

⑤ Interim Report by the Fact Finding Study Team on Population and Health  
(調査団暫定報告書)

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by the Fact Finding Study Team on Population and Health  
Medical Cooperation Department, Japan International Cooperation Agency (JICA)

June 11, 1998

1. BACKGROUND

The Government of Japan (GOJ) has committed itself to cooperate with developing countries in achieving the goals stated in “ the New Development Strategy: Partnership toward the 21st Century”, a statement adopted by the member countries of the Development Assistance Committee of the Organization for Economic Cooperation and Development (OECD) in 1996. These goals include ; reduction of infant mortality rate (IMR) and maternal mortality rate (MMR) and universal access to reproductive health care, among others.

In October 1997 JICA dispatched a team to discuss with officials of GOE the potential fields of cooperation between the two governments, to collect data and information regarding current status of health situation and system, and to participate in the discussion of inter-donor consultation meeting on the formulation of the Health Sector Development Programme (HSDP) by the GOE.

The medical cooperation department of JICA, which is responsible for planning and implementation of bilateral technical cooperation activities in the field of health and population, dispatched this fact-finding study team in health and population, from May 30 through June 13, 1998 to discuss further the possibility of new projects within the framework of the HSDP.

2. OBJECTIVES

The objective of the study was to formulate technical cooperation projects between the Government of Ethiopia (GOE) and JICA in health / population sector by collection of relevant data, discussions with authorities and personnel concerned, and site visits.

GOE through its official channel has already submitted to GOJ two proposals for technical cooperation, namely *the strengthening of surveillance system with special emphasis on Polio*, and *provision of pharmaceutical for obstetric emergency services (multi-bi cooperation with UNFPA)*. Thus the team focused on the feasibility study and discussions on preliminary designing of these two projects.

### 3. MEMBERS AND SCHEDULE

#### 3-1. MEMBERS OF THE TEAM

Harumi Kitabayashi, Director of Second Medical Cooperation Division, Medical  
Cooperation Department, JICA

Takao Yoshii, Senior Researcher, National Institute of Infectious Diseases

Tomoko Kanto, lecturer and Obstetrician and Gynecologist, Tokyo Women's Medical School

#### 3-2. SCHEDULE

The itinerary of the Team in Ethiopia is attached in the ANNEX 1

### 4. FINDINGS AND RECOMMENDATION

#### 4-1. EPI / POLIO ERADICATION

The infant and child mortality in Ethiopia is among the highest in the world, and the HSDP states its objective to reduce dramatically the IMR in its first five years. Vaccine preventable infectious diseases are among the major killers of Ethiopian children. Besides, 10,000 people are estimated to be disabled because of Polio with 100-200 new patients added annually in Ethiopia, many of whom are deprived of livelihood. In this context, the team welcomes the Ethiopian government's decision to include the budget for child immunization in central as well as all regions' HSDP, for prevention is more cost-effective means than treatment. The team also express its respect to GOE's strong commitment to polio eradication by implementing national immunization day (NID) in November - December, 1998, which would not have been possible without high level political leadership and support. The strong support from the Prime minister and his office lead the country including health professionals, volunteers, and communities all over the country toward the common goal.

JICA has been provided vaccines and cold chain equipment under the multi-bi cooperation program with UNICEF in the previous four years, and it is prepared to respond to the request for 1998. Besides, a new multi-bi grant is under the perusal of the Ministry of Foreign Affairs in Tokyo to provide equipment to strengthen the country's cold chain and logistic system.

The Team also welcomes the GOE's proposal for JICA's cooperation in strengthening of the polio laboratory in the Ethiopian Health and Nutrition Research Institute (EHNRI), for establishment of the national polio laboratory is the part and parcel of effective polio control programs. The laboratory in EHNRI has recently been provided with some essential equipment from the Rotary international and ready to serve for Acute Flaccid Paralysis (AFP) surveillance. There are, however, need for additional input in terms of technical training/ guidance and physical setup in order for the laboratory to fulfill

its tasks, as listed in the ANNEX 3. JICA is pleased to cooperate with GOE to strengthen the capacity of the national polio laboratory as recommended in the ANNEX 4.

As the effective polio eradication program as well as the EPI program needs strong management capacity at central and local level, and training and orientation of health professionals and volunteers are indispensable to maintain and to improve immunization coverage. AFP surveillance needs to be strengthened in line with the HSDP goal of improved disease surveillance system by sensitization and training of clinicians and other health service providers. The Team would like to recommend that the original proposal from the GOE, which focused on and requested JICA's input only to virology laboratory of EHNRI, be revised and include such activities as capacity building of EPI management at central and regional level and as strengthening of AFP surveillance, which as well as the national polio laboratory, are integral part of the program. A preliminary design of the project is attached in the ANNEX 5 and a standard implementation plan for project-type technical cooperation is attached in the ANNEX 6.

