions have a significant role to play in promoting polio eradication, and coordinating and promoting sustainable immunization and disease surveillance programs in-country. Here is how USAID missions can contribute to the eradication legacy:

Be the Eyes and Ears of the Agency

- Since the Agency's PEI grant funds are spread throughout the world, the Agency needs the missions to help track program implementation and effects.
- Missions can collect social mobilization materials, success stories, newsletters, etc. and send them to Ellyn Ogden, PEI Coordinator, for inclusion in the archives.
- If outside help is needed to resolve problems with the PEI, missions can contact the USAID/Washington staff listed on page 18 for assistance.

Participate in ICCs

- Become an active member in the national Interagency Coordinating Committees (ICCs). Missions can look for opportunities to expand the benefits of polio funds as decisions are made and planning takes place.
- Support effective coordination among host countries and other donor partners to identify funding gaps and mobilize resources to develop sustainable programs.
- Encourage ICCs to expand their mandate to include broader child survival interventions, such as Vitamin A campaigns combined with NIDs where appropriate.
- Monitor eradication efforts and work with partners on evaluation efforts.

In Zambia, USAID helped develop a unique partnership with private companies such as Coca-Cola™, to develop a "fast chain" to load vehicles for transporting the vaccines to rural districts.

Glossary

Acute Flaccid Paralysis (AFP)
Acute refers to the rapid progression of the poliovirus, usually in 1 to 3 days. Flaccid (i.e., floppy) paralysis is the condition where polio is suspected.

Suspected polio
A case of suspected polio is defined as any child under 15 years of age with AFP, including Guillain-Barré syndrome, or any paralytic illness at any age when polio is suspected.

Role of the Missions (continued)

Review Annual and Five-Year National Plans

- Focus on increasing a country's ability to forecast the financial, human and social mobilization resources needed for mass immunization campaigns, routine immunizations, and disease surveillance systems, particularly for acute flaccid paralysis.
- Evaluate annual plans and five-year plans to ensure that activities are adequate to meet PEI goals and fit within a sustainable development approach.

Support Facility and Community-based Surveillance

- Facility-based surveillance systems with adequate health facilities and personnel and a functioning laboratory network are essential for achieving polio eradication.
- A strong surveillance system includes communities participating as key informants.
- Encourage the development of a "seamless surveillance system" which covers all levels – from community to international surveillance of potential polio cases.
- Encourage the use of surveillance data for action such as mopping-up and identifying areas of low immunization coverage.
- Look for opportunities to build on the PEI surveillance system for other important diseases.
- Encourage greater community participation and involvement of local NGOs (non-governmental organizations).

In FY 98, USAID envisions enhancing its existing child survival and polio eradication activities with input from NGOs and PVOs. In particular, their activities will focus on implementing surveillance systems in hard-to-reach areas and assisting in the "community-based surveillance" for polio-free status certification. Mission involvement in this effort is critical.

Glossary

AFP Surveillance
Acute Flaccid Paralysis surveillance is a system to identify suspected polio cases. Its purpose is to reliably detect areas where poliovirus transmission is occurring or likely to occur. Once an area is identified, supplementary immunization can be focused in that area.

AFP surveillance consists of:

- High detecting, reporting and investigating suspected cases
- Collecting data from reporting sites
- Analyzing and using data for action
- Reporting findings
- Providing feedback and information to all levels and interested parties.

Role of the Missions (continued)

A functioning surveillance system costs a fraction of the cost of NIDs and will help to pinpoint area of poliovirus transmission needing special vaccination efforts, ultimately reducing the need for NIDs.

The quicker AFP surveillance systems can be established, the quicker we can decrease our reliance on NIDs to interrupt the transmission of poliovirus.

Support Cold Chain Systems

- Encourage periodic assessments of cold chain equipment and logistics.
- Upgrade cold chain maintenance and logistics equipment and train health professionals, if needed, to help secure a system that countries can depend on for all immunizations, even when polio vaccines are no longer needed.
- Assist organizations such as Rotary International to mobilize private sector resources and communities.

Support USAID Research, Evaluation, and Implementation Efforts

- USAID resources: USAID/Washington has technical and financial resources in several projects to conduct critical research and evaluation of many aspects of PEI. These efforts include country-level implementation and archiving "lessons learned." Missions can request similar activities.
- Provide country clearance for PEI Teams: When the partners identify endemic countries that need special research, evaluations or assessments, missions can help by providing country clearance as part of their contribution to the global effort.
- Call on USAID/Washington: As the eradication effort advances, countries with hard-to-reach populations will need more specialized attention. USAID/Washington has technical and financial resources to help identify and solve problems, and develop strategies for surveillance. Missions can tap into these resources or contact the other polio partners for assistance.

