1998 SURVEILLANCE PLAN OF ACTION

Background information

In the new health sector reform, establishing strong surveillance system is given higher priority. Previously, surveillance was considered as part of the health information system, hence, activities of surveillance were limited to containment of outbreaks of communicable diseases. At present, separate team is established and the system used is **Integrated Disease Surveillance.** The surveillance unit at central level is organised under Epidemiology Department, Ministry of Health. At regional levels, the units are organised under Disease Prevention and Control Departments, Communicable Diseases Control Teams. There are surveillance officers in most regions. At Zonal levels, surveillance is included with other communicable disease control activities.

The surveillance unit during the last two years was mainly involved in developing guideline, establishing the system, selection of diseases, developing of formats, conducting of training courses. Seventeen diseases have been selected to be reported weekly, monthly and quarterly. Since April 1997, Regions have started to report to the Central surveillance unit.

Family Health Department, Child health Team, was involved with Epidemiology Department in the development of the surveillance system. Three EPI diseases particularly targeted for eradication and elimination are included among the surveillance reportable diseases. Acute flaccid paralysis, Measles and Neonatal tetanus are among diseases reported weekly. Case definitions and reporting formats have been developed and distributed to the Regions.

National Review meeting on surveillance was conducted recently with the Regions. Problems were identified, discussed and feasible resolutions have been made. Besides, Regions developed their plans for 1998 (1991 EFY). The recommendations as well as plan of actions have been used as the basis of the current country's plan.

- Surveillance of EPI target diseases can play significant roles in managing immunisation
- Programmes, if it achieves the following objectives :-
- Enabling managers to decide on most cost effective diseases control strategies by:-
  - monitoring the impact of immunisation services at each level;identifying high-risk areas for control activities;
  - identifying problems in immunisation service delivery;increasing motivation of health workers by providing feedback on surveillance data to demonstrate effectiveness of immunisation in reducing morbidity and mortality

Ethiopia has conducted National Immunisation Days for polio eradication, nation-wide for the first time. This should be supported with active AFP surveillance to identify whether wild polio virus is circulating and where to take the necessary actions. Polio Free certification requires efficient surveillance system.

Disease Surveillance Activities Planned for 1998

1)Establishing Surveillance Co-ordinating Committee

To integrate Disease surveillance activity at National level, a committee is to be formed whose terms of reference will soon be worked out. This committee is organised and chaired by the Department of Epidmiology of the MOH . The members are :

Child health team from Family Health Department/MOH

HIV -AIDS from Epidmiology Department/MOH

Malaria Control/MOH

Ethiopian Health and Nutrition Research Institute

World Health Organisation (Disease prevention and Control, EPI, Emergency diseases)

UN-AIDS

Other members to be included progressively

There will be a technical sub committee which will work as a ***National Review committee for AFP surveillance.***
After the incidence of polio has decreased, each country should organise a National review committee. This committee should consist of Epidemiologists, neurologists, virologists and paediatricians.

Terms of Reference of this committee is to;

Analyse problematic cases of AFP by considering the clinical summary, neurological examination, neurophysiology and laboratory findings In-order to establish a final diagnostic classification.

Review guidelines for AFP surveillance and organises theoretical and practical seminars on AFP where needed.

2) Training

Training of surveillance officers are given priorities. The objectives of training courses are to build capacity at Regional, Zonal and Health facility level with trained human resource on integrated disease surveillance including active surveillance for Acute Flaccid Paralysis. Besides, Regional surveillance staffs with support of Central staff are expected to train their respective Zonal focal disease surveillance staffs and Zonal Surveillance staffs will give orientation or sensitisation on surveillance for Woreda and Health facilities staffs.