If the revision of the proposal is approved by the relevant authorities of the GOE, JICA is prepared to dispatch a preliminary study team to design the project, and start cooperation upon the conclusion of necessary document in the Japanese fiscal year 1999 which starts in April 1999.

#### 4-2. REPRODUCTIVE HEALTH

A proposal was submitted for provision of drugs under JICA's multi-bi cooperation program with UNFPA for activities related to population and family planning. The program will start in Japanese financial year 1998 (April 1998 - March 1999) and will continue for consecutive four (4) years. The annual budgetary allocation is two-hundred thousand (200,000) Japanese yen.

As a result of visits at health facilities in Addis Ababa and discussions with relevant officers, the team would like to make the following comments and suggestions.

(1) The reduction of maternal mortality is one of the objectives and "measurable indicators of outcomes" of the HSDP, and the maternal health care is one of the most important part of the health services to achieve the objective. In this sense, the proposal is well in line with the strategy of HSDP.

(2) The requested volume and its estimated amount exceeds the annual budgetary allocation and need to be scaled down. JICA expects that the request is made annually, and that the requests in the second to the fourth years reflects the result of annual review of the previous

year's achievement.

(3) JICA also needs the additional background information regarding the plans on their distribution, utilization, target patients and monitoring, that is, estimated regional allocation, level of health facilities, i.e. tier of the referral system, in which specific drugs are to be utilized according to the guidelines under the national drug policy, and means of monitoring. Close monitoring of usage is essential for the planning and modification of the list for the following years so that the drugs address better the epidemiological situation of localities, e.g. incidence rate of eclampsia, obstructed labors, etc.

(4) The drugs requested are those which are to be used for obstetric emergency care and antenatal care services, some items of which should be administered to obstetric emergencies and maternal complications only by qualified and well trained service providers such as physicians and midwives. Other care providers should be also well informed regarding the usage of basic antenatal care drugs and test kits. Training (introductory and refresher courses) and provision of information on proper usage and potential risks are to be accompanied. Preferably, the drugs are to be distributed with training materials, booklets, for example.

(5) In light of the objective of multi-bi cooperation program, which is to increase the effectiveness of JICA's input by taking advantage of other inputs from UNFPA, it is advised that the drugs should be distributed to the health facilities in the regions where the UNFPA country program covers (which will be finalized soon), thus the training and monitoring are assured. Adjustment of quantity and prioritization of the listed drugs may also take into consideration the reproductive health care training to be developed by GOE and UNFPA.

The Team would like to express its deepest gratitude for the officials of the Ministry of Economic Development and Cooperation and the Ministry of Health for their kind cooperation. It also thanks the colleagues of the international and bilateral organizations for their valuable information.

ANNEX 1	Itinerary
ANNEX 2	Persons met by the Team
ANNEX 3	Present situation of Polio Laboratory in EHNRI and requirement to achieve Laboratory Diagnosis of AFP Samples for the eradication of Poliomyelitis
ANNEX 4	Recommendation regarding establishment of Polio Laboratory
ANNEX 5	Provisional Design of EPI Project between GOE and JICA within the Framework of HSDP (DRAFT)
ANNEX 6	Model Implementation Plan for Project-Type Technical Cooperation

# ANNEX 1 Itinerary

month	day		
June	1	Mon.	the Japanese Embassy
			JICA Ethiopia Office
			Ministry of Economic Development and Cooperation
	2	Tu.	Planning and Project Department of the Ministry of Health
			Ethiopian Population Office
	3	Wed.	Ethiopian Health and Nutrition Research Institute
			Technical donor meeting
	4	Th.	Ethiopian Health and Nutrition Research Institute
			Ethiopian Family Guidance Association
			Polio Clinic in the Black Lion Hospital
	5	Fri.	Central Store Room of Vaccines, MOH
			Ghandi Hospital
			Higher 17 Health Center
	6	Sat.	Off
	7	Sun.	Off
	8	Mon.	Family Health Department, MOH
			Cheshir Home
			WHO
	9	Tu.	UNFPA
			UNICEF
			USAID
	10	Wed.	Family Health Department, MOH
			World Bank
			EPI Medical Officer, WHO
	11	Th.	MEDAC, MOH, EHNRI