Report Mission Bilateral Funds Allocated to PEI

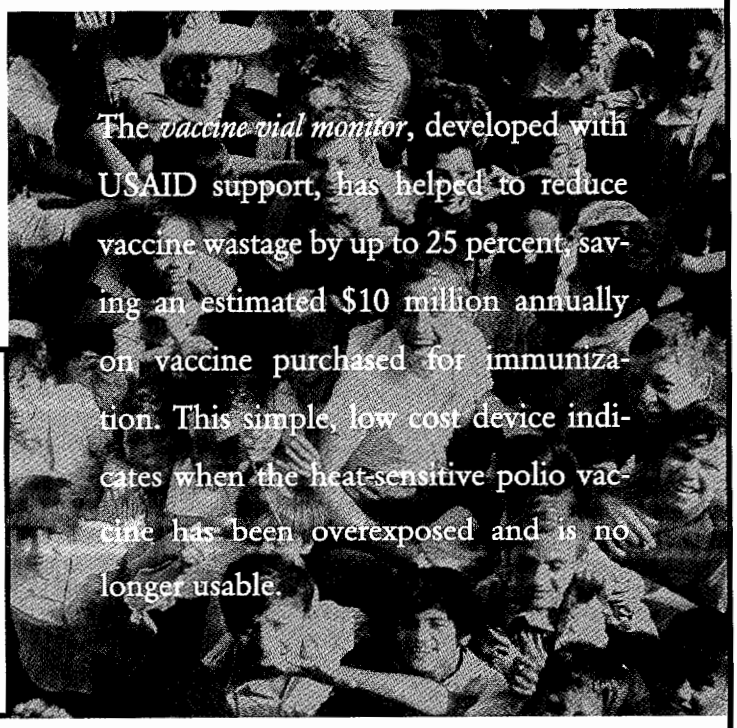
- If missions are using their Child Survival funds for polio-specific activities, send an email to Ellyn Ogden (eogden@usaid.gov) at G/PHN/HN/CS and to the regional backstop, so that such monies can be attributed to the polio eradication effort.

What are the Savings, Costs, and Benefits of Eradicating Polio?

- **Huge Global Savings:** Once polio is eradicated, global savings are estimated at over $1.5 billion a year, including about $230 million for the U.S. alone.

- **Reasonable Eradication Costs:** The World Health Organization (WHO) estimates that middle and low income countries will require at least US$800 million in external support to eradicate polio worldwide.

- **Low per Dosage Cost:** Polio vaccine costs less than US$0.08/dose through UNICEF and about US$1.00 to administer.



The *vaccine vial monitor*, developed with USAID support, has helped to reduce vaccine wastage by up to 25 percent, saving an estimated $10 million annually on vaccine purchased for immunization. This simple, low cost device indicates when the heat-sensitive polio vaccine has been overexposed and is no longer usable.

Glossary

Cold chain
A network of trained staff, procedures, and equipment, such as refrigerators, freezers, and cold boxes or coolers that keep the heat-sensitive polio vaccine at the appropriate temperature.

Reverse cold chain
A network of trained staff, procedures, and equipment, such as cold boxes that keep the stool specimens of suspected poliovirus cold until they reach a specialized laboratory.

OPV
Oral Polio Vaccine (OPV) is one of two types of polio vaccines available. OPV has several advantages over the other, injectable polio vaccine (IPV). OPV is easy to administer, is inexpensive and offers better intestinal immunity.

Achieving Polio Eradication Will:

- **End human suffering from polio** – Eradicating polio will end much human suffering throughout the world.
- **Improve routine immunization services and primary health care.**
- **Eradication efforts will help to:**
  - **Improve the in-country capacity** to plan, implement, and evaluate a large public health effort.
  - **Bring health services to those in hard-to-reach areas,** including those in war zones.
  - **Reinforce existing cold chains** by replacing and refurbishing aging cold chain equipment, which is essential for keeping the vaccine cold and potent.
  - **Improve surveillance systems and laboratory networks** and help build the health infrastructure needed in the fight against polio and other infectious diseases such as measles and tetanus.
  - **Improve communications** especially between the community, district, and central health authorities.
  - **Improve confidence in local and national governments** – Achieving the eradication goal by working together with local health service providers will help boost the community's confidence in its own local health services.

This is the legacy that we hope to leave behind.

Glossary

EPI
The Expanded Program on Immunization is a global effort that began in 1975, to combat the death and disease burden from the major vaccine-preventable diseases: diphtheria; pertussis or whooping cough; poliomyelitis; neonatal tetanus; measles; and tuberculosis.

NIDs
National Immunization Days (NIDs) for polio eradication involve organizing two rounds of highly visible, concentrated vaccination days a year – one month apart – over a period of at least three years. NIDs target all children under five with oral polio vaccine regardless of prior vaccination status.

VVM
The vaccine vial monitor (VVM), developed with USAID support, changes color with heat exposure. Health workers use the VVM to verify that the vaccine has not been exposed to excessive heat and, therefore, is usable.

Great Progress is Being Made in Polio Eradication!

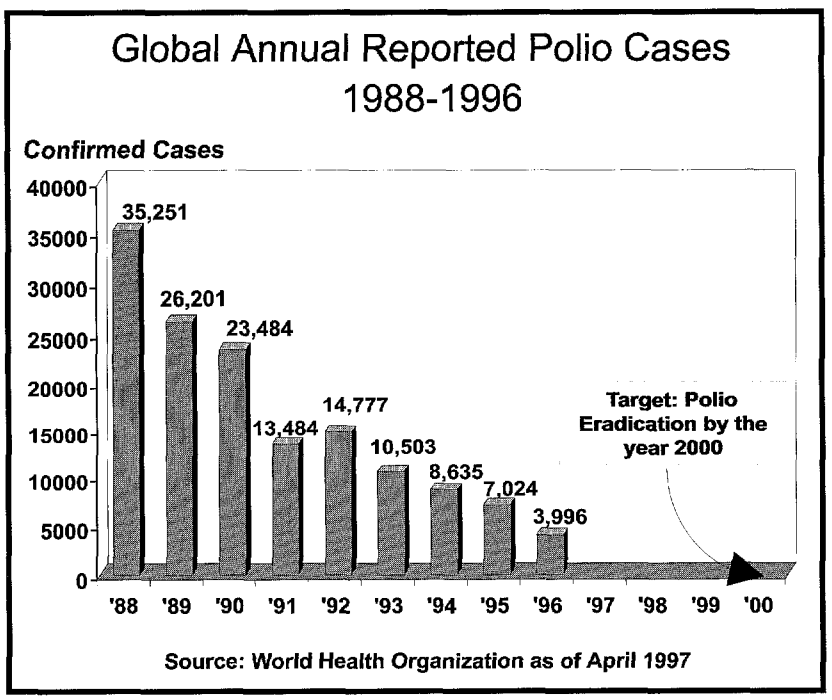
Overall, the number of countries conducting mass campaigns or NIDs peaked in 1996, with about 100 countries participating.