a) Regional level training courses

One at each Region for Regional health Bureaux staff, Zonal and special Woredas disease surveillance staff and for Physicians working at Paediatric department at each hospital.
11 Training courses
Trainees- 497 (5 from each regional health bureaux and each zones + one from each hospital)
Duration - One week
Time - Third quarter of 1998

b) Zonal level training courses

One at each Zone for Woreda disease surveillance staff and Health service staffs working on surveillance at Hospitals & Health Centres .
One week training on disease surveillance emphasising on AFP.
Two participants from each Zone ; MCH expert and CDC expert (142) & one data manager from 344 health facilities;

c) Clinician sensitisation

For Zonal; Referral hospitals and Health centre staff at each region
Time: following the Regional & Zonal level training
One focal person will be assigned in each region to visit hospitals & Zonal health offices for sensitisation, arrangement of case investigation, stool collection and reporting mechanism.
Sensitisation of clinicians at health facilities about AFP surveillance will facilitate implementation of active surveillance. Ethiopia is expected to report about 260 AFP cases this year (1 AFP case occurring per 100,000 under 15 population). Following the training, this year at least 50 of the expected 260 AFP cases will be reported by the surveillance system.
d) Training on motor cycles for surveillance focal persons in Regions & Zones

3. AFP case investigation

AFP cases reported through the routine surveillance system should be investigated and stool sample collected from them for viral isolation. (See guideline for definition)
In addition, the Zonal surveillance officer should regularly visit health facilities and look for unreported AFP cases and report them, do case investigation and collect stool samples for the cases.
Each Zonal surveillance officer should

- do case investigation and record information on the case investigation form;
- collect two stool samples taken at least 24 hrs apart from each case preferably within two weeks of onset of paralysis maintaining the cold chain for viral isolation;
- transport the stool samples to ENHRI and make sure of the necessary arrangements;
- report zero if no AFP case is identified in the reporting period;
- do contact tracing for the identified AFP case and investigate if identified;
- make follow-up case investigation for residual paralysis after 60 days of onset of paralysis for all identified
- Monitor completeness and timeliness of surveillance reports and contact those who haven't sent report on time

4. Review meeting

One review meeting will be conducted by the Center & Region each year to review surveillance activity. Reviewing Surveillance activity also helps to share experiences and to be motivated in addition to finding solution to problems identified and plan for surveillance activities for subsequent year. Furthermore; it is used to improve on surveillance system, discuss problems and achievements, evaluate and monitor progress.

5. Supervision of activities

The centre will conduct supportive supervision to the Regions. Regions will supervise Zones, Woredas and health facilities. Regions are expected to send complete and timely report of notifiable diseases with necessary action including AFP notification with stool collection.
(See annex for timeliness & completeness forms)
The regular supervision is to check timeliness, completeness of reports, monitor progress of their respective health facilities. Supervision to make sure that active search for AFP cases is carried out. Following supervision regular feedback to reporting health units with valuable information gathered on monitoring and supervision is mandatory.

Monitoring and Evaluation will also be conducted by Family Health and Epidemiology Departments following the principal AFP surveillance performance indicators (attached with guideline).

6. Social Mobilisation for promotion of surveillance activities:

Messages on surveillance including early notification and referral will be included in social mobilisation materials of NIDs and activities such as booklets on surveillance, training, radio spots, newspaper supplements, posters will be produced.

Social mobilisation strategy will be designed to encourage and ensure parents and care takers to bring all Acute Flaccid Paralysis cases occurring under 15 years of age to health facilities so that cases are investigated and reported in the surveillance system and necessary action is taken.

Involvement of the community in AFP surveillance is very important to achieve notification of all AFP cases; therefore creating public awareness and intense community mobilisation are the specific tools to reach this goal. This creates networking between the community and staff doing active case search in AFP case notification. Publicity campaigns for the public to increase awareness of the polio eradication programme, the need to vaccinate and where to report cases of AFP should be carried out. Educational campaigns for the medical community, traditional healers, religious leaders to promote their knowledge and get their co-operation and interest are essential to the eradication of polio.

7. Logistic supply

To build capacity of Ministry of Health and regions and facilitate surveillance activities, Logistic supply like transporting means, cold chain & office equipment will be supplied.

At central level data processing unit will be strengthened by providing two computers for Surveillance units of Epidemiology and Child health teams. Among Regional surveillance units, Computers will be supplied for Tigray, Amhara, Oromia, SNNPR and Addis Ababa to strengthen the data processing units.

A projector for Epidemiology department that will be utilised for training/teaching. The copy machine is needed for copying formats & feedback materials.

