

Data Sheet

USAID Mission:	Africa Regional
Program Title:	Polio Eradicated Through Sustainable Immunization
Pillar:	Global Health
Strategic Objective:	698-024
Proposed FY 2004 Obligation:	\$995,000 CSH
Prior Year Unobligated:	\$0
Proposed FY 2005 Obligation:	\$1,170,000 CSH
Year of Initial Obligation:	FY 1999
Year of Final Obligation:	FY 2004

Summary: In 1988, the World Health Assembly and the World Summit for Children adopted the goal of eradicating poliovirus worldwide by the year 2000. Delays in achieving this goal have been due to civil unrest, political instability and, at times, shortfalls in the supply of polio vaccine. Those involved in the campaign now expect to achieve this goal in 2005. Polio eradication strategies include sustaining high vaccination coverage with oral polio vaccine (OPV); mass immunization campaigns where all children under five years of age receive OPV to interrupt poliovirus transmission; and surveillance to detect new cases and to document eradication of polio country by country. Sub-Saharan Africa is the greatest challenge in the final push for polio eradication. This activity supports the global goal, particularly in countries where USAID is working, in a way that will also contribute to the development of sustainable health systems--in particular, those needed for the USAID-supported Expanded Program on Immunization (EPI).

Inputs, Outputs, Activities:

FY 2004 Program:

USAID support for eradicating polio in Africa is designed to complement ongoing efforts to develop sustainable systems to immunize Africa's children. This activity will thus continue to support the development and implementation of prevention and control strategies that improve regional and country-level capacities to eradicate polio. At the same time, it will also contribute to the strengthening and sustainability of routine immunization services for vaccine-preventable childhood diseases. To accomplish this goal, USAID must work to strengthen technical and administrative capacities for pursuing EPI in the region. However, USAID needs to approach the problem in a systemic way; that is, institutional capacity at the regional level must improve in order to provide the needed skills and knowledge and transfer them to local programs. To achieve this, USAID will continue to provide support in the following areas:

Developing effective public and private partnerships (\$125,000 CSH). This effort supports the implementation of programs for polio eradication and immunization/disease control. A key component of the eradication effort is the formation of regional and country-level interagency coordinating committees, which help donors coordinate their efforts and enable countries to identify funding gaps using annual and five-year action plans. Principal contractors and grantees: World Health Organization/Africa Regional Office (WHO/AFRO).

Strengthening selected immunization support systems (\$330,000 CSH). This supports efforts at the national and sub-national levels to achieve polio eradication, immunization against a variety of childhood diseases, and other disease control goals. In particular, stronger planning, training and management, along with social mobilization and proper care and storage of vaccines, are critically needed in order to eradicate polio in sub-Saharan African countries. Principal contractors and grantees: WHO/AFRO, UNICEF, Basic Support for Institutionalizing Child Survival (BASICS).

Planning and Implementing Supplemental Polio Immunization Activities (\$330,000 CSH). This includes National Immunization Days (NIDs) during which the enormous influx of vaccine and the speed with which it must be dispatched to the correct vaccination posts present a formidable logistical challenge requiring careful advance planning. USAID will support the preparation of detailed plans for NIDs and related training for national and district managers. Monitoring and evaluation will be built into supplementary immunization activities. Principal contractors and grantees: WHO/AFRO, UNICEF, BASICS.

Implementing quality polio surveillance activities that are integrated with surveillance for other infectious diseases (\$125,000 CSH). Polio eradication efforts require a laboratory-based surveillance system that can be expanded to cover other vaccine-preventable diseases. For any such system to succeed, however, it must have enough personnel and the infrastructure to transmit information promptly. Principal contractors and grantees: WHO/AFRO.

Improving timely collection and use of information (\$85,000 CSH). This effort is aimed at continuously improving and documenting the quality of polio eradication activities. While the ultimate measure of success will be the end of polio, NIDs are a multi-year activity. The more effective they are, the greater the likelihood of eradicating polio quicker. Therefore, USAID will support activities such as the development of appropriate process indicators; south-to-south technical cooperation (e.g., between Africa and South Asia) in NIDs planning, surveillance and response; and the sharing of lessons learned at country and regional levels. Principal contractors and grantees: WHO/AFRO.

FY 2005 Program:

A new strategy is being developed, and new notifications will be provided for FY 2005 funds once the strategy is approved. Planned activities include:

Developing effective public and private partnerships (\$225,000 CSH): Activities will continue and build on results from FY 2004 activities and reinforce activities needed for the last stages of polio eradication. Principal contractors and grantees will remain the same as in FY 2004.

Strengthening selected immunization support systems (\$500,000 CSH): Activities will continue and build on results from FY 2004 activities and reinforce activities needed for sub-national immunization days. Principal contractors and grantees will remain the same as in FY 2004.

Implementing quality polio surveillance activities (\$255,000 CSH): Activities will continue and build on results from FY 2004 activities and reinforce activities needed for strengthened surveillance in the last stages of polio eradication. Principal contractors and grantees will remain the same as in FY 2004.

Improving timely collection and use of information (\$190,000 CSH): Activities will continue and build on results from FY 2004 activities and reinforce activities needed for the last stages of polio eradication. Principal contractors and grantees will remain the same as in FY 2004.

Performance and Results: Officially certifying countries as polio-free is an important part of the eradication effort. In the Africa Region, all countries had fully functional National Certification Committees (NCCs) and National Polio Expert Committees (NPECs) by the end of FY 2003. Several countries have also established containment National Task Forces (NTFs).

With 233 cases, Nigeria stands out as the main reservoir of wild poliovirus transmission in sub-Saharan Africa and as the country reporting the most polio cases in the world. Low-intensity transmission has also continued in Niger. However, this is down from the FY 2002 reporting period, when four countries in sub-Saharan Africa--Angola, Nigeria, Niger, and Somalia--reported cases of indigenous wild poliovirus transmission. This also compares favorably with the six countries reporting indigenous wild polio in 2001, and the 11 countries reporting it in 2000.

USAID continues to support supplemental immunization campaigns, particularly in West Africa. With support for sufficient and competent technical staff at the regional, sub-regional and country levels, the quality of surveillance and supplemental immunization activities conducted in the region continues to

increase. The number of countries with coverage greater than 80% for DPT3 (diphtheria, pertussis, and tetanus--third dose) and OPV3 (three doses of oral poliovirus vaccine) was 16 in 2003, representing a 33% increase from the 12 high-coverage countries reported in 2001.

US Financing in Thousands of Dollars

Africa Regional

698-024 Polio Eradicated Through Sustainable Immunization	CSH
Through September 30, 2002	
Obligations	59,019
Expenditures	60,935
Unliquidated	-1,916
Fiscal Year 2003	
Obligations	8,434
Expenditures	-6,797
Through September 30, 2003	
Obligations	67,453
Expenditures	54,138
Unliquidated	13,315
Prior Year Unobligated Funds	
Obligations	0
Planned Fiscal Year 2004 NOA	
Obligations	995
Total Planned Fiscal Year 2004	
Obligations	995
Proposed Fiscal Year 2005 NOA	
Obligations	1,170
Future Obligations	0
Est. Total Cost	69,618