- **Africa:** In August 1996, South African President Nelson Mandela, Chairman of the Committee for a Polio-free Africa, launched a three-year campaign, "Kick Polio Out of Africa." By the end of 1996, 29 African countries had carried out NIDs reaching more than 52 million children.

- **Asia:** In December 1996, and again in January 1997, over 250 million children were immunized against polio in a coordinated NID campaign in nine Asian countries: Bangladesh, Bhutan, China, India, Myanmar, Nepal, Pakistan, Thailand, and Vietnam.

- **India** immunized a record 127 million children on a single day in January 1997.

- **Operation MECACAR:** In 1996, this regionally coordinated mass immunization campaign reached 58 million children in 19 neighboring countries in the Middle East, Caucasus, the Central Asian Republics, and Russia.



Can polio really be eradicated?

Yes. Humans are the only host for the virus, therefore the prevention of human-to-human transmission will result in the elimination of polio. When Drs. Jonas Salk and Albert Sabin developed effective vaccines to protect children, this became feasible.

What is the objective of NIDs (National Immunization Days)?

National Immunization Days are used to vaccinate all children under 5 years of age with polio vaccine, without regard to previous vaccination status, in an effort to stop the poliovirus transmission and displace it with non-virulent vaccine virus. Many countries now synchronize their NIDs to enhance effectiveness and reach children across neighboring borders.

What is surveillance?

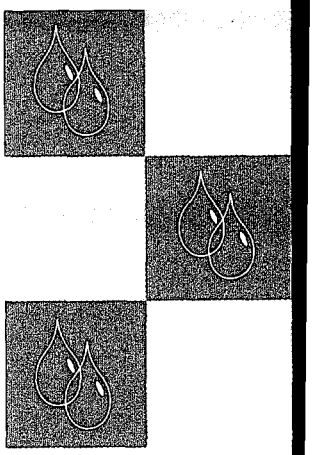
Surveillance is defined as the pinpointing of where and how the wild poliovirus is circulating. This involves detecting a case of acute flaccid paralysis (AFP), reporting it and establishing an immediate response for that case. Surveillance systems are vital to the eradication effort and to the polio-free certification process.

Why isn't control of the disease enough?

Control without eradication remains costly because countries without polio must go on buying vaccines and carrying out immunization as long as the threat of future polio cases remains.

If polio no longer exists in a country, why continue a campaign?

The poliovirus can and does cross borders and can spread quickly into an area considered "polio-free." National Immunization Days (NIDs) are important because they help to maintain high polio immunity levels, especially if routine immunization services are less than optimal, and protect the investment that has been made with earlier NIDs. NIDs are conducted while a high quality AFP surveillance system is being established since surveillance is needed to detect new cases (i.e., no surveillance means no cases detected, which leads to many NIDs). The NIDs also help reduce the risk of reestablishing transmission if the virus is brought into a polio-free area.



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What can community leaders and NGOs do to help?

Community leaders and NGOs can volunteer to help in any number of ways. They can support National Immunization Days, organize athletic events that dramatize a community's commitment to end polio, and raise funds for the purchase of the vaccine. Become a "key informant" and be responsible for reporting cases of AFP in your catchment area. Conduct poster competitions, issue stamps, or hold raffles – there is no limit to what you can do to participate in this worldwide step toward better health for all.

Does poliovirus persist in the environment?

No. Poliovirus does not persist in the environment. The virus is readily inactivated by common disinfectants. Poliovirus remains viable in the laboratory at freezing temperatures for many years, in the cold for many months, and at room temperature for days to weeks – survival of the virus in the environment is finite.

Do people continue to shed the virus after vaccination?

After vaccination, the vaccine virus can be found in the intestines for about 1 to 2 months after vaccination, and excretion may be intermittent. Humans are the only reservoir. There is no long-term carrier state of poliovirus in people with good immune systems. However, in people with poor immune systems, prolonged excretion of vaccine-like strains has been found mostly in persons with B cell deficiencies and rarely in persons with T cell (e.g. HIV) deficiencies. USAID is funding research through Johns Hopkins University (CHR project), in collaboration with CDC, to explore this issue further.

How does vaccination interrupt virus transmission?

OPV successfully interrupts wild poliovirus transmission by producing both serologic and intestinal immunity. Because excretion of wild poliovirus is prevented or is brief in immunized persons, transmission dies out in highly vaccinated populations.

(continued)

- How will poliovirus in laboratories be contained after eradication?