The distribution of Vehicles will be as follows: (specification attached)

1 Toyota Land Cruiser -to Epidemiologly department surveillance unit

1 Toyota Land Cruiser -to Communicable Disease control team
Regional Health Bureau Tigray

1 Toyota Land Cruiser -to Communicable Disease control team
Regional health Bureau Amhara

1 Toyota Land Cruiser -to Communicable Disease Control team
Regional Health Bureau Oromia

1 Toyota Land Cruiser -to Communicable Disease Control team
Regional Health Bureau SNNPR

The vehicles provided will be utilised for surveillance activities by focal surveillance staffs at the Regional health bureaux.

Each Zonal focal surveillance staff will be provided with motor cycles that will be utilised to promote surveillance activities such as supervision, case investigation. follow-up, stool transportation. Training for driving the motor cycles will also be conducted by regions.

Refrigerators will be provided for selected Zonal or Referral 20 hospitals this year which are to be utilised for storing stool specimens to maintain the reverse cold chain. About 100 Vaccine carriers are required to transport stool specimens .

Radios for communication will be provided for selected 50 remote woredas in all regions to facilitate communication.

Annex 1 Surveillance Budget for 1998 Ethiopia

	ACTIVITIES					EQUIPMENT										
Regions	Training	Supervision	Case Investigation	R. Meeting	Social Mobili.	Vehechles	M.Bikes	Fredge	Vac.car	CopyMachi	Projector	Computer	Radios	Motor Tr.	Oper.Cost	TOTAL COST
Tigray	238,118	34,300	10,500	13,769	6,000	1	5						35,000	4,500		
Afar	9,955	15,400	4,200	5,507	6,000		6						105,000	5,250		
Amhara	145,469	80,500	46,200	16,523	9,000	1	11						105,000	9,750		
Oromia	173,177	114,900	63,000	22,030	9,000	1	12						140,000	11,250		
Somali	50,509	30,600	11,200	8,262	9,000		9						210,000	9,000		
Ben/Gumuz	45,041	14,500	1,400	4,406	6,000		7						140,000	9,000		
SNNPRG	129,883	96,400	35,700	13,769	9,000	1	14						70,000	12,750		
Gambella	19,166	7,600	700	2,204	6,000		4						70,000	5,250		
Harari	21,777	6,500	700	2,755	6,000		1							1,500		
Addis Abab	43,295	39,000	7,700	5,507	6,000		6							5,250		
DireDawa	12,990	5,600	700	3,305	6,000		1							1,500		
Centeral		36,300		45,000	49,000	1		20								
COST ETB	889,380	484,600	182,000	143,037	127000	700,000	936,796	165,760	44,548	70,000	7,000	209,986	875,000	75,000	278,000	4,835,107
COST USD	127,054	69,229	26,000	20,433	18,142	100,000	133,828	23,680	6,364	10,000	1,000	29,998	125,000	9,929	39,714	740371

ETHIOPIA

1998 NID's PLAN OF ACTION

FAMILY HEALTH DEPARTMENT

MINISTRY OF HEALTH

MAY 1998

ADDIS ABABA

1998 NATIONAL IMMUNIZATION DAYS' PLAN

Background

Though the incidence of poliomyelits is declining signifcantly due to the improvment of routine immunization coverage, some developing countries including Ethiopia are considered as few remenants of polio endemic countries. In Africa, Ethiopia is one of the three countries that contribute high number of victims of poliomyelitis to the world every year.

Recognizing the disease's burden and the enormous social cost, contracted by victims, their parents and the society at large, the FDRE is resolutely determined to eradicate the disease within the target year. This has been consolidated by signing the 1996,Younde Declaration of "Kick Polio Out of Africa", and recently, (March, 1998), collaborative agreement for the poliomyelitis eradication in the 'Horn of Africa' among IGAD member countries. To emulate the national and international commitments, the government has taken significant steps to establish a new health system in the country. Decentralization, democratization of the health management system, investing on expansion of health facilities and human resource development, setting standards and developing relevant policies and strategies are essential undertakings in the health sector reforms. These events created the current enabling environment in the control/eradication of communicable diseases of public health importance, including poliomyelitis.

