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1. 討議議事録 (R / D)

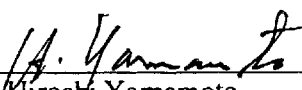
RECORD OF DISCUSSIONS
BETWEEN
JAPANESE IMPLEMENTATION STUDY TEAM
AND
AUTHORITIES CONCERNED OF THE GOVERNMENT OF
THE FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA
ON
JAPANESE TECHNICAL COOPERATION
FOR
THE LABORATORY SUPPORT FOR POLIO ERADICATION
(LAST POLIO) PROJECT

The Japanese Implementation Study Team (hereinafter referred to as "the Team"), organized by Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Dr. Hiroshi Yamamoto, visited the Federal Democratic Republic of Ethiopia (hereinafter referred to as "Ethiopia") from April 9, 2001 to April 12, 2001 for the purpose of working out the details of the technical cooperation program concerning the LAST Polio Project (hereinafter referred to as "the Project") .


During its stay in Ethiopia, the Team exchanged views and had a series of discussions with the Ethiopian authorities concerned in respect of the desirable measures to be taken by both Governments for the successful implementation of the Project.

As a result of the discussions, the Team and the Ethiopian authorities concerned agreed to recommend to their respective Governments the matters referred to in the document attached hereto.


April 12, 2001, Addis Ababa, Ethiopia




Dr. Hiroshi Yamamoto
Leader,
Implementation Study Team,
Japan International Cooperation Agency



Dr. Girma Azene
Head,
Planning and Programming Department,
Ministry of Health,
The Federal Democratic Republic of Ethiopia



Witnessed by;
Mr. Hailemichael Kinfu
Head, Bilateral Cooperation Department,
Ministry of Economic Development
& Cooperation (MEDaC)
The Federal Democratic Republic of Ethiopia



Dr. Aberra Geyid
Director,
Ethiopian Health and Nutrition Research
Institute,
The Federal Democratic Republic of Ethiopia

THE ATTACHED DOCUMENT

I. COOPERATION BETWEEN BOTH GOVERNMENTS

1. The Government of Ethiopia will implement the Project in cooperation with the Government of Japan.
2. The Project will be implemented in accordance with the Master Plan which is given in Annex I.

II. MEASURES TO BE TAKEN BY THE GOVERNMENT OF JAPAN

In accordance with the laws and regulations in force in Japan, the Government of Japan will take, at its own expense, the following measures through JICA according to the normal procedures under the Technical Cooperation Scheme of Japan.

1. DISPATCH OF JAPANESE EXPERTS

The Government of Japan will provide the services of the Japanese experts as listed in Annex II.

2. PROVISION OF MACHINERY AND EQUIPMENT

The Government of Japan will provide such machinery, equipment and other materials (hereinafter referred to as "the Equipment") necessary for the implementation of the Project as listed in Annex III. The Equipment will become the property of the Government of Ethiopia upon being delivered C.I.F. to the Ethiopian authorities concerned at the borders and/or airports of disembarkation.

3. TRAINING OF ETHIOPIAN PERSONNEL IN JAPAN

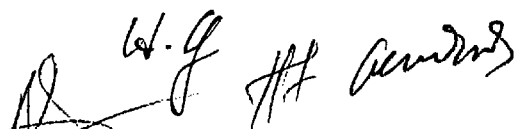
The Government of Japan will receive Ethiopian personnel connected with the Project for technical training in Japan.

4. SPECIAL MEASURES TO BE TAKEN BY THE GOVERNMENT OF JAPAN

In order to ensure the smooth implementation of the Project, the Government of Japan will take, in accordance with the laws and regulations in force in Japan, special measures through JICA for the purpose of supplementing a portion of the local cost expenditures necessary for the execution of the physical infrastructure and middle-level trainees training program.

III. MEASURES TO BE TAKEN BY THE GOVERNMENT OF ETHIOPIA

1. The Government of Ethiopia will take necessary measures to ensure that the self-reliant operation of the Project will be sustained during and after the period of Japanese technical cooperation, through the full and active involvement in the Project of all related authorities, beneficiary groups and institutions.

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2. The Government of Ethiopia will ensure that the technologies and knowledge acquired by Ethiopian nationals as a result of the Japanese technical cooperation will contribute to the economic and social development of Ethiopia.
3. The Government of Ethiopia will grant in Ethiopia the privileges, exemptions and benefits as listed in Annex IV, and will grant privileges, exemptions and benefits no less favorable than those granted to experts of third countries or international organizations performing similar missions to the Japanese experts referred to in II-1 above and their families, with the laws and regulations in force in Ethiopia.
4. The Government of Ethiopia will ensure that the Equipment referred to in II-2 above will be utilized effectively for the implementation of the Project in consultation with the Japanese experts referred to in Annex II.
5. The Government of Ethiopia will take necessary measures to ensure that the knowledge and experience acquired by Ethiopian personnel from technical training in Japan will be utilized effectively in the implementation of the Project.
6. In accordance with the laws and regulations in force in Ethiopia, the Government of Ethiopia will take necessary measures to provide at its own expense:
 - (1) Services of the Ethiopian counterpart personnel and administrative personnel as listed in Annex V;
 - (2) Land, buildings and facilities as listed in Annex VI;
 - (3) Supply or replacement of machinery, equipment, instruments, vehicles, tools, spare parts and any other materials necessary for the implementation of the Project other than the Equipment provided through JICA under II-2 above;and will also take necessary measures to facilitate the Japanese experts to:
 - (4) Obtain means of transport for official travel within Ethiopia; and
 - (5) Suitably furnished accommodation for the Japanese experts and their families.
7. In accordance with the laws and regulations in force in Ethiopia, the Government of Ethiopia will take necessary measures to meet:
 - (1) Expenses necessary for the transportation within Ethiopia of the Equipment referred to in II-2 above as well as for the installation, operation and maintenance thereof;
 - (2) Customs duties, internal taxes and any other charges imposed in Ethiopia on the Equipment referred to in II-2 above; and

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- (3) Running expenses necessary for the implementation of the Project.
8. For the purpose of promoting support for the Project among the people of Ethiopia, the Government of Ethiopia will take appropriate measures to make the Project widely known to the people of Ethiopia.