The only remaining poliovirus reservoir after eradication will be laboratory stock. Serious attention is being paid to reducing this potential source of infection. WHO is planning to convene a technical advisory group to draft interim post-eradication guidelines for laboratory containment of the virus. As information becomes available, USAID/W will share it with the field.

- Should vitamin A or other antigens, such as measles, be included in the NIDs?

USAID encourages including vitamin A supplementation during NIDs as long as the added logistics burden will not adversely affect provision of OPV. In most cases, countries could successfully add vitamin A in the second year of NIDs, but this needs to be decided on a country-by-country basis.

USAID recognizes the importance of measles vaccination and the desire of national governments to include measles vaccine in NIDs. In general, USAID does not encourage including the measles vaccine in NIDs because of the potential adverse consequences, additional costs, and difficult logistics. Additional problems occur because measles vaccine is injectable, and most volunteers are not trained to administer injections. In national vaccine campaigns, measles vaccine must be bundled with auto-destruct syringes, and vaccinators need to be trained in proper reconstitution, injection safety, and safe disposal of needles and syringes. Incinerator boxes must be provided and guidelines for safe disposal of vaccine need to be readily available. In addition, because the age groups differ for OPV and measles, the need to screen for appropriate age adds time and complexity to the task. To ensure that blood-borne diseases, such as hepatitis or HIV are not spread inadvertently through unsafe injections, the decision to add measles to a NID must be given careful consideration.

USAID PEI
Timeline - Benchmarks

1987 USAID begins funding of eradication efforts in Latin America.

1988 World Health Assembly adopts polio eradication goal within the context of strengthening the development of the Expanded Program on Immunization (EPI) at all levels.

1991 Last polio case identified in the Americas.

1994 The Americas certified polio-free.

1996 USAID launches polio eradication initiative.
Strategy development and support for NIDS.

1997 Approximately 100 countries participate in NIDS.
Surveillance system development.

1998 Surveillance and mop-up activities increase.
PVOs and NGOs are engaged along with communities.

1999 Concentrated surveillance and mop-up efforts in pandemic areas.

2000 World Health Assembly target year to eradicate polio.

2003 Regional certification of polio-free status.

2005 Global certification of a polio-free world.

Glossary

ICC
An Interagency Coordinating Committee is comprised of public and private sector agencies, and ideally led by a senior Ministry of Health representative. ICCs provide a forum and structure for donor collaboration, private sector partnerships, and host government involvement in polio eradication efforts and sustainable immunization efforts against other childhood diseases.

USAID/Washington Contacts

USAID will continue to form new partnerships to spread the message on the importance of polio eradication.

USAID is now working with the Voice of America, an agency that can disseminate the polio eradication message worldwide and reach people in their own language.

Here is the contact information for the USAID/Washington PEI coordinator and Regional Bureaus.

Ellyn W. Ogden
Title: *USAID Worldwide Polio Eradication Coordinator*
Priority Grants Manager - UNICEF immunization grants for Africa and South Asia; WHO regional grants to EURO, SEARO, and WHO/Headquarters. Manages polio activities with selected G/Bureau projects.
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Washington, DC 20523 USA
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Mary Harvey
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Primary Grants Manager for WHO/AFRO grants. Key Africa Bureau contact for UNICEF grants implemented in Africa. Manages polio-related activities for the BASICS Project in the African region.
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Annexes

Annex I: List and Summary of Global Bureau Projects and Grants that contribute to the PEI

Annex II: PEI Results Framework

Annex III: PEI Indicators

Annex IV: Directory of PEI Partners

Notes

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Annex I

List and Summary of Global Bureau Projects and Grants that Contribute to the PEI

Summary of Planned FY 97 Support for Polio Eradication by Result ($25 Million Directive) in (000's)

	Africa					ANE				G/PHNC							Total
	WHO/ AFRO	BASICS / AFR	UNICEF/ AFR	To be deter-mined	Sub total	WHO/ India	UNICEF/ India	INCLEN	Sub total	WHO/ HQ	WHO/ EURO	WHO/ SEARO	WHO/ ANE Countries*	WHO Sub total	G/PHNC Projects	Sub total	FY 97 Directive
Result 1: Partnerships	344	0	0		344	0	0	0	0	0	0	5	11	16	750	766	1,110
Result 2: Strengthening Immunization Systems Planning and Training	2,637	375	836	25	3,873	460	353	0	813	0	0	35	31	66	1,425	1,491	6,177
Result 3: Effective Supplementary Immunization Social Mobilization	6,898	75	1,612	400	8,985	0	1,382	0	1,382	0	65	120	24	209	250	459	10,826
Result 4: Surveillance	1,777	50	250	25	2,102	1,215	34	200	1,449	65	308	283	258	914	550	1,464	5,015
Result 5: Use of Information	344	0	212		556	175	15	0	190	65	25	2	11	103	700	803	1,549
Program Support	0	0	90		90	0	66	0	66	20	52	55	40	167	0	167	323
Total	12,000	500	3,000	450	**15,950**	1,850	1,850	200	**3,900**	150	450	500	375	1,475	3,675	**5,150**	**25,000**

* Bangladesh, Indonesia, Nepal

USAID - Polio Eradication Initiative
ANE Region - Planned FY 97 Funds in (000s)