As a result of these, routine EPI coverage is increasing steadily, 1997 national average of OPV coverage was 63% while 37% in 1995. Nine major towns including the Capital have conducted Sub-National Immunization Days (SNIDs), in 1996. About 300,000 children under five years of age received OPV in two rounds and Vitamin A capsules in one round. Above 7.2 M (88.2%) in the first round and 8.5. M (100.4) children in the second round got OPV doses and 3.2 M eligible children received Vitamin A capsules during the 1997 National Immunization Days (NIDs).

If Ethiopia is to become a polio free state, requires full fledged implementations of all interventions within the remaining years. Therefore, the accepted strategies are: raising and maintaining routine OPV coverage to 80% in all districts, conducting four rounds of NIDs' (1998/99) , giving special attentions to districts with low coverage in routine and NIDs, establishing active AFP surveillance system and "mopping-up" campaigns where the case is detected.

In 1998 , four 'Horn of Africa IGAD members countries', Ethiopia, Eriteria, Djibouti and Somalia will conduct their NIDs in the same dates. Besides, other border countries, Sudan and Kenya will conduct local campaigns along their border areas. Being a big public health operation in this region involving six Nations, the 1998 NIDs increasingly demands, careful planning, strong coordination and intensified social mobilization activities.

High level political commitment, strong leadership from Regional, Zonal, Woreda and Kebele Councils have are assets to conduct the 1998 NIDs'. To manage and coordinate the social mobilization activities at all levels, the National Social Mobilization Committee has developed detail plan of action. Religious leaders, Women, professional associations, political leaders, health professionals will be targets to mobilize the society. Furthermore, To design different messages and broadcast frequently using different media are strong components of this year social mobilization activities.

The ICC, National NID coordinating committee, National Logistic committee are always strong supporting bodies of the Federal MOH in this endeavors. Regions will establish same committees to facilitate coordination.

This plan is developed based on Regional plans submitted to the center. ICC will discuss on the plan for approval by the partners. Finally, it will be endorsed by the Federal Ministry of Health and request be made to the partners for funding. Simultaneously, RHBs' will do the planning exercise at Zonal/Woreda levels through Micro-planning process.

Summary of the plan

Country	*Ethiopia*	
Population	*60,342,630*	
Dates:	*First round*	*November 6, 7 ,8*
	Second round	*December 4, 5, and 6 1998.*
Antigens included:	*First round*	*OPV (Nationally)*
		Measles (in selected urban areas)
	Second round	*OPV (Nationally)*
		Vitamin A (Nationally)
Target Population	*9,102, 028 under 5 children*	*OPV*
	353,741 under 5 children	*Measles*
	811,450 6-11 month	*Vitamin A supplement*
	7,480,013 1-4 years	*"*
	292,750Lactating /mothers (<6weeks)	*"*
NID posts	*31,133 posts*	
Manpower required	*Health workers*	*32,000*
	Volunteers	*62,266*
Vaccines/Vaccine carriers and injection materials	*OPV*	*25,000,000 doses*
	Measles vaccine	*530,6000 doses*
	Vitamin A/50,000 IU/	*72,000,000 capsules*
	Vaccine Carriers	*8,000*
	Auto destructive syringes	*796,400*
	Safety boxes	*7,9640 /5 litter/*
Budget	*OPV*	*1,925,000 USD*
	Measles Vaccines	*66,978 USD*
	Vaccine Carriers	*402,888 USD*
	AD syringes	*23,892 USD*
	Safety Boxes	*7,964 USD*
	Vitamin A capsules	*599,040 USD*
	Total	*3,151,122 USD*
	Operational cost	*3,437,062 USD*
	Grand Total	***6,119,870 USD***