IV. ADMINISTRATION OF THE PROJECT

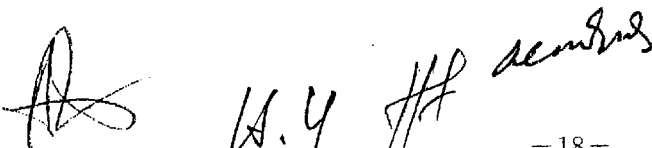
1. The Head of the Planning and Programming Department of the Ministry of Health, as the Project Director, will bear overall responsibility for the administration and implementation of the polio eradication program including the Project.
2. The Director of the Ethiopian Health and Nutrition Research Institute, as the Project Manager, will be responsible for the managerial and technical matters of the Project.
3. The Japanese Team Leader (Chief Advisor) will provide necessary recommendations and advice to the Project Director and the Project Manager on any matters pertaining to the implementation of the Project.
4. The Japanese experts will give necessary technical guidance and advice to Ethiopian counterpart personnel on technical matters pertaining to the implementation of the Project.
5. For the effective and successful implementation of technical cooperation for the Project, a Joint Coordinating Committee will be established whose functions and composition are described in Annexes VII.

V. JOINT EVALUATION

Evaluation of the Project will be conducted jointly by the two Governments through JICA and the Ethiopian authorities concerned, at the middle and during the last six months of the cooperation term in order to examine the level of achievement.

VI. CLAIMS AGAINST JAPANESE EXPERTS

The Government of Ethiopia undertakes to bear claims, if any arise, against the Japanese experts engaged in technical cooperation for the Project resulting from, occurring in the course of, or otherwise connected with the discharge of their official functions in Ethiopia except for those arising from the willful misconduct or gross negligence of the Japanese experts.

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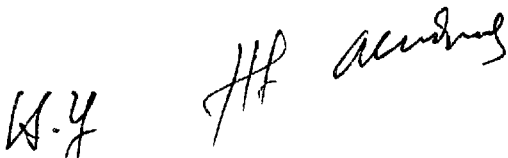
VII. MUTUAL CONSULTATION

There will be mutual consultation between the two Governments on any major issues arising from, or in connection with, this Attached Document.

VIII. TERM OF COOPERATION

The duration of technical cooperation for the Project under this Attached Document will be three years from April 12, 2001.

- ANNEX I MASTER PLAN
- ANNEX II LIST OF JAPANESE EXPERTS
- ANNEX III LIST OF MACHINERY AND EQUIPMENT
- ANNEX IV PRIVILEGES, EXEMPTIONS AND BENEFITS FOR JAPANESE EXPERTS AND THEIR FAMILIES
- ANNEX V LIST OF ETHIOPIAN COUNTERPART AND ADMINISTRATIVE PERSONNEL
- ANNEX VI LIST OF LAND, BUILDINGS AND FACILITIES
- ANNEX VII THE JOINT COORDINATING COMMITTEE



ANNEX I

MASTER PLAN

1. OVERALL GOAL

To eliminate poliomyelitis as a leading edge for the better control of other infectious diseases in Ethiopia, in support of the principles of the Health Sector Development Program of the Ethiopian Government.

2. PROJECT PURPOSE

To strengthen the function of the national polio laboratory at Ethiopian Health and Nutrition Research Institute (hereinafter referred to as "EHNRI"), as an indispensable and integral component of the national polio eradication program by the Government of Ethiopia.

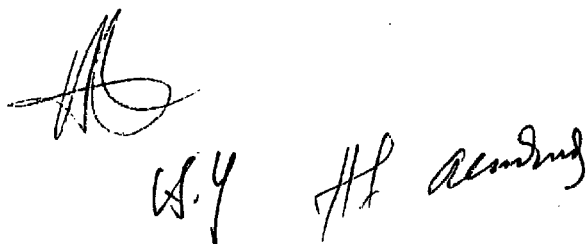
3. OUTPUTS OF THE PROJECT

- (1) The capacity of the national polio laboratory at EHNRI shall be strengthened to be a national reference laboratory for polio virus isolation and typing.
- (2) Communication and collaboration between EHNRI and the relevant authorities in the Ministry of Health (hereinafter referred to as "MOH"), particularly on epidemiological and/or etiological surveillance, shall be strengthened for the better management of the national polio eradication program.

4. ACTIVITIES OF THE PROJECT

- (1)-1 Training (on and off-site) of the EHNRI laboratory technologists in:
 - virus culture and isolation, with prime focus on polio virus.
 - improved laboratory management, including efficient record keeping and reporting.
- (1)-2 Facilitation of donor coordination in the provision of equipment and/or supplies for the polio laboratory at EHNRI.
- (1)-3 Expansion of infrastructure and capacity of the polio laboratory at EHNRI to meet the country needs.
- (1)-4 Acceleration of polio virus isolation and typing from specimens collected from AFP cases in order to monitor the progress of the polio eradication activities.
- (2) Facilitation of communication, particularly epidemiological and/or etiological data exchange, among EHNRI, Family Health Department of the MOH, Epidemiology and AIDS Department of the MOH and the Regional Health Bureaus.

Note: In case in which the Master Plan should be changed due to the situation of the Project, both Governments will confirm the changes by exchanging Minutes of Meeting.



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ANNEX II

LIST OF JAPANESE EXPERTS

1. Long-term experts
 - (1) Chief Advisor/Senior Virologist
 - (2) Financial and Administrative Coordinator

2. Short-term experts
 - (1) Virologist
 - (2) Surveillance Specialist



Note: Field, member and term of assignment of experts will be decided in consideration of the progress of the Project through mutual consultations.

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ANNEX III

LIST OF MACHINERY AND EQUIPMENT

1. Laboratory equipment for testing stool samples from acute flaccid paralysis (AFP) cases
2. Laboratory supplies and reagents for testing stool samples from AFP cases
3. Equipment for data processing, communication and project administration
4. Equipment in other related fields mutually agreed upon as necessary


S.G.  *revised*

ANNEX IV

PRIVILEGES, EXEMPTIONS AND BENEFITS FOR JAPANESE EXPERTS AND THEIR FAMILIES

1. Exemption from income tax and other charges of any kind imposed on or in connection with the living allowances remitted from abroad.
2. Exemption from import tax, export duties and any other charges in respect of personal and household effects of the Japanese experts and their families, including one motor vehicle per expert.
3. The Government of Ethiopia will use all its available means to provide medical and other necessary assistance to the Japanese experts and their families, equivalent to that of Ethiopian civil servants.
4. To issue, upon application, entry and exit visas for the Japanese experts and their families free of charge.
5. To issue identification cards to the Japanese experts and their families to secure the cooperation of all governmental organizations necessary for the performance of the duties of the experts.
6. Exemption from customs duties for import and export of professional equipment by the Japanese experts in connection with the activities of the Project.

W.S.G.