	INCLEN	USAID WHO / SEARO		UNICEF (Rotary PolioPlus = 400)	Total FY 97 Directive	Bilateral Funds above the Directive
		Grant	See also G/PHNC			
Bangladesh			X		0	
Egypt					0	500
India	200	1,850	X	1,850	3,900	400
Indonesia			X		0	
Jordan						
Morocco					0	98
Nepal			X		0	
Philippines					0	
Sri Lanka					0	
Yemen					0	
					0	
Regional			X		0	
					0	
Totals	200		0	1,850	3,900	998

USAID - Polio Eradication Initiative
African Region - Planned FY 97 Funds in (000s)

	USAID Grant to WHO / AFRO				USAID Grant to UNICEF						USAID Funds to BASICS	Unallo-cated	FY 97 Directive Funds	Funds above the Direct-ive
	NIDS	Surveil-lance	ROS*	Sub-total	NIDS	Social Mobiliz.	Plan & Trng	Eval	Surveil-lance	Sub-total				
Angola	878	98		976	100	150	75		50	375			1,351	
Benin	126	31		157			55			55			212	
Burkina Faso	179	45		224				48		48			272	
Burundi				0						0			0	
Cameroon	231	33		264		143	55			198			462	
C.A.R				0						0			0	
Chad	302	75		377					50	50			427	
Congo, D.R.				0						0			0	2,083
Eritrea				0		59	10	2		71			71	
Eq. Guinea				0		5	15	15		35			35	
Ethiopia	1,580	176		1,756		100				100			1,856	
Gabon				0		40				40			40	
Ghana	520	130		650		30	70			100			750	
Guinea	127	32		159		125		72		197			356	
Kenya	878	107		985						0			985	
Madagascar	473	76		549		180	30			210			759	
Malawi	218	55		273	100					100			373	
Mali	286	72		358		110	56		50	216			574	
Mozambique	322	81		403	100			75		175			578	
Namibia				0		25				25			25	
Niger				0						0			0	
Nigeria	702	78		780						0			780	
Senegal				0		70			50	120			120	
Tanzania	1,242	107		1,349						0			1,349	
Togo	122	31		153						0			153	
Uganda	735	107		842						0			842	
Zambia	297	67		364						0			364	
To be determined after discussion			1,381	1,381	177	177	177	177	177	885	500	450	3,216	
Totals	9,218	1,401	1,381	12,000	477	1,214	543	389	377	3,000	500	450	15,950	2,083

*Regional Office Support

USAID - POLIO ERADICATION INITIATIVE
Summary Planned Budget for FY 1997

By Region and Major Partners	FY 97 Directive Funds	FY 97 Funds Above the Directive	Total FY 97 Funds
Africa			
WHO/AFRO Grant	12,000,000		12,000,000
UNICEF Grant	3,000,000		3,000,000
BASICS	500,000		500,000
To be determined after discussion	450,000		450,000
Subtotal	15,950,000	2,083,000	18,033,000
Asia & Near East			
WHO/India	1,850,000		1,850,000
UNICEF/ India	1,850,000		1,850,000
INCLEN/India	200,000		200,000
Subtotal	3,900,000	998,000	4,898,000
Global / PHNC			
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 *	450,000		450,000
WHO / HQ-RO	150,000		150,000
G/PHNC Projects **	3,675,000		3,675,000
Subtotal	5,150,000		5,150,000
Total	25,000,000	3,081,000	28,081,000

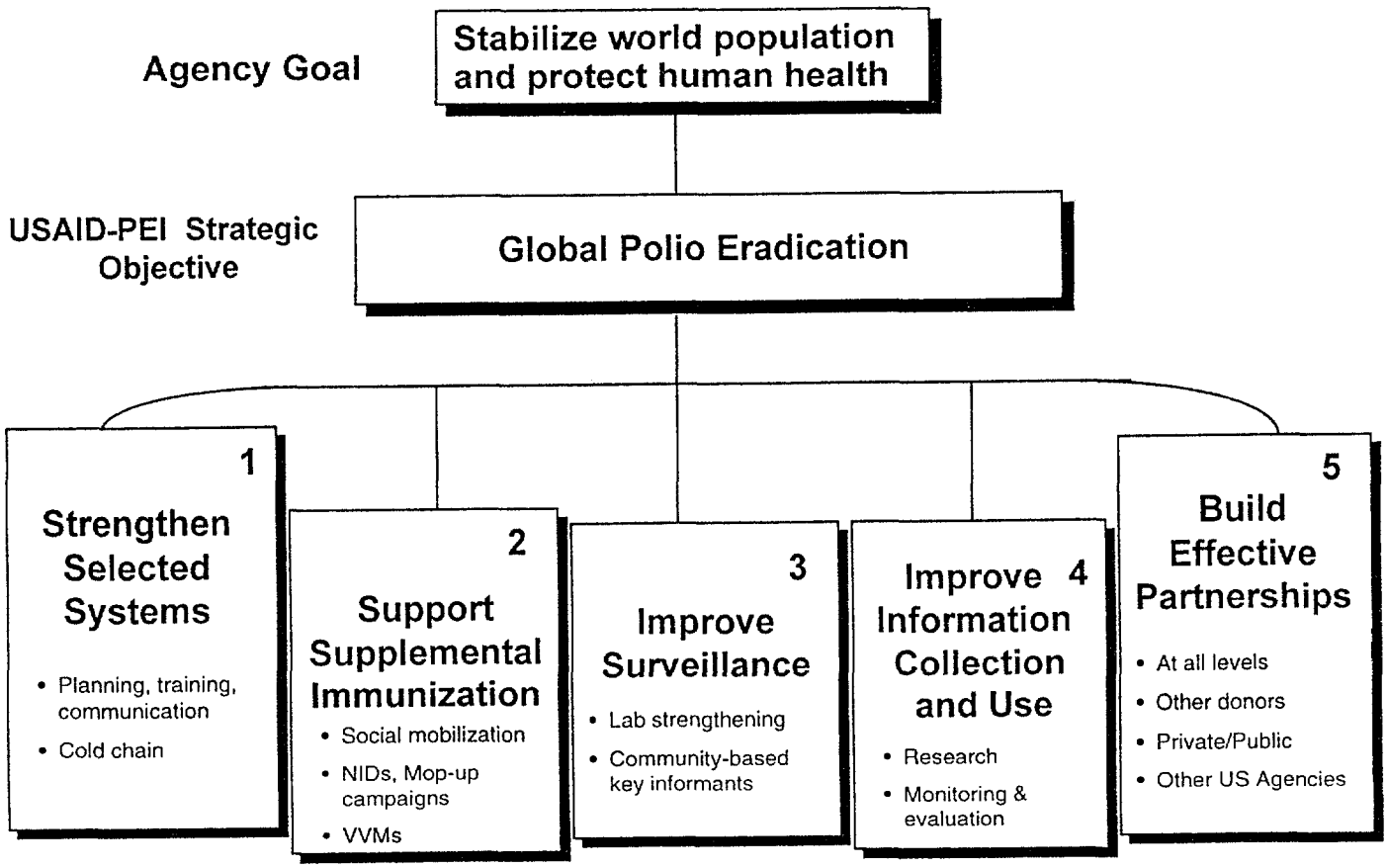
* WHO/ EURO covers the New Independent States (NIS) including: Armenia, Georgia, Kazakstan, Kyrgystan, Moldova, Russia, Tajikistan, Turkmemistan, Ukraine, Uzbeckistan