BUDGET PROPOSAL FOR 1998 NATIONAL IMMUNIZATION DAY's

First Round= November 6,7,8, and, Second Reund= December 4,5,6, 1998

Regions	1998/99 Population	Children < 5 Years	OPV doses	Vacc posts	Vaccine Carriers	Health Staff	Volun-teers	Personnel ETB	Planning ETB	Socmob ETB	Transport ETB	Total ETB
Tigray	3,580,174	679,578	1868840	2,524	60	2,524	5048	1,077,542	413,449	277,290	277,545	2,045,826
Afar	1,366,618	135,267	371984	350	200	510	700	173,451	59,375	35,690	29,950	298,466
Amhara	15,537,761	2,330,664	6409326	7,845	300	7,845	15690	3,361,203	1,241,470	780,720	591,412	5,974,805
Oromya	21,017,688	3,252,259	8943712	10,871	500	10,871	21742	3,303,916	1,675,474	1,073,501	870,454	6,923,345
Somali	3,456,628	624,583	1717603	1,860	1000	1,840	3680	662,621	109,159	146,600	169,160	1,087,540
Ben./Gum	511,003	78,891	216950	309	30	309	618	150,709	48,420	29,072	59,902	288,103
SNNPRG	11,601,176	1,703,273	4684001	6,412	150	6,242	12484	2,123,222	1,146,567	624,688	322,027	4,216,504
Gambella	236,986	30,551	84015	286	30	286	572	153,302	48,275	31,000	36,292	268,869
Harai	153,566	20,621	56708	83	10	83	166	32,640	16,000	10,500	7,200	66,340
Addis Ab	2,576,384	204,125	561344	464	25	464	928	394,400	94,655	91,400	91,400	671,855
Dire Dawa	297,646	33,039	90857	129	25	129	258	58,729	39,687	52,290	11,613	162,319
Center								65,000	200,000	1,000,000	250,000	1,515,000
Total	60,342,630	9,092,851	25000000	31,133	8000	31,103	62206	11,556,735	5,092,531	4,152,751	2,716,955	23,518,972
COST ETB			13378750		280000							
USD			1925000		40288			1662840	732738	597518	390929	3384025

1. Population = 1998/1999 population estimate based on 1994 census
2. Under 5 population 1998/99 population estimate according to 1994 census
3. Somali Regional State population 1997 census
4. OPV dose requirement 2.5 x under 5 children. Additional (10%) is considered for children aged five/above. This estimation is based on the 1997 NID's.
5. OPV cost USD 0..77 including feight (10%).
6. Vaccination Posts according to the Regions request
7. Vaccine carriers 2000 for the new opened posts, 2000 for replacement of the damaged carriers, 2000 for the bord Woredas and the rest 2000 for next year NID
8. Cost for Vaccine Carriers USD 5/Unit, including freight prices
9. Health staff 1 Worker/post
10. Volunteers 2/Post
11. Personnel cost For six days, range varies 20-30 ETB. National Average is ETB 372/Post
12. Planning, Training/Monitoring & Evaluation Average = 162/Post
13. Social Mobilization National average 129/Post.
14. Transportation cost National average ETB 83/Post

Financial Planning for measles campaigns, National Immunization Days, November 4,5,6,1998 (First round).												
Towns	Population	Child. <5	Measl.vac	Aut.dist.sy	S.Boxes	V.post	H.Worker	Personnel	Planning	Socimobil	Transport/	Total/ETB
Mekele	116162	18057	27086	40700	407	41	41	4100	2050	2050	2050	10250
Bahir dar	108,614	16292	24438	36700	367	31	31	3100	1550	1550	1550	7750
Dessie	110,000	16500	24750	37200	372	30	30	3000	1500	1500	1500	7500
Nazareth	120,000	18600	27900	41900	419	30	30	3000	1500	1500	1500	7500
Jimma	105,000	16275	24413	36700	367	30	30	3000	1500	1500	1500	7500
Awassa	100,000	15000	22500	33800	338	25	25	2500	1250	1250	1250	6250
Harar	153,566	16,017	24026	36100	361	83	83	8300	4150	4150	4150	20750
Addis Aba	2,576,384	204,081	306122	459200	4592	464	464	46400	23200	23200	23200	116000
Dire dawa	297,646	32,919	49379	74100	741	126	126	12600	6300	6300	6300	31500
Center								15000	30,000	50000	50000	145000
TOTAL	3687372	353741	530612	796400	7964	860	860	101000	73000	93000	93000	360000
COST ETB			479408	166049	55350							
USD			68980	23892	7964			14532	10504	13381	13381	60504

