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REPORT OF THE SUB-COMMITTEE OF THE REGIONAL COMMITTEE ON PROGRAMMES AND TECHNICAL COOPERATION

PART I

COUNTRY VISITS

The Sub-Committee of the Regional Committee on Programmes and Technical Cooperation met from 20 to 21 July 1989 to review and finalize the report on the country visits made by its members to China and the Philippines within the framework of item (5) of its terms of reference, and with particular reference to WHO's cooperation in the Expanded Programme on Immunization. The Regional Committee may wish to comment on the findings and recommendations of the Sub-Committee presented in this document.

The Sub-Committee also reviewed the collaboration with regional and national nongovernmental organizations in official relations with WHO. The report on the review is contained in Part II of the Sub-Committee's report to the Regional Committee.

1. INTRODUCTION

The Sub-Committee of the Regional Committee on Programmes and Technical Cooperation held its fourth meeting in Manila, from 20 to 21 July 1989, over a period of two working days. The terms of reference of the Sub-Committee are set out in Annex 1.

A list of members attending the meeting is given in Annex 2.

The report of the Sub-Committee to the Regional Committee is presented in two parts. Part I contains the report on the country visits made by its members to China, from 10 to 15 July 1989, and the Philippines, from 17 to 19 July 1989. The visit was undertaken within the framework of item (5) of the terms of reference and with particular reference to WHO's collaborative activities in the Expanded Programme on Immunization (EPI).

Within the framework of item (2) of its terms of reference and in pursuance of resolution WPR/RC37.R8 adopted by the Regional Committee during its thirty-seventh session in 1986, the Sub-Committee also reviewed the report of the Regional Director on collaboration with nongovernmental organizations. The report of the Sub-Committee on its review, together with a proposal on provisional guiding principles for the establishment of working relations with regional and national nongovernmental organizations, are presented in Part II of its report to the Regional Committee.

The meeting was opened by Dr S.T. Han, Regional Director.

Dr Daniel Raho Johns was elected Chairman of the meeting; Dr Nathan Kere and Ms Sheryl Smail were elected Rapporteurs.

2. REVIEW AND ANALYSIS OF WHO'S COLLABORATION WITH COUNTRIES: REPORT ON THE COUNTRY VISITS TO CHINA AND THE PHILIPPINES

Within the framework of item (5) of its terms of reference, the Sub-Committee on Programmes and Technical Cooperation reviewed and analysed WHO's collaboration with Member States, with particular reference to cooperation in the field of the Expanded Programme on Immunization (EPI). Three members of the Sub-Committee made the country visits as shown in Annex 2. Dr Johns had acted as Chairman for the country visits, and Dr Kere as Rapporteur for the visits.

In the course of its review of the report of its members on the visits, the Sub-Committee made a number of comments, which are reflected in the final text. The report on the country visits, as adopted by the Sub-Committee, is presented in Annex 3 of this document.

The salient points of the report are summarized below.

During the country visits, the members of the Sub-Committee considered the following aspects of the programme: the degree of political and community commitment to it; the infrastructure through which EPI activities are implemented; the coverage of the target

diseases; the impact of EPI on the morbidity and mortality caused by the target diseases; the problems encountered and experience gained in implementing the EPI activities.

Despite the geographical and socioeconomic disparities between the two countries, the members of the Sub-Committee noted many similarities between them in the development and achievements of the EPI programme as well as problems and constraints, which could also be similar in other developing countries in the Region.

The Sub-Committee observed with deep interest that both countries had progressively achieved high coverage of immunization in spite of many difficulties. They noted the impact of this achievement in the reduction of morbidity and mortality caused by the target diseases.

The Sub-Committee attributed these achievements to firm political and social commitment to the EPI programme. It was clear that the leaders at all levels were fully aware of the situation in their areas and were committed to achieving the national targets.

In addition to the strong commitment of the national governments, the Sub-Committee viewed that collaboration of WHO with the governments, from the inception of EPI had contributed to the achievements of the programme in the following areas:

- planning and evaluation through periodic surveys and reviews;

- training of health workers from senior to junior levels in fields such as management, supervision, cold chain system, provision of technical expertise and training materials, and exchange of information;

- technical cooperation in various areas such as vaccine quality control, and surveillance systems;

- prototype health education materials and manuals; and

- donor coordination.