** The G/PHNC contractors have various country-specific activities.

USAID Polio Eradication Initiative - USAID/G/PHNC Planned FY 97 Funds in (000s)	
USAID/G/PHNC Activities Through WHO	
WHO/ SEARO - Primarily in India, Nepal, Bangladesh, Indonesia to strengthen regional ICCs, surveillance in high risk areas, training for laboratory surveillance and response and certification	500
WHO / Indonesia, Nepal, Bangladesh (125 each) - To Improve polio surveillance in high risk areas, strengthen lab training, support technical meetings, polio certifications inspections	375
WHO / Headquarters and Regional Offices - Supports improving, testing of OPV dropper. Supports budget and funding tracking and reporting of key indicators and progress	150
WHO/ EURO - Focuses on the NIS: Armenia, Georgia, Kazakstan, Kyrgystan, Moldova, Russia, Tajikistan, Turkmenistan, Ukraine, Uzbeckistan to improve cold chains, surveillance and information.	450
Subtotal	**1,475**
USAID/G/PHNC Projects	
BASICS - Supports vaccine logistics and cold chain management in Moldova, Kazakstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan. Funds social mobilization to increase demand for polio immunization in Bangladesh, Kyrgyzstan, Tajikistan. Supports surveillance in Bangladesh.	300
CHR - (a) Harvard to conduct applied research on barriers to vaccination participation and AFP case reporting.	275
CHR - (b) JHU with CDC to study cohorts in different geographic regions to determine if there is persistent shedding of wild polio virus	300
PHR - Using national health accounts to increase national budgets for polio immunization and surveillance. Exploring options with EU resources. Supports economic analysis	400
QAP - To strengthen monitoring, training and reporting in response to polio in up to three target countries with UNICEF	400
RPM - (a) MSH to include polio vaccine and cold chain equipment in tracer list of essential drugs for IMCI	75
RPM - (b) USP to develop a monograph on OPV to increase information on OPV safety and effectivenes	75
HTS - Short term consultants, meetings, technical forum on polio as needed.	300
MEASURE - Reinforces and supports data collection for validation of polio coverage and use of surveillance data for polio efforts.	100
CIHI - Assists with on-going documentation and reporting of polio eradication activities. Prepare reports to Congress, information kits, briefing materials, budget tracking systems, analysis.	300
VOA - To conduct radio broadcasts focusing on community orientation to polio vaccination and AFP surveillance in polio endemic regions, recognition for participation, report progress, fan club networks.	250
TAACS - Funds the Polio Eradication Coordinator position for USAID	300
Fellow - To work with WHO regional office, most likely to be based in New Delhi.	300
Evaluation - To archive and evaluate global polio social mobilization efforts and communication messages.	300
Subtotal	**3,675**
Total	**5,150**

Annex II
PEI Results Framework

Investing for Results
USAID's Polio Eradication Initiative



Annex III
PEI Indicators

- Global Eradication Indicators
- Criteria for Country-Level Certification
- Additional USAID Grant-Specific Indicators
  - WHO/SEARO
  - WHO/EURO
  - WHO/AFRO
  - UNICEF/AFRICA

I. Indicators Used to Monitor Global Polio Eradication

There are four main strategies to achieve polio eradication, each has specific indicators to monitor progress:

1. High, Routine Infant Immunization Coverage

Indicators: % of children fully vaccinated

% of children vaccinated by antigen:
- OPV 1-3
- BCG
- DPT 1-3
- Measles

Target: 90% coverage

2 & 3. Supplemental Immunization: National Immunization Days (NIDs) and Mop-up

Indicator: % of children under 5 receiving two doses of OPV one month apart, regardless of their prior immunization status