1. Population, 1999, projected population from 1994 census
2. Under 5 Population : estimated as 15% of the population in most o
3. Measles vaccine= children <5 x 1.5
4. Measles vaccine cost $1.3/10 dose vial including freight
5. Autdistruct syringe Children <5 x 1.5
6. Auto-distructive syringe cost $0.05 each, inciuding freight
7. Safety boxes/100syringes
8. Cost for single box=$0.7including freight
9. Vaccination post as requested
10. Additional one health worker will be required for vaccine administration
11. 100 ETB for 3 days is the estimated perdiem
Planning/Social Mobilization/transport 50ETB/post is the estimated cost
13. Some money is allocated foe coordination/logistics

			Budget Proposal for Vit A supplement during 1998 NID & second campaign, June 1999								
							Lactating	Vitamin A Capsules Requirement			
	1998/99	Children Under the age of 5				Mothers	Children		Lactating	Total
Region	Population	6-12 Mos.	1 Year	1-4Yrs	Total	< 6 weeks	6-12 mont	1-4yrs	Mothers	
Tigray	3,580,174	59405	118809	560,769	679,578	17230	130690	2467383.6	75812	2673886
Afar	1,366,618	8003	16005	119,262	135,267	5784	17606	524752.8	25449.6	567808
Amhara	15,537,761	216123	432245	1,919,328	2,351,573	75650	475470	8445043.2	332860	9253373
Oromiya	21,017,688	296640	593279	2,658,651	3,251,930	102540	652607	11698064	451176	12801847
Somali	3,456,628	46070	92140	532,443	624,583	17000	101354	2342749.2	74800	2518903
Ben.Gum	518,003	6343	12686	66,005	78,691	2531	13955	290422	11136	315513
SNNPR	11,601,176	153376	306752	1,396,521	1,703,273	56650	337427	6144692.4	249260	6731380
Gambella	236,986	2388	4775	20,241	25,016	1000	5253	89060	4400	98713
Harari	153,566	1192	2383	13,634	16,017	750	2621	59990	3300	65911
Addis Aba	2,576,384	19164	38328	165,753	204,081	12165	42161	729313	53526	825000
Dire Dawa	297,646	2757	5513	27,406	32,919	1450	6064	120586	6380	133031
Center										
Total	60,342,630	811458	1622915	7,480,013	9,102,928	292750	1785206.5	32912057	1288100	36,000,000
Over ETB							103228	1903106.8	74483	2081664
[illegible]							14953	273826	10717	299520

1. Total Population: 1999 estimate based on 1994 census.
2. 6-12 months infants estimation is based on 50% of the under 1 children population
3. Lactating mother: 2% of the population divided by 6 (6 weeks=2months)
4. Vitamin A requirement 50,000 IU x for the first campaign during NID's= 36,000,000 IU. The same for the campaign in June 1999.
5. Total requirement 72,000,000 Vit A. Capsules.

	FINANCIAL SUMMARY				
Item	Quantity	Unit Price	Cost ETB	Cost USD	
OPV Dose	25,000,000	0.54/dose	13500000	1,942,446	
Vacc.carrir	8,000	35	280,000	40,288	
Personnel		372/post	11,667,735	1,678,811	
Planning		162/post	5,165,531	743,242	
Social Mob.		129/post	4,245,751	610,899	
Transport		83/post	2,809,955	404,310	
Measles V	530,600	0.91/dose	479397	68978	
AD. syring	796,400	0.21/syringe	166,050	23892	
Safety Box	7964	6.95/unit	55350	7964	
Vit A caps.	72,000,000	0.058	4,163,328	599,040	
Grand Total			42533097	6,119,870	
Required funds by source					
					WHO
					ROTARY
Item	Quantity	Cost ETB	Cost USD	UNICEF/USD	CDC/USAID
OPV Dose	25,000,000	13500000	1,942,446		1,942,446
Vacc.carrir	8,000	280,000	40,288		40,288
Personnel		11,667,735	1,678,811	14,532	1,664,279
Planning		5,165,531	743,242	10,504	732,738
Social Mob.		4,245,751	610,899	13,381	597,518
Transport		2,809,955	404,310	13,381	390,929
Measles V	530,600	479397	68978	68,980	
AD. syring	796,400	166,050	23892	23892	
Safety Box	7964	55350	7964	7964	
Vit A caps.	72,000,000	4,163,328	599,040	599,040	
Grand Total		42533097	6,119,870	751674	5,368,198