## ANNEX 2 Persons met by the team

### Ministry of Economic Development and Cooperation

Mr. Admassu Abebe	Head, Bilateral Cooperation Department
Mr. Tassew Bekele	Head, Asia Desk
Ms. Asnakech Teferra	Asian Team
Ms. Seble Getachew	Asian Team

### Ethiopian Population Office

Dr. Negussie Tefera	Head
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### Ministry of Health

Mr. Abduletif	Head, Planning & Project Department
Mr. Yohannes Tadesse	Head, Family Health Department
Ms. Hiwot Admassu	Child Health Team
Mr. Worede Work	Child Health Team
Mr. Mequanent Tesfu	Head, Maternal Health Team
Ms. Neima Affmed	Family Planning Team
Dr. Metekie Tafere	Maternal Health Team
Ms. Lea Woldegiorgis	Maternal Health Team

### Ethiopian Health and Nutrition Research Institute

Dr. Hailemichael Gebreselauie	Deputy Director
Dr. Aberra Geyid	Head, Laboratory Service Department
Ms. Berhare Beyene	Assistant Microbiologist, Polio Laboratory

### CDC/HNRI

Dr. Makonnen Fekadu	Consultant, DVRD, NCID, CDC, USA
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### Central Store room of Vaccines, MOH

Mr. Tesfu Abera	Manager
Mr. Dereje Ayaiew	Cold Chain Technician

### Higher 17 Health Center

Dr. Yetatweek	Doctor
Ms. Tsehay	Midwife

### MOH/WHO

Dr. Messeret Eshetu	National EPI Surveillance Officer, WHO/MOH
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### African Development Bank

Dr. PAP J. Williams	Senior Health Analyst, OCDE3
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### WHO

Dr. Wedson C. Mwanbazi	Representative
Dr. Eyob Tsegaye	Disease Control Section
Dr. Bernard Moriniere	EPI Medical Officer

### UNFPA

Ms. Linda Damers	Country Director
Mr. Abate Gudunffa	Reproductive Health Specialist

### UNICEF

Mr. Kayode Oyegbile	Chief, Health and Nutrition
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USAID

Ms. Carina Stover      Chief, Office of Health, Population and Nutrition  
Dr. Ayana Yeneabat      Management Specialist (STD/HIV/AIDS)

World Bank

Dr. Gebreselassie Okubagzhi      Operation Officer, Social Sectors

Family Guidance Association of Ethiopia

Mr. Tiaye Tefaye      Head, Information, Education and Communication

Cheshir Home

Mr. Cebre Medhin Bekele      Executive Director

Cheshir Home/Polio Clinic, Black Lion Hospital

Mr. Kidane      Physiotherapist, Chesire Home

Japanese Embassy

Dr. Kazuma Tateishi      Counsellor  
Mr. Satoshi Nakasuka      First Secretary  
Mr. Haruhiko Yoshida      First Secretary

JICA Ethiopia Office

Mr. Hirasawa      Resident Representative  
Mr. Narita      Assistant Resident Representative  
Ms. Yoko Harada      Program Officer  
Ms. Ritsuko Ohta      Medical Coordinator



ANNEX 3 Present Situation of Polio Laboratory in EHNRI and requirement to achieve Laboratory Diagnosis of AFP samples for the eradication of Poliomyelitis

	Present Situation	Required
Laboratory Space	The present Laboratory is located in the building assigned for production of rabies vaccine, and has only one room which is subdivided into two.	At least two rooms, one for tissue culture and another for washing and storage of equipment/tools are needed. Preferably, the polio laboratory should be separated from the vaccine production rooms for preventing contamination.
Staffing	Two staff members are currently assigned to the laboratory, one of them attended the training course on Lab. diagnosis of polio in Ghana and was also trained at CDC, Atlanta.	Three additional staff should be assigned to the polio laboratory and they should be trained for necessary skills and technics, providing the laboratory receive and process 500-800 specimens per year in the future.
Equipment	The Rotary International donated the following items of equipment: Two(2) safety cabinets, one (1) CO2 incubator, one(1) inverted microscope, one(1) -20°C freezer, one (1) -80 °C freezer, one(1) electric balance, etc.	Additional Items necessary are : Centrifuge (1), Dry Oven Sterilizer (1), Incubator (1), Clean Bench (1), Refrigerators (2), -20°C freezers (2), Water distilling apparatus (1), Liquid Nitrogen Tank (1), Autoclaves (2), Inverted Microscopes (2), Water bath (1), etc. ( some of the items are ordered from Rotary International and there is a need to confirm that.)
Reagents	Very Limited. Insufficient to conduct routine work.	Necessary reagents: MEM, FBS, PBS, Trypsin, EDTA, NaHCO <sub>3</sub> , etc.
Consumables	Limited stock of disposable tools, such as culture flasks, 96-well plates, centrifuge tubes, etc.	Full set of consumables are necessary to start diagnosis.
Supply of Utilities ( electricity and water)	Electricity cut-off occurs frequently for a short period of time.	One stand-by generator is necessary.