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ANNEX V

LIST OF ETHIOPIAN COUNTERPART PERSONNEL AND ADMINISTRATIVE PERSONNEL

1. Project Director
2. Project Manager
3. Counterpart of Japanese experts
At least four (4) full-time laboratory personnel for virological testing of stool samples from AFP cases
4. Administrative personnel
 - (1) Secretary
 - (2) Accountant
 - (3) Cashier
 - (4) Drivers
 - (5) Cleaners
 - (6) Guards
 - (7) Other administrative staff mutually agreed upon as necessary
- 5 Other personnel mutually agreed upon as necessary

A *S.Y* *H.F* *revised*

ANNEX VI

LIST OF LAND, BUILDINGS AND FACILITIES

1. Sufficient facilities for the implementation of the Project
2. Offices and other necessary facilities for the Japanese experts
3. Facilities and services such as the supply of electricity, gas and water, sewage systems, telephones and furniture necessary for the Project activities
4. Other facilities mutually agreed upon as necessary

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ANNEX VII

THE JOINT COORDINATING COMMITTEE

1. Functions

The Joint Coordinating Committee will meet annually or whenever the necessity arises and work:

- (1) to formulate the annual work plan of the Project in line with the Record of Discussions;
- (2) to review the overall progress of the Project as well as the achievement of the above-mentioned annual work plan;
- (3) to review and exchange views on major issues arising from or in connection with the Project; and
- (4) to discuss any matters to be mutually agreed upon as necessary concerning the Project.

2. Composition

- (1) Chairperson :
Project Director
- (2) Co-chairperson:
Chief Advisor
- (3) Members
Ethiopian side:
 - (a) Project Director
 - (b) Project Manager
 - (c) Representative of the Ministry of Development and Economic Cooperation
 - (d) Technical counterpart personnel to the Japanese experts
- (4) Other personnel mutually agreed upon as necessary

Japanese side:
 - (a) Chief Advisor
 - (b) Administrative and Financial Coordinator
 - (c) Other Japanese experts
 - (d) Representative of JICA Ethiopia Office
 - (e) Other personnel mutually agreed upon as necessary

Notes : The Joint Coordinating Committee can invite any related personnel mutually agreed upon as necessary to discuss specific issues.
Chairman of EPI Plus Inter-Agency Co-ordination Committee and official(s) of the Embassy of Japan in Ethiopia may attend the Joint Coordinating Committee meetings as observers.

2. 暫定実施計画 (TSI)

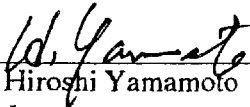
**TENTATIVE SCHEDULE OF IMPLEMENTATION
FOR THE LABORATORY SUPPORT FOR POLIO ERADICATION
(LAST POLIO)PROJECT
IN THE FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA**

The Japanese Implementation Survey Team (hereinafter referred to as the "Team") and the Ethiopian authorities concerned have jointly formulated the Tentative Schedule of Implementation of the the Laboratory Support for Polio Eradication(Last Polio) Project(hereinafter referred to as the "Project") as attached hereto.


This Tentative Schedule of Implementation has been formulated in accordance with the Record of Discussions signed between the Team and the Ethiopian authorities concerned with the Project, and is subject to the budget allocations of both countries necessary for the implementation of the Project.

This Tentative Schedule of Implementation is subject to change within the framework of the Record of Discussions when necessity arises in the course of the implementation of the Project.

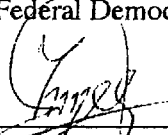
April 12, 2001, Addis Ababa, Ethiopia



Dr. Hiroshi Yamamoto
Leader,
Implementation Study Team,
Japan International Cooperation Agency



Dr. Girma Azene
Head,
Planning and Programming Department,
Ministry of Health,
The Federal Democratic Republic of Ethiopia



Dr. Abera Geyid
Director,
Ethiopian Health and Nutrition Research
Institute
The Federal Democratic Republic of Ethiopia

Tentative Schedule of Implementation

Activities	Schedule (Japanese Financial Year=from April to March)												Remarks	
	2001				2002				2003					
	I	II	III	IV	I	II	III	IV	I	II	III	IV		
In EHNRI laboratory														
1-1. Training of laboratory technicians		—————												
1-2. Facilitation in the provision of equipment and/or supplies		—————												
1-3. Expansion of infrastructure and capacity of the laboratory	—————													
1-4. Acceleration of virus isolation and typing	—————													
2. Epidemiological and/or etiological data exchange among the related organizations	—————													
Inputs by Japanese side														
I. Dispatch of Long Term Experts														
1. Chief Advisor		—————												
2. Coordinator		—————												
3. Others mutually agreed upon as necessary		-----												
II. Dispatch of Short Term Experts														
mutually agreed upon as necessary		-----												
III. Counterpart Training In Japan	Not more than 3 counterpart personnel				Not more than 3 counterpart personnel				Not more than 3 counterpart personnel				Not more than \$20,000/person	
IV. Equipment Supply	Not more than \$200,000				Not more than \$200,000				Not more than \$100,000					
V. Managerial cost for the Project	Not more than \$20,000				Not more than \$20,000				Not more than \$20,000					
VI. Physical Infrastructure	Not more than \$120,000													
VII. JICA Study Team														
1. Management Consultation Team (if necessity arises)			■											
2. Mid-term Evaluation Team						■								
3. Final Evaluation Team												■		
Inputs by Ethiopian side														
1. Assignment of Counterpart Personnel	—————													
2. Provision of Land, Building and Facilities as well as Project Offices, Experts' Rooms and so on	—————													
3. Cost of Utility such as Electricity and Water	—————													
VI. Annual Report				■				■					■	

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3. Memorandum of Understanding

April 16, 2001

Memorandum of Understanding

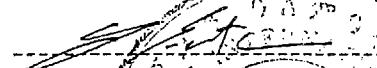
The Record of Discussion (R/D) signed between Japan International Cooperation Agency (JICA) and the Ethiopian Health and Nutrition Research Institute (EHNRI) on the 12th of April, 2001 is amended as follows

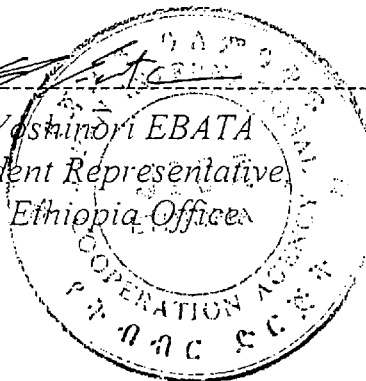
Whereas, recognizing the differences inherent in the budgetary implementation procedures of JICA and EHNRI, the two Sides have agreed to withdraw the statement under Annex II-1 (2), which reads as follows:

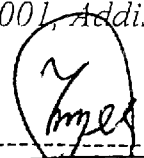
“ Regarding the financial management to be undertaken by the Coordinator, the costs to be funded by JICA, except the one for the infrastructure and equipment supply, will be withdrawn from EHNRI/JICA official account with co-signature on cheques by both the EHNRI authorities and the Coordinator and will be used for the Project through mutual consultations.”