In spite of the remarkable achievements, the Sub-Committee also noted the following problems and constraints which the governments concerned are already well aware of and are trying to overcome:

- no systematic planning for covering certain parts of the population, which include minorities living in mountainous and other remote, sparsely populated areas, and those in urban situations where difficult conditions make for low coverage;

- inadequate strategic plans for sustaining high immunization coverage in the foreseeable future;

- comparatively weak monitoring and maintenance of the cold chain and limited availability of spare parts;

- irregular and untimely supply of vaccine to the periphery;

- insufficient adherence to the principle of one sterile syringe and one sterile needle per injection;

- infrequent supervisory visits to workers at the periphery and inadequate explanation of changes in the immunization policy;

- inadequate task-oriented training;

- inadequate health education for the community on the changing needs of the programme and the need for active participation.

These constraints are noted in order to sustain the current gains and further expand the EPI programme. The Sub-Committee, in the context of item (4) of its terms of reference, thus made the following recommendations to the Regional Committee to accelerate the EPI programme in the Region.

- to maintain political and social commitment to the EPI programme;

- to undertake careful planning and develop specific strategies to expand effective EPI services to the low coverage areas and sustain existing high immunization coverage;

- to improve coordination and management of the EPI material supply system, especially vaccines;

- to improve the maintenance and repair of the cold chain system;

- to maintain and expand the policy of using one syringe and one needle per injection;

- to improve health education to make families active partners in EPI activities;

- to promote the exchange of experiences in EPI activities between the countries and areas in the Region.

The Sub-Committee also stressed the importance of WHO's sustained technical collaboration specifically in the following areas:

- support for expanding and maintaining an effective cold chain and an effective vaccine supply system for EPI, including quality assurance;

- improving EPI services in low coverage areas;

- strengthening the surveillance system;

- coordination and collaboration with donor agencies; and

- continued support for training and health education;

In pursuance of resolution WPR/RC39.R15 on regional poliomyelitis eradication adopted by the Regional Committee during its thirty-ninth session in 1988, the Sub-Committee also recommended that WHO, in collaboration with other interested agencies, should strengthen the support and coordination of national poliomyelitis eradication programmes. It should also develop appropriate and practical strategies to ensure the success of national efforts to eradicate poliomyelitis.

The Sub-Committee proposed that subject to finalization of details at the time of the Regional Committee session in September 1989, the subject for review in 1990 in the context of item (5) of its terms of reference would be WHO's collaboration in the area of noncommunicable disease control. The Sub-Committee also proposed to visit Fiji and Malaysia, subject to the agreement of the governments concerned in the course of 1990. In the event that this should not prove acceptable to one or other of these countries, the Sub-Committee recommended maintaining the balance of one Asian and one Pacific country.

The Sub-Committee, in concluding its review of this programme, expressed its gratitude to the governments of China and the Philippines for the special arrangements made for the visits made by the Sub-Committee and, in particular, for the warm hospitality and many courtesies extended to its members.

ANNEX 1

TERMS OF REFERENCE

The terms of reference for the Sub-Committee of the Regional Committee on Programmes and Technical Cooperation are as follows:

(1) To review, analyse and make recommendations on the development and implementation of the General Programme of Work as it affects the Western Pacific Region, especially in setting priorities and addressing policy issues.

(2) To examine and approve for submission to the Regional Committee the periodic regional reports on monitoring and evaluation of the regional strategy for health for all by the year 2000.

(3) To study and provide policy guidance on specific issues related to the health-for-all strategy which may be requested of them by the Regional Committee.

(4) To make recommendations to the Regional Committee on the action to be taken in the Western Pacific Region to develop national self-reliance in matters of health by fostering technical cooperation among countries or areas in the Region in ways that are relevant to the population.

(5) To undertake country visits to review and analyse the impact of WHO's cooperation with Member States and/or observe developments in relation to the implementation of the regional strategies for health for all.

ANNEX 2

LIST OF MEMBERS

BRUNEI DARUSSALAM	Dr Hajjah Intan Binti Haji Salleh Senior Medical Officer of Health Ministry of Health *Bandar Seri Begawan*
NEW ZEALAND	Ms Sheryl Smail Chief Nursing Officer Workforce Development Department of Health Head Office Macarthy Trust Building Lambton Quay *Wellington*
PAPUA NEW GUINEA*	Dr Daniel Raho Johns Assistant Secretary Family Health Department of Health P.O. Box 3991 *Boroko*
PHILIPPINES**	Dr Consuelo D. Aranas Department of Health San Lazaro Compound Sta. Cruz *Manila*
SOLOMON ISLANDS*	Dr Nathan Kere Director Medical Training and Research Institute Ministry of Health and Medical Services P.O. Box 349 *Honiara*

*Members who participated in visits to China and the Philippines.