Target: 100%

4. Acute Flaccid Paralysis (AFP) surveillance and laboratory investigation

Indicator: Non-polio AFP rate [cases of AFP per 100,000 population aged less than 15 years]

Target: 1/100,000

Indicator: % of AFP cases with adequate stool specimens collected. [Adequate stool specimens: Two stools taken at least 24 hours apart, 0-14 days after onset of paralysis and arriving at the laboratory with sufficient quantity of ice present and appropriate documentation, e.g. age, vaccination status, residence, and date of onset of symptoms]

Target: >80%

Indicator: % of stools analyzed in a WHO accredited laboratory

Target: 100%

Indicator: % of AFP cases investigated within 48 hours

Target: >80%

Indicator: % of AFP cases for which a 60-day follow-up exam was conducted

Target: >80%

Indicator: % of stool samples with results within 28 days

Target: 100%

Indicator: % of reference laboratories correctly identifying test panels

Target: 100%

Indicator: Number of confirmed polio cases

Target: 0

Indicator: % of weekly or monthly district level surveillance reports received at national level

Target: >80%

II. Criteria for Country-Level Certification of Polio-free Status

1) The absence of virologically confirmed indigenous poliomyelitis cases for a period of at least three years with an adequate surveillance system (performance and quality indicators have been established to determine if the AFP surveillance system is adequate);

2) The absence of detectable wild polioviruses from communities as determined by testing stools from healthy children or children with other illnesses in a laboratory network, and where appropriate, environmental surveillance;

3) On-site evaluation by a national certification commission; and

4) Establishment of appropriate measures to deal with importations.

III. Additional Indicators to Monitor System Strengthening Resulting from Polio Eradication

In addition to the indicators developed to monitor the global polio eradication effort, USAID has worked with UNICEF and WHO to identify and collect additional indicators to monitor the results identified in the USAID Results Framework for Polio Eradication. Different indicators have been selected for different WHO Regions and UNICEF. This reflects the differences in USAID funding levels and programmatic concerns that may be unique to each region.

A. WHO/SEARO INDICATORS:

■ **Result 1. Effective Partnerships**

Indicators: Existence of reports and recommendations from functioning national ICC meetings convened by the MOH

% of ICC recommendations implemented by partners

Existence of reports and recommendations from functioning national ICCPE meetings

Targets: 100%

Indicator: Number of actively participating NGOs in polio eradication as measured by their existence in national EPI plans of action, and in minutes of ICC meetings

Target: TBD

Result 2. Systems Strengthening

Indicators: Existence of updated and integrated multi-year national Plan of Action, endorsed by ICC

Existence of annual national workplan for EPI

% of vaccine needed for supplemental and routine programs financed through the national budget

Targets: TBD

Result 3. Supplemental Immunization: NIDs and Mop-up

Indicator: % of children under 5 receiving two doses of OPV one month apart, regardless of their prior immunization status

Target: 100%

Result 4. AFP surveillance and laboratory investigation

Indicator: Non-polio AFP rate [cases of AFP per 100,000 population aged less than 15 years]

Target: 1/100,000

Indicator: % of AFP cases with adequate stool specimens collected. [Adequate stool specimens: Two stools taken at least 24 hours apart, 0-14 days after onset of paralysis and arriving at the laboratory with sufficient quantity of ice present and appropriate documentation, e.g. age, vaccination status, residence, and date of onset of symptoms]

Target: >80%

Indicator: % of stools analyzed in a WHO accredited laboratory

Target: 100%

Indicator: % of AFP cases investigated within 48 hours

Target: >80%

Indicator: % of AFP cases for which a 60-day follow-up exam was conducted

Target: >80%

Indicator: % of stool samples with results within 28 days

Target: 100%

Indicator: % of reference laboratories correctly identifying test panels

Target: 100%

Indicator: Number of confirmed polio cases

Target: 0

Indicator: % of weekly or monthly district level surveillance reports received at national level

Target: >80%

Result 5. Use of Information

Indicator: Existence of functioning Information For Action system at national and regional levels

Target: 100%

B. WHO/EURO INDICATORS

Result 1. Effective Partnerships

Indicators: Number of regional and national coordination meetings held in which minutes have been disseminated to all interested parties within one month

Documentation of the identified needs concerning financial and technical requirements for polio and immunization services in the region and actions taken by the secretariat to meet the financial and technical needs in polio eradication and sustainable immunization

Number of reports presented to the members of the ICC in the following areas:

- Social mobilization activities
- Cold chain strengthening
- Disease surveillance
- Sustainable immunization activities

Result 2. Strengthening Selected Systems

Indicators: Number of countries completing a comprehensive cold chain assessment

Number of countries with functional cold chain and vaccine logistics systems in place

Number of "reverse cold chain" assessments conducted

Number of countries with a functioning cold chain repair system in place

Result 3. Supplemental Immunization: NIDs and Mop-up

Indicator: % of children under 5 receiving two doses of OPV one month apart, regardless of their prior immunization status

Target: 100%

Result 4. **AFP surveillance and laboratory investigation**

Indicator: Number of surveillance assessments

Target: 100%

Indicator: Number of field staff trained in AFP surveillance

Target: TBD

Indicator: Number of clinicians and virologists trained in AFP surveillance

Target: TBD

Indicator: Non-polio AFP rate [cases of AFP per 100,000 population aged less than 15 years]