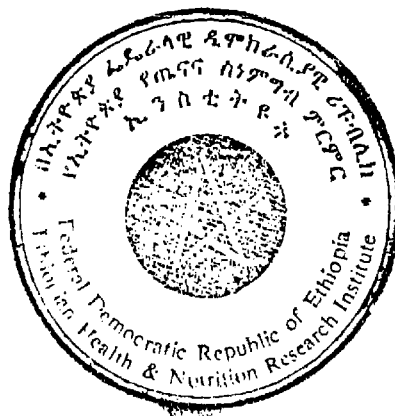
It was also agreed that matters pertaining to the administration of managerial cost of the Project would be undertaken amicably through mutual consultation.

April 16, 2001, Addis Ababa, Ethiopia.


Mr. Yoshinori EBATA
Resident Representative,
JICA Ethiopia Office




Dr. Aberra Geyid
Director,
Ethiopian Health and Nutrition
Research Institute.



ANNEX II

LIST OF JAPANESE EXPERTS

1. Long-term experts

- (1) Chief Advisor/Senior Virologist
- (2) Financial and Administrative Coordinator

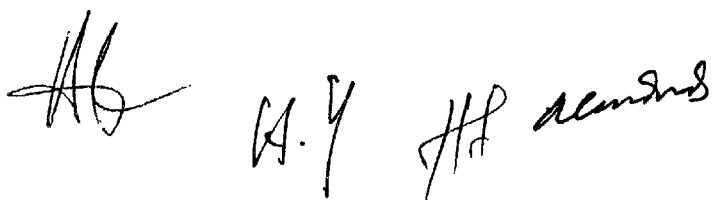
*Regarding the financial management to be undertaken by the Coordinator, the costs to be funded by JICA, except the one for the infrastructure and equipment supply, will be withdrawn from EHNRI/JICA official account with co-signature on cheques by both the EHNRI authorities and the Coordinator, and will be used for the Project through mutual consultations.

However, this procedure will be introduced exclusively as trial case, and once any trouble arises in the course of the implementation, this trial procedure will be called off.

2. Short-term experts

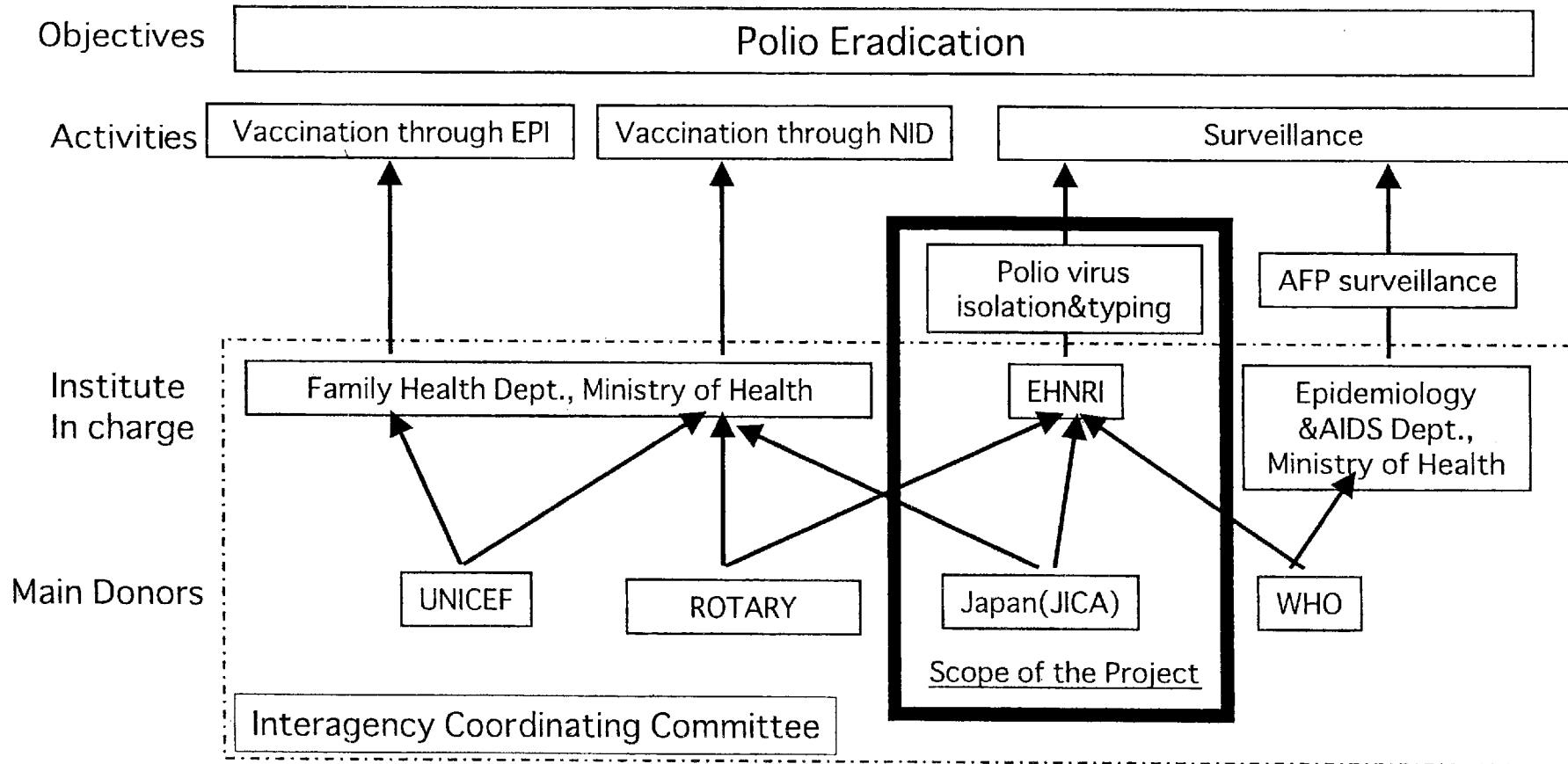
- (1) Virologist
- (2) Surveillance Specialist

Note: Field, member and term of assignment of experts will be decided in consideration of the progress of the Project through mutual consultations.