ANNEX 4 Recommendation regarding establishment of national polio laboratory

Goal	To eradicate poliomyelitis from Ethiopia
Objective	To establish the national polio laboratory in EHNRI and to strengthen its function relevant to polio surveillance
Output	
1	Virus isolation and identification from stool specimens of Acute Flaccid Paralysis (AFP) patients. Number of specimens estimated from the population size and incidence of AFP are 500 to 800 per year.
2	Potency testing of the viral vaccines to monitor the cold chain condition.
3	Support to EPI activities in epidemiological surveillance.
4	Sero-epidemiological study, such as antibody prevalence in certain communities.
Necessary Measures and Additional Inputs	
1	To secure two (2) additional rooms for the polio laboratory. *
2	Three more laboratory staff to be assigned to polio lab. and their training .
3	Some Additional Equipment, consumable and reagents

\* Construction of new rooms by the fund under the JICA-MOH technical cooperation project should be studied.

ANNEX 5 Provisional Design of EPI Project between GOE and JICA within the Framework of HSDP (DRAFT)

	descriptions	reference
Goal	To Reduce Infant and Child Mortality and Disabilities caused by vaccine preventable infectious diseases	General Strategies of National Health Policy 10.5
Objective	To Strengthening Expanded Program on Immunization and Polio Eradication Activities in Ethiopia	PAP objective indicator: immunization coverage 80% National EPI Objective coverage: 90%
Specific Objectives	1) To Increase vaccination coverage	same as above
	2) To establish National Polio Laboratory at EHNRI	
	3) To Improve AFP surveillance system	1998 surveillance plan of action
Activities	1-1) capacity building of national and regional EPI management 1-2) training of cold chain maintenance technicians 1-3) provision of cold chain equipment and spare parts to relevant facilities	PAP HSDP implementation 5.17 and 5.19
	2-1) virus isolation from specimens of AFP patients 2-1) potency test of viral vaccines 2-3) epidemiological surveillance 2-4) sero-epidemiological study such as antibody prevalence in certain communities	
	3-1) provision of transportation and communication means for surveillance 3-2) training and training material production/distribution of AFP surveillance	
Inputs	1) expert, computers, vehicles, OHPs, copy machines, maintenance equipment, spare parts Training in Japan on EPI management	
	2) expert, Laboratory equipment, computers, reagent, consumables Training in Japan on virological diagnosis of polio	
	3) expert, vehicles, radio-communication, OHPs, copy machine, computers Training in Japan on AFP Surveillance	

ANNEX 6 Model Implementation Plan for Project-Type Technical Cooperation						
	Year -1	Year 1	Year 2	Year 3	Year 4	Year 5
Mission	Preliminary Study	Implementation Study		Consultation Study		Evaluation Study
long-term experts	project not started	Chief Advisor Coordinator/Liaison Officer Virologist	Chief Advisor Coordinator/Liaison Officer Virologist	Chief Advisor Coordinator/Liaison Officer Virologist	Chief Advisor Coordinator/Liaison Officer Virologist	Chief Advisor Coordinator/Liaison Officer Virologist
short-term experts		other field as necessity arises	other field as necessity arises	other field as necessity arises	other field as necessity arises	other field as necessity arises
Training of Ethiopian counterparts in Japan		2-3 persons	2-3 persons	2-3 persons	2-3 persons	2-3 persons
Equipment Provision		US\$150,000-250,000 ▲	US\$150,000-250,000 ▲	US\$150,000-250,000 ▲	US\$150,000-250,000 ▲	US\$50,000-70,000 ▲
Funding for Local Activities		Polio Lab. Rehabilitation National/Regional Training	National/Regional Training	National/Regional Training	National/Regional Training	National/Regional Training

note:  
 \*1. All budget will be allocated and sanctioned annually according to Japanese Fiscal Year (Apr. -Mar.)  
 \*2. Duration of training in Japan may range from 2 weeks to 6 months depending on the subject.  
 \*3. Equipment to be provided may include; Lab. equipment, computers for surveillance, cold chain equipment, spare parts, reagents consumables, radio communication equipment, and educational equipment.