Target: 1/100,000

Indicator: % of AFP cases with adequate stool specimens collected. [Adequate stool specimens: Two stools taken at least 24 hours apart, 0-14 days after onset of paralysis and arriving at the laboratory with sufficient quantity of ice present and appropriate documentation, e.g. age, vaccination status, residence, and date of onset of symptoms]

Target: >80%

Indicator: % of stools analyzed in a WHO accredited laboratory

Target: 100%

Indicator: % of AFP cases investigated within 48 hours

Target: >80%

Indicator: % of AFP cases for which a 60-day follow-up exam was conducted

Target: >80%

Indicator: % of stool samples with results within 28 days

Target: 100%

Indicator: % of reference laboratories correctly identifying test panels

Target: 100%

Indicator: Number of confirmed polio cases

Target: 0

Indicator: % of weekly or monthly district level surveillance reports received at national level

Target: >80%

Result 5. Information Use for Continuous Improvement

Indicator: Number of editions of the Polio/EPI newsletter produced

Indicator: Number of copies of the newsletter distributed listing all documents translated into Russian and distributed to the MOHs in all NIS countries

Indicator: Number of national immunization managers and national certification committee chairmen attending coordination meetings

C. WHO/AFRO INDICATORS

- **Result 1.** **Effective Partnerships**

  Indicator: % of countries with functioning ICCs

  Target: 100%

- **Result 2.** **Systems Strengthening**

  Indicator: Number of countries with national five-year plans, including vaccine supply plans

  Target: 100%

  Indicator: Number of countries with established national control authorities

  Target: 100%

  Indicator: Number of countries with completed inventory of district cold chain equipment/needs

  Target: 100%

  Indicator: % of countries with national budget line items for EPI/polio eradication

  Target: 100%

- **Result 3.** **Supplemental Immunization: NIDs and Mop-up**

  Indicator: % of children under 5 receiving two doses of OPV one month apart, regardless of their prior immunization status

  Target: 100%

Result 4. **AFP surveillance and laboratory investigation**

Indicator: Non-polio AFP rate [cases of AFP per 100,000 population aged less than 15 years]

Target: 1/100,000

Indicator: % of AFP cases with adequate stool specimens collected. [Adequate stool specimens: Two stools taken at least 24 hours apart, 0-14 days after onset of paralysis and arriving at the laboratory with sufficient quantity of ice present and appropriate documentation, e.g. age, vaccination status, residence, and date of onset of symptoms]

Target: >80%

Indicator: % of stools analyzed in a WHO accredited laboratory

Target: 100%

Indicator: % of AFP cases investigated within 48 hours

Target: >80%

Indicator: % of AFP cases for which a 60-day follow-up exam was conducted

Target: >80%

Indicator: % of stool samples with results within 28 days

Target: 100%

Indicator: % of reference laboratories correctly identifying test panels

Target: 100%

Indicator: Number of confirmed polio cases

Target: 0

Indicator: % of weekly or monthly district level surveillance reports received at national level

Target: >80%

■ **Result 5. Use of Information**

Indicator: None

D. UNICEF/AFRICA Indicators

■ **Result 1. Effective Partnerships**

Indicator: % of ICCs on EPI with MOH's leadership formed, meeting regularly, and producing minutes

Target: 90%

Indicator: % of countries with ICC endorsing annual workplans and budgets

Target: 60%

■ **Result 2. Systems Strengthening**

Indicator: % of countries with national annual plans

Target: 100%

Indicator: % of countries with evaluation of implementation of annual workplans

Target: 50%

Indicator: % of countries with vaccine in budget line in the national budget (and district where applicable) for vaccines

Target: 90%

Indicator: % of countries with evaluations of NIDs or other supplemental immunization activities resulting in action plans to reach higher coverage

Target: 60%

Indicator: % of countries with national budget line items for EPI/Polio eradication

Target: 100%

Result 3. Supplemental Immunization: NIDs and Mop-up

Indicator: % of children under 5 receiving two doses of OPV one month apart, regardless of their prior immunization status

Target: 100%

Result 4. AFP surveillance and laboratory investigation

Indicator: Number of countries with community-based surveillance activities

Target: 5-6

Indicator: Non-polio AFP rate [cases of AFP per 100,000 population aged less than 15 years]

Target: 1/100,000

Indicator: % of AFP cases with adequate stool specimens collected. [Adequate stool specimens: Two stools taken at least 24 hours apart, 0-14 days after onset of paralysis and arriving at the laboratory with sufficient quantity of ice present and appropriate documentation, e.g. age, vaccination status, residence, and date of onset of symptoms]

Target: >80%

Indicator: % of stools analyzed in a WHO accredited laboratory

Target: 100%

Indicator: % of AFP cases investigated within 48 hours

Target: >80%

Indicator: % of AFP cases for which a 60-day follow-up exam was conducted

Target: >80%

Indicator: % of stool samples with results within 28 days

Target: 100%

Indicator: % of reference laboratories correctly identifying test panels

Target: 100%

Indicator: Number of confirmed polio cases

Target: 0

Indicator: % of weekly or monthly district level surveillance reports received at national level

Target: >80%

Result 5. Use of Information

Indicators: Number of countries using sustainability indicators

Target: 2-3

Annex IV
Directory of PEI Partners

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