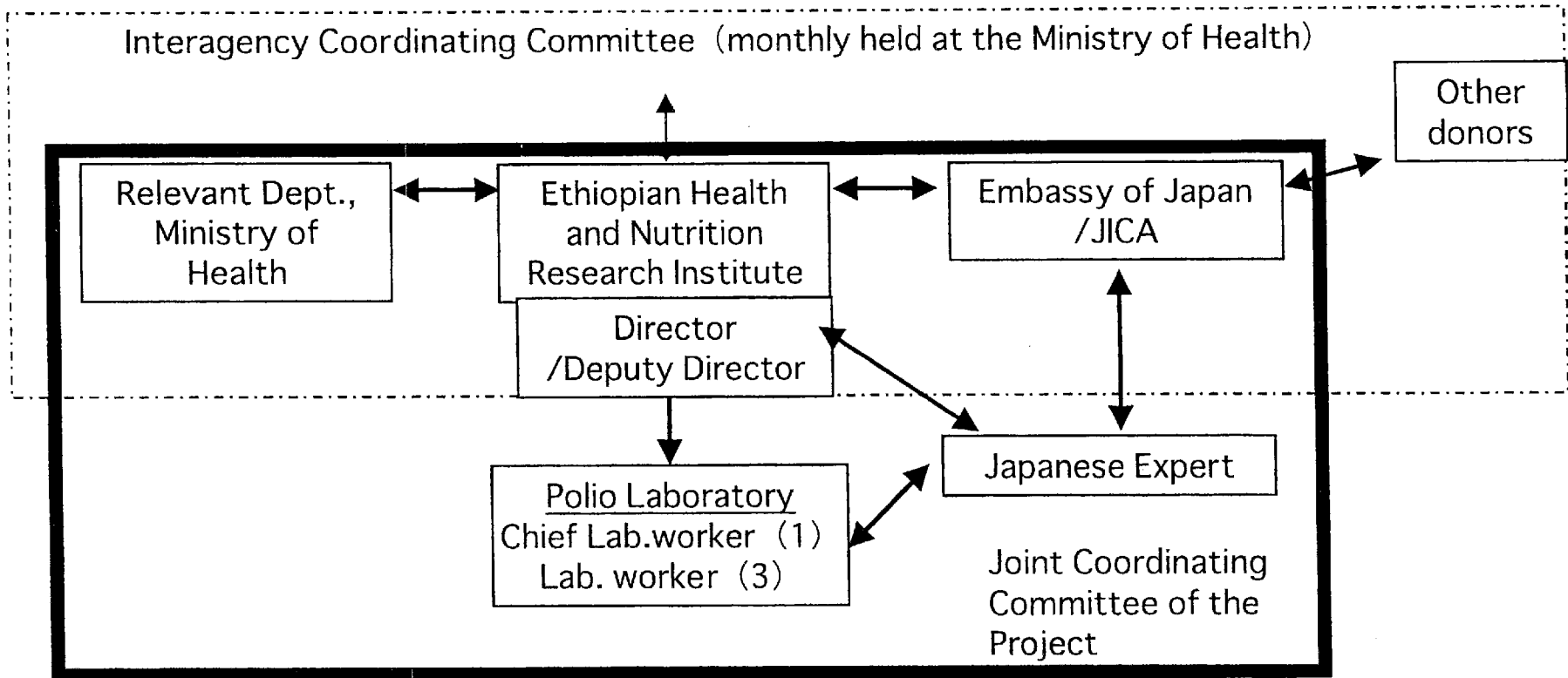


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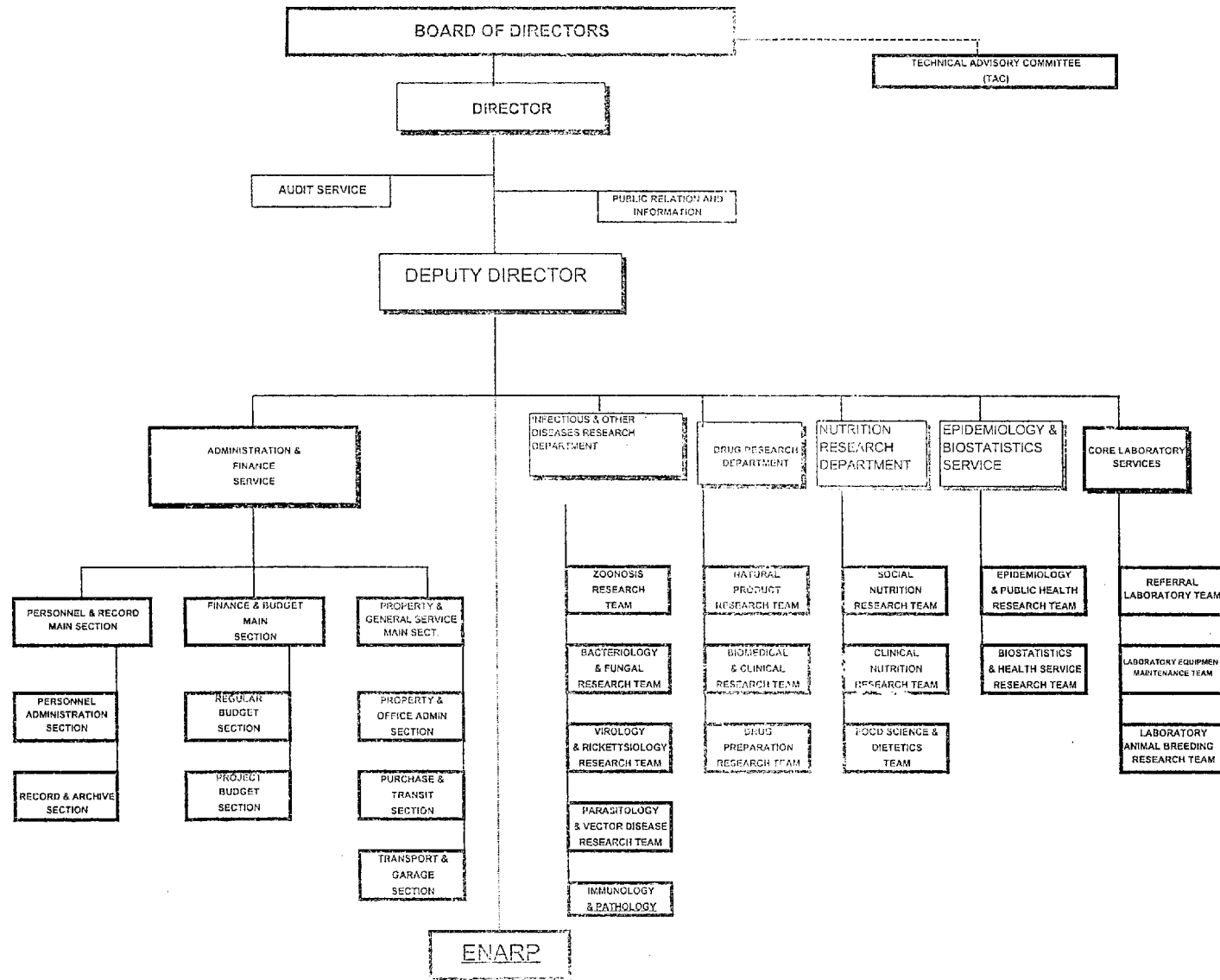
Strategy of Polio Eradication in Ethiopia



The Laboratory Support for Polio Eradication Project under the Japanese Technical Cooperation



ORGANOGRAM OF THE ETHIOPIAN HEALTH AND NUTRITION RESEARCH INSTITUTE





April 12, 2001

Press Release

Polio Eradication Project Agreement Signed

An agreement on the Laboratory Support for Polio Eradication Project was signed between Japan International Cooperation Agency (JICA) and the Ethiopian Health and Nutrition Research Institute (EHNRI) of the Ministry of Health, on the 12th of April 2001.

Dr. Hiroshi Yamamoto of JICA, Head of Japanese Implementation Study Team and Dr. Girma Azene, Head of planning and programming department of the Ministry of Health and Dr. Abera Geyid, Director of EHRNI signed the agreement which lasts for a period of three years. Ato Hailemichael Kinfu, Head of Bilateral Cooperation Department of the Ministry of Economic Development and Cooperation (MEDaC), witnessed the signing.

The purpose of the project is to improve the capacity of the polio laboratory at EHNRI to a level of a national reference laboratory with the ultimate objective of eradicating poliomyelitis from Ethiopia.

According to the Polio Eradication Project, JICA will dispatch to the Institute long and short-term experts to assist the work of the laboratory. It will also provide technical training in Japan for counterpart personnel for the project period of three years as part of its human resources development scheme aimed at ensuring the sustainability of the project.

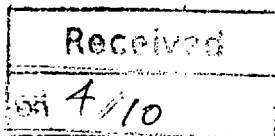
Besides, JICA through its technical cooperation programme will assist the expansion of the physical infrastructure of the polio laboratory at the Institute so that it will squarely shoulder the national responsibility that it is entrusted upon.

In addition, provision of equipment, machinery and materials will be made to further strengthen the implementation capacity of the polio laboratory. This measure will include, among others, data processing and communication equipment.

It is believed that this project will make a substantial contribution to the worldwide drive to wipe out poliovirus from the globe.

Present at the occasion were Mr. Yoshinori Ebata, Resident Representative of JICA Ethiopia Office and Mr. Hiroyuki Ogino, second secretary of the Embassy of Japan.

8. Interagency Coordination Committee Meeting Agenda



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INTERAGENCY COORDINATION COMMITTEE MEETING AGENDA
APRIL 17, 2001
Time: 9 am

1. 2001 EPI Review
2. Regional Advocacy visits by ICC members
3. Updates from partners
 - WHO
 - UNICEF
 - USAID
 - EHNRI
 - ROTARY
 - CRDA
 - JICA
 - Others
4. Other Matters
5. Date of next meeting

March 2001 Extraordinary ICC Meeting

Minutes of the EPI-Plus Interagency Coordination Committee (ICC) Meeting 16 March 2001, Ministry of Health, Ethiopia

Attendance:

Dr Girma Azene, Plan and Program Department Head, MOH, Chairman
Ato Yohannis Gebretadik, UNICEF,
Ato Hailu Meche National consultant
Dr. Arevshatian Levon, WHO/AFRO
Dr. Mary Harvey International consultant
Davis Robert International consultant, UNICEF, Nairobi
Angela Benson WHO-EPI, Ethiopia
Femi Oyewole WHO- EPI Team Leader, Ethiopia
Mr. Tim Peterson, WHO- EPI Technical Officer
Martina Allies, WHO, Namibia
Dr. Asnakew Yigzaw, EPI Manager, MOH
Dr. Misganaw Fantahun, AAUI, National Consultant
Ato Seleshi Birhanu, MOH
Ato Woredework Belyneh, MOH, Child Health Team
Ato Tilahun W/Michael, EHNRI, Member
Ato Yohannes Tadesse, Health Service and Training Department Head
Dr. Hana Neka Tibeb , USAID, Member
Ato Gezahegne Mengistae, UNICEF, Ethiopia
Ato Megerssa Negassa, MOH
Eng. Shiferaw Bitumen, Rotary Int/Ethiopia
Ato Germew Getahun, JICA, Ethiopia
Wo. Hiwot Mengistu, Child Health Team Leader, MOH
Dr. Assefu Lemlem, Consultant, EPI, MOH
This extraordinary meeting started at 9 am chaired by Dr. Girma Azene, head, plan and Program Department.

The purpose of the meeting was debriefing on EPI REVIEW, MARCH 2001

Topics included in the debriefing were:

- Study Design
- Positive findings
- Challenges
- Way forward

A. Study design

The Study design has embraced the following:

- Desk review by a national advance team
- Field assessment in six selected regions (low, medium and high performance) bay national and international consultants
- Feedback meeting and consultations
- Report writing (the report will incorporate the up coming EPI coverage survey and KABP study)

-
- Incorporation of two ongoing surveys (KAPB and EPI Coverage)

B: Postive findings

- Continuing commitments to EPI, with improving AFP surveillance
- Efficient use of NIDS for other interventions such as vitamin A, Tetanus Toxoid, measles,
- Mid level management training in Amhara and plans for other places
- Functional ICC
- Good donor support
- Review meetings at national and regional levels
- Some financial Support to EPI, as practiced by two regional governments

C: Challenges

- Low EPI coverage associated with high drop-out rates (National DPT3 coverage – 42%)

- **Cold chain**

With regard to the status of the cold chains the following comments were given:
Weak cold chain management at all levels with underutilization of five regional cold rooms

The MOH has responded to the above comments that it will try to solve this problems with regions

- **Injection Safety**

Points raised:

1. Proper handling and disposal of syringes and needles was not observed
2. Considering the existing problems of HIV/AIDS due attention has to be given for injection safety.

- **Lack of basic training at field level**

Training at the peripheral level was found to be low or non-existent

- **Lack of regular technical supervision**
- **Thin EPI management structure at central level- (no full complement of national team)**
 - a. To strengthen existing EPI structure, there is a need for a national EPI manager and advisors to help him with all issues of the program
 - b. Routine EPI, NIDs, cold chain, logistics, Social mobilization and advocacy need to have personnel in charge of each of them to get good and valid coverage

- **Poor inter-departmental links within the MOH**
- **Advocacy and ownership**

D: Way forward

1. Management: Revisit MOH Organogram (proposed structure Attached)
2. Human resource capacity: More emphasis on front- line workers
3. Service delivery: Emphasis on supervision and in- service training
4. Cold chain and transport
 - Activate regional cold rooms
 - Training and capacity building on handling OPV, measles, and other vaccines
 - Phased replacement of existing cold chain equipment
 - New alternative system for motorcycle management
5. Vaccine supply
 - Vaccine independence initiative
 - Open vial policy- used open vials longer to reduce wastage and save cost
6. Approval of EPI, MDVP and safe injection policies
7. Central level advocacy for ownership and prioritization of immunization program at all levels
8. Expanded donor and NGO support and partnership at all levels including private sector
9. Encourage the establishment of regional interagency collaborating committees of immunization
10. Lead time for planning