**Unable to participate in visit to China.

Annex 3

UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND	Dr Lai Yee-fun, Pansy Principal Medical Officer (Family Health Service) Department of Health Hong Kong Government Sunning Plaza, 6th Floor 10 Hysan Avenue, Causeway Bay *Hong Kong*
VANUATU	Dr Royston Edward Fey Principal Medical Officer (Rural Services) Health Department Government of Vanuatu *Vila*
VIET NAM*	Dr Le Dien Hong Director Department of Hygiene and Environment Ministry of Health 138 A Giang Vo Street *Hanoi*

ANNEX 3

REPORT ON THE COUNTRY VISITS

1. CHINA

Three members of the WHO Sub-Committee on Programmes and Technical Cooperation visited China from 10 to 15 July 1989 to review WHO cooperation with Member States in the Expanded Programme on Immunization (EPI).

The members were briefed on the EPI activities by the Ministry of Public Health, and then visited and observed the EPI activities at all levels in both Beijing Municipality and Hebei Province.

The importance attached to EPI is evidenced by the participation of senior government officials in the EPI review made by the Sub-Committee members. The Sub-Committee considered the following aspects of the programme: the degree of political and community commitment to it, the health infrastructure through which EPI activities are implemented, the coverage with the four target vaccines, the impact on the morbidity and mortality caused by EPI target diseases, and the problems encountered and experience gained in the implementation of EPI activities. The officials at all levels expressed gratitude for the support provided by WHO and UNICEF.

In their review the members took into consideration the huge topographical and socioeconomic disparities that exist, for instance, between the urban municipalities and the remote mountainous and border areas, including those where ethnic minorities live. The members fully realized that it was impossible to gain a complete picture of EPI in China within such a short period of time. Therefore they carefully examined the available data, including the existing epidemiological system, and visited some villages to observe at first hand the EPI activities, and the health and socioeconomic status of the village families.

The results of the national EPI review, carried out in March 1989 by the Ministry of Public Health in collaboration with WHO, UNICEF and other international agencies, proved most helpful to the Sub-Committee members.

1.1 Observations

(1) In 1979 EPI was initiated following the World Health Assembly resolution on EPI. The programme has been developed on the basis of national plans of action formulated in collaboration with WHO. The phase-by-phase expansion of the immunization programme was begun in 1982 in collaboration with WHO and UNICEF in five provinces. It was gradually extended to all the provinces. This enabled China in 1985 to set the national target of 85% coverage, in all provinces by 1988, and in all counties by 1990. This target was increased when the poliomyelitis eradication programme was started, with similar collaboration, in two phases. The aim is to reduce poliomyelitis cases to an incidence of 0.01/100 000 by 1992 and zero cases by 1995.

Annex 3

(2) The national review in March 1989 revealed that in 1988, 91.6% of all children under 12 months of age were fully immunized and the coverage per individual vaccine was over 95% in each case. The members were impressed by these remarkable results, which no other developing country has ever been known to achieve within such a short time.

(3) The incidence of poliomyelitis, diphtheria, pertussis and measles has shown a dramatic decline of about 95% over the last decade, while the recorded mortality from the same diseases dropped from 12 475 in 1978 to 481 in 1988. This has indeed provided an excellent basis for further reduction and even eradication of certain target diseases.

(4) The Government, with support from WHO, set the example in supporting Universal Child Immunization by setting national targets. To coordinate the activities, a National Coordinating Committee with multisectoral membership has been established. This excellent example is followed at all levels with coordinating committees whose leaders are high officials of local governments. During the visits it was very clear that the leaders at all levels were fully aware of the performance of their areas and were all supportive of the national targets.

(5) The social mobilization for EPI was motivated by the above commitment. It was sustained by the establishment of strong management by the Ministry of Public Health. This system reaches down to village level. An annual national EPI Day (25 April) is organized by the Government. There was a high level of understanding of EPI and EPI target diseases at all levels visited.