Issues raised following the debriefing include:

- Level of coverage and performance
- Cold chain and vaccine stock management
- Affordability of AD syringes
- Surveillance and EPI
- Staff turn over rate
- Regional government's commitment
- Possibility of shifting NIDs resources to EPI
- Application for GAVI's support
- Uganda's application for GAVI
- Multi dose vial policy
- Vaccine wastage
- Ten silent zones and surveillance
- Number of NIDs rounds to ensure polio eradication
- Integration of other health activities with NIDs
- Importance of advocacy at macro and micro level
- Weakness of social mobilization at micro level
- Involvement of professional associations and NGOs in social mobilization
- Strengthening of Social mobilization task force
- Political support of social committees
- The need of practical indicators to evaluate programs
- Involvement of the community in monitoring and evaluation

- The need of regular meetings among closely related departments
- Provision of logistics and the need for additional human resource for logistics
- Integrated surveillance
- Preparation of plan of action by review group and the distribution of the document to the regions
- Prerequisites for funding

Some of the above issues were discussed in detail both in the meeting and in the EPI Review Report Document to be circulated to the ICC members.

February 2001-2 ICC Meeting

**Minutes of the EPI-Plus Inter Agency Coordination Committee (ICC) Meeting
February 6 2001, Ministry of Health, Ethiopia**

Attendance:

Dr. Tesfanesh Belay, Head, Family Health Department, MoH, Chairperson
Dr. Michel Jancloes, Executive Director/ WHO Representative
Daniel Tarantola, Special Representative for Polio to the Director General, WHO
Dr. Olusegnu Babaniyi WHO/ AFRO
Wo. Hiwot Mengistu, Team leader, Child Health Team, FHD
Mr. Tim Peterson, WHO-EPI Technical Officer
Dr. Femi Oyewole WHO/EPI Team Leader
Dr. Bernard Moriniere CDC Atlanta, AFP Surveillance Stop Team
Dr. Viorica Gheorghio WHO/CDC, AFP Surveillance Stop Team
Dr. Heleneloise Taylor WHO/ CDC, AFP Surveillance Stop Team
Mr. B.Jacquet WHO
Dr. Mekonen Admassu WHO
Dr. Birthe Locatelli-Rossi UNICEF
Ato Gezahegne Mengiste, UNICEF Project Officer
Ato Geremew Getahun JICA
Engineer Shiferaw Bizuneh, Rotary International
Ato Ali Beyene EPHA
Ato Tilahun W/Micael, EHNRI
Dr. Agonafer Tekaligne, CRDA
Dr. Angela Benson WHO/MOH
Dr. Hana Neka Tebeb USAID
Dr. Almaz G/Senbet DPCD, MoH
Dr. Messeret Abraham MOH
Dr. Asnakew Yigzaw, EPI expert, MoH
Dr. Assefu Lemlem, EPI expert, MoH, Rapporteur

Absent/Excused

Plan and Program -MOH

Agenda

1. Issues arising from previous minutes

Introduction of Dr Daniel Tarantola (Special Representative for Polio to the Director General, World Health Organization) to partners

2. 2001 SNIDs draft plan of action presentation by FHD/MOH and WHO-EPI
3. 2001 EPI diseases surveillance plan of action presentation by DCPD/MOH

4. Partners comments on 2001 NIDs draft national plan of action
5. Update on AFP surveillance by DPCD/MOH
6. Update on Polio Laboratory accreditation process
7. Partners update
 - WHO
 - UNICEF
 - USAID
 - Rotary
 - JICA
 - CRDA
 - Others
8. Other issues

The meeting started at 9: 20 am chaired by Dr. Tesfanesh Belay.

Issues arising from previous minutes

The January 2001 ICC Minute was fully endorsed by members.

Introduction of Dr Daniel Tarantola (Special Representative for Polio to the Director General, World Health Organization) to partners

The purpose of Dr. Daniel Tarantola's visit to Ethiopia was to assess the activities with regard to Polio Eradication Initiative and for high-level government advocacy.

The day before this meeting he was briefed by His Excellency Vice Minister of Health and high officials of the Ministry of Health on polio eradication in Ethiopia.

He has also visited the central Polio Laboratory and expressed his hope of its accreditation soon.

Issues raised by Dr. Tarantola

- The importance of partnership at country level
- Extensiveness of partnership at global level in terms of advocacy and funding
- The importance of strong EPI, good cold chain system and support from GAVI for polio eradication in Ethiopia
- Recommendation of high intensity of activities for Ethiopia
- The importance of high government commitment for the success of polio eradication
- His impression on the improvement made in surveillance
- Technical consultation's report indicating the status and critical issues in immunization in Ethiopia

2001 SNIDs draft plan of action presentation by FHD/MOH and WHO/EPI

With regard to SNIDs the following points were discussed:

- Thirty zones are targeted for SNIDs all over the country
- Twelve zones will be covered fully and in the remaining eighteen zones only selected few Woredas will be considered for SNIDs
- The criteria for selection of zones for SNIDs are:
 - Status of immunization coverage during the previous NIDs
 - Zones where polio viruses had been detected (SNNPRG, Amhara)
- The implementation period for the first round SNIDs will be March 23- 29 and April 27-May 3 for the second round.
- In rural areas the SNIDs will last for seven days
- 7.8 million OPV vaccines will be required for the 2001 SNIDs
- 4 million USD is established as cost of operation.
- 2.8 million children are planned to be covered
- Partner are expected to participate during the SNIDs
- Cross border issue was raised in relation to the SNIDs and it was discussed that a high level government delegation had attended the meeting held in Khartoum, Sudan in cross border issue. An agreement was reached to synchronize the SNIDs and NIDS with Sudan, Kenya and Ethiopia
- The synchronization with border countries will also include routine EPI, other health services and surveillance
- Synchronization with Somalia is not considered feasible at least in the current SNIDs because of transportation and security problems
- Review meeting on 2000 NIDs will be conducted before 2001 SNIDs

2001 EPI diseases surveillance plan of action presentation by DCPD/MOH

The submission of the plan of action to the ICC for discussion was expected, however, it was later noted that the plan of action had been finalized and already distributed to the concerned bodies.

The following performances were cited instead

- Active search and sensitization carried out in Amhara, SNNPRG, Borena, West Shewa etc.
- Progress review meeting conducted
- Planned to train NGO front-line workers on AFP surveillance
- Red Cross volunteers training started
- Participation in cross-border meetings
- Three wild Polioviruses detected in 2000 in Sidama, Hadiya and North Gondar of Amhara Regional State.
- 345 in cases in 2000
- 45 AFPcases detected in 2001
- AFP detection rate is established at 2.1
- Non- Polio AFP rate in 2001 is 0.78
- Have planned to conduct training, active search, advocacy and sensitization
- Visits have also been made recently to SNNPRG by Stop team

Partners comments on 2001 NIDs draft national plan of action

UNICEF has expressed its intention to give the comments in writing.

- Concerning the inclusion of Vitamin A supplementation with the NIDs and SNIDs, it was decided by ICC members that a Technical Group comprising of USAID, WHO, UNICEF, Family Health Department and Ethiopian Health and Nutrition Research Institute has to be formed. This group of experts is expected to come up with its recommendations for further review and decision at the next ICC meeting
- Early micro- planning and cost estimate exercise by regions will help contact potential donors for timely acquisition of NID's requirement.
- As it was made clear by UNICEF New York, only five zones will be supported for TT and the MOH has to identify the zones not later than Feb, 2001.??????
- The cost of the TT cards need to be included in the PoA
- All campaigns including measles and TT should be announced over the radio, through TV and other mass communication media in order to assure people that the government endorses these campaigns.
- Because of the low coverage of measles in the Somali region, UNICEF believes that measles campaign has to be repeated in 2001, but the MoH responded that Somali Region has poor coverage both in Polio and measles Campaigns in 2000. The intension for this year is to conduct successful NIDs in Somali instead of measles campaign

In addition to the above comments, the need to replicate partnership and ICC in the regions was suggested.

Update on Polio Laboratory accreditation process

The following points were raised about the polio laboratory.

- The lab started to function in 1998 and is gradually progressing in number of staff and facilities.
- Has passed the panel test
- Has shown improvement in technical know how
- About 98 % of the construction and internal setting of the Lab is completed with the budget allocated by EHNRI
- The remaining 2 % still requires the support of ROTARY and others concerned to cover costs in connection with the completion of internal settings and back- up generator
- The Lab was visited by Dr. Daniel Tarantola
- The financial request of the Lab is under review by ROTARY International (RI) and may take few weeks.

Partners update

Members of WHO that attended this meeting raised the following points

- It was said that the AFP case in 2000 is 325
- AFP rate is 0 .6 not 0 .8 as reported

- Strong surveillance and classification of polio as focal or wide spread will determine the need of NIDs in the future.
- When to discontinue NIDs will be decided by ICC members
- For AFRO, Ethiopia is a priority country in polio eradication
- As Ethiopia's neighbors have reported wild polio, surveillance needs to be further strengthened and WHO has promised to assist activities in this regard
- Teams are expected to come on a visit at which time it will provide the necessary assistance to the Lab.
- Additional five national surveillance officers will be recruited who will be authorized to cross regional borders for the necessary execution of their expertise
- Dr. Mac Otton, from AFRO is planned to come on Feb. 6, 2001 to work with the surveillance team
- Routine EPI coverage is low in all areas where wild polio viruses were identified and appropriate recommendations are expected from the EPI reviewers
- All partners and stakeholders are expected to strengthen the routine EPI by providing the necessary financial and technical support.
- The planned EPI review, being one of the criteria for GAVI's application is crucial. Ethiopia is certainly in need of financial support for this purpose.

The following were points raised by UNICEF

- Expressed its concern regarding the shortage of OPV vaccine for routine EPI and suggested that partners come up with solutions
- As Ethiopia is a priority country, countries like Korea and Japan can be approached for the necessary acquisition of OPV vaccines
- Dr. Daniel Tarantola was not aware of the shortage of OPV vaccines in Ethiopia
- As the shortage of OPV vaccine is global it was suggested to use the available vaccine with minimum wastage rate
- Because of competition for OPV among priority countries, advance planning for the acquisition of 2002 NIDs will facilitate its realization

ROTARY:

- ROTARY has already stated its views on the Ethiopian Polio Lab in the previous agendas
- Has received ROTARTY INTERNATIONAL's response
- Rotary did not agree with the Lab's request of sixty months training sponsor-ship.
- Motor bicycles procured with ROTARY funds are due to be delivered to MOH in the near future

JICA

It was conveyed from JICA that a mission from Japan would come and visit the Polio Lab recently.

CRDA

- Advocacy and social mobilization meetings to the NGO society are planned to be conducted on Feb. 12, 2001 where WHO and MOH are expected to participate.
- Front -line workers are to be trained on AFP surveillance and as the proposal is on the draft stage it needs feed back from the partners before finalization

Others

Dr. Femi Oyewole, the newly appointed WHO/EPI team leader was introduced to the ICC members. He remarked that the routine EPI and surveillance need to be improved. Next meeting will be on Tuesday Feb 27, 2001.

Meeting adjourned at 11:15



Home Briefs

61 regain sight after operations

NEGELLE - sixty-one individuals regained their sights following a cataract operation sponsored by the Christian Blind Mission (CBM) at the Negelle Hospital and Adola Health Station in Oromiya State.

Dr. Assegid Aga, Head of the Operation, said the mission also gave treatment to 255 patients who were suffering from various types of eye problems.

The operation has benefited destitute individuals who have no means to meet the cost of their operation, which was 500 per person, Dr. Assegid said. (WIC)

JICA, EHNRI sign project agreement

ADDIS ABABA - The Japan International Cooperation Agency (JICA) and the Ethiopian Health and Nutrition Research Institute (EHNRI) signed an agreement for cooperation in the Institute's polio-eradication laboratory project.

The purpose of the project is to improve the polio laboratory at EHNRI, by upgrading its capacity to assist in the effort to eradicate poliomyelitis from Ethiopia, a JICA press release indicated.

According to the agreement, JICA would dispatch to the institute experts working on long and short-term basis to assist the laboratory. The agency will also provide technical training in Japan for counterpart personnel for a three-year period as part of its human resources development scheme aimed at ensuring the sustainability of the project. (ENA)

JICA, EHNRI sign polio eradication project agreement

ADDIS ABABA (ENA) — The Japan International Cooperation Agency (JICA) and the Ethiopian Health and Nutrition Research Institute (EHNRI) signed an agreement here yesterday that would facilitate ways for providing support to the polio eradication laboratory project.

The purpose of the project was to improve the polio laboratory at EHNRI by upgrading its capacity with the objective of eradicating poliomyelitis from Ethiopia, a JICA press release indicated.

According to the agreement, JICA would dispatch to the institute experts working on long and short-term bases to assist the laboratory, the release said.

The agency would also provide technical training in Japan for counterpart personnel for a three-year project period as part of its human resources development scheme aimed at ensuring the sustainability of the project, it said.

JICA would also assist, through its technical cooperation prog-

ramme, the expansion of the physical infrastructure of the polio laboratory at the institute, the release said.

The provision of equipment, machinery and materials would also be made available to further strengthen the capacity of the laboratory, it said.

Dr. Hiroshi Yamamoto of JICA and Dr. Abera Geyid, Director of EHNRI signed the agreement on behalf of their respective organizations.