(6) The remarkable decline of EPI target diseases in recent years was partly due to a reliable cold chain, which has been largely supported by UNICEF and WHO. The vaccine delivery schedules range from weekly in municipalities to monthly in many provinces and counties, and biannually in the difficult mountainous or otherwise inaccessible areas. The cold chain has been developed to suit local situations, and vaccines are efficiently delivered to the periphery.

(7) It is clear that the system of having no permanent vaccine storage at the periphery reduces costs, facilitates the maintenance of an effective cold chain and reduces wastage of vaccines. The members of the Sub-Committee noted the collaboration of WHO with the Government and UNICEF in the establishment of this efficient cold chain system, especially in the area of planning and reviewing it and training staff for it.

(8) Whilst appreciating these important achievements, the members of the Sub-Committee took particular note of areas in which providing an effective cold chain is much more difficult and vaccination sessions are less frequent. In most of these areas expansion of the delivery system is hampered by the shortage of transport and by logistical problems.

(9) The members of the Sub-Committee noted that the country had been producing all the vaccines it needed to undertake the EPI activities. The vaccines, whose quality has been upgraded with technical support from WHO, currently meet the national standards, but further improvement is needed. Most of the cold chain equipment, including refrigerators, is

manufactured locally, and this facilitates maintenance. Efforts have been made to achieve and maintain a high standard of performance in equipment. It was observed that the principle of one sterile syringe and one sterile needle per vaccination was not strictly adhered to.

(10) It is clear from visiting the village doctors that at their level the integration of health programmes has already taken place. It was further observed that the excellent birth registration system according to the well established family planning policy, and the local enumeration of infants to be immunized, by exact names, makes for high coverage and low drop-out rates. In spite of strong political commitment, less linkages and coordination were observed with related programmes at higher levels of government.

(11) The funding of the EPI programme for 20 million infants each year has been provided by national and provincial governments. In addition, some supplementary funds have been provided by UNICEF and WHO. However, as the activities expand, more funds will be needed, especially for the cold chain. The members of the Sub-Committee examined with great interest the EPI contract system, particularly in Hebei Province, where 64.76% of the children, from 92% of the townships, were covered. Parents pay a small fee for vaccinations and if the child later suffers from one of the diseases a fixed amount of money for compensation is paid. The money raised in this way was distributed to village and county doctors.

(12) This system started in 1984 and has been extended to all provinces. It has been successful in raising funds for EPI. In the very short time available to them, the Sub-Committee members were not able to make a thorough assessment of the advantages and disadvantages of the system in the long term.

(13) At national level the training of professionals has been undertaken annually by the Ministry of Public Health, usually with technical material and support from WHO. The Ministry has organized the compilation and publication in Chinese of textbooks based on WHO-recommended manuals. Joint training efforts of this kind have been conducted at all levels.

(14) In spite of the remarkably high level of coverage achieved within a short time, some problems, already identified by the Government, were also noted by the members of the Sub-Committee. The main one is in expanding an effective cold chain to remote areas and sustaining the present efficient cold chain system in most of the counties. The present equipment for cold chain provided in collaboration with WHO and UNICEF would need to be maintained and also, in the future, replaced. This, particularly the regular provision of an effective cold chain to remote areas, would need continued support from external agencies. This is urgently needed if the national targets are to be achieved, including the eradication of poliomyelitis by 1995.

(15) China produces vaccines it needs, which satisfy national standards, but their quality does not come up to WHO requirements.

Annex 3

(16) The surveillance system of EPI target diseases is fairly satisfactorily developed except in the remote areas, but it does not include tetanus and tuberculosis in children. The EPI contract system would need to include these. In addition to the commitment of political leaders and the energetic action of health officials, the members noted that families were effective participants in EPI. However, improved health education will be required to make families continue to be active partners in the EPI activities, especially where the EPI target diseases are less common, so that a high level of coverage is maintained.

1.2 Recommendations

Since so much has been achieved, the recommendations of the Sub-Committee concern only the expansion and improvement of the national activities in EPI, and maintaining the standard reached. It is also noted that China has gained knowledge and experience which would be of great value to EPI programmes in developing countries.

The Sub-Committee thus makes the following recommendations:

(1) In order to consolidate and sustain the achievements of EPI in China, WHO should continue to provide support, particularly with technical expertise in the planning, implementation, evaluation and training for all aspects of the programme, as needed.

(2) WHO, as well as UNICEF and other donors, should continue to provide support for expanding and maintaining an effective cold chain system for EPI, particularly in the area of training personnel in the repair and maintenance of equipment and in finding the most cost-effective way to manage cold chain resources according to each local situation. In this regard, particular consideration should be given to using any locally available equipment which meets the standard of performance required.

(3) WHO should collaborate with the Government in further improving EPI services in remote and other parts of China with low coverage, including the development of special strategies, if so required. In this regard, particular attention should be given to solving the serious problems of transportation of vaccines to these areas, and, if possible, external resources should be found for this.

(4) WHO should continue to collaborate in strengthening the disease surveillance system by supporting planning, implementation, training, and evaluation, and by providing guidelines and training materials. It should aim to include all EPI target diseases in the regular reporting system.

(5) WHO, in collaboration with UNICEF and other interested agencies should strengthen their support and coordination for the national poliomyelitis eradication programme. They should develop appropriate and practical strategies, based on epidemiological information, to help countries and areas of the Region in their efforts to eradicate poliomyelitis.

(6) WHO should continue to collaborate with China in maintaining the quality of vaccine produced locally and improving it. This may require coordination of technology transfer, if the vaccines are to meet WHO requirements. Thus China may produce vaccines not only for its own domestic needs, but also for export to some of the small developing countries and areas of the Region.

(7) WHO should collaborate with the Government in maintaining and expanding the policy of using one sterile syringe and one sterile needle per injection. This is particularly important in view of the risk of contracting hepatitis B which is prevalent in many parts of China.

(8) WHO in collaboration with China and UNICEF should provide information on the experience of EPI in China for other countries. Likewise the experience of other countries should be made available to China.

(9) The amicable cooperation of WHO and UNICEF in EPI with the Government of China should be further strengthened not only in China but in all countries of the Region.

2. PHILIPPINES

From 17 to 19 July 1989, the members of the Sub-Committee held discussions with senior health officials at the Department of Health on the EPI activities in the Philippines. Then they visited and held discussions with health staff at a health centre in Pasay City and at all levels in Bulacan Province.

During the discussions the members were introduced to EPI and other health activities at national, municipal, district, and community levels. The members were well aware that it was impossible to obtain a full, clear picture of EPI activities in the Philippines during these short visits. However, they carefully examined all the information provided to them for the review.

2.1 Observations

(1) The EPI programme in the Philippines was launched on 12 July 1976 and started by giving BCG to school entrants. In 1977, BCG and DPT were given to infants 3-14 months of age in areas where infrastructure was in place and gradually expanded with the expansion of the cold chain, to all the areas in 1979. Immunization with tetanus toxoid for pregnant women was started in 1979 in selected areas with high incidence of tetanus neonatorum, and expanded to all areas in 1980. Poliomyelitis immunization was started in 1980 in priority areas and became nationwide in 1982. In 1982, measles immunization was added and became nationwide in 1984. By 1987, the immunization coverage achieved in infants was as follows: BCG, 88.9%; DPT_3, 77.03%; $TOPV_3$, 73.13%; measles, 67.18%; tetanus toxoid to pregnant women, 30.67%. The estimated coverage in 1988 is BCG, 92%; DPT_3 and $TOPV_3$, 78%; measles, 76%; tetanus toxoid, 40%.

Annex 3

(2) In collaboration with WHO, UNICEF and later other agencies, the programme was implemented at all levels, in an integrated approach with other services. These achievements, in spite of the constraints encountered since launching EPI by the Government, are considerable.

(3) The members were impressed with the amount of statistical data available, the regular reviews and the adoption of new approaches to improve activities at all levels. Although reporting on morbidity and mortality are incomplete, it is clear that the incidence of EPI target diseases has dropped considerably with the new impetus of accelerated EPI activities. None the less, tuberculosis, measles, and pertussis are still important public health problems.

(4) Only 163 poliomyelitis cases were reported, of which 25% occurred in Manila. In view of this, and of the adoption by the Regional Committee at its thirty-ninth session of the resolution to eradicate poliomyelitis in the Western Pacific Region by 1995, the Philippines has drafted a national plan of action to eradicate poliomyelitis.

(5) The above improvements vary from province to province and from area to area. If further improvements are to be achieved, and sustained, several constraints have to be overcome, particularly in the low coverage areas.

(6) The Philippines announced its commitment to EPI when the President signed the Proclamation on Universal Child Immunization by 1990. In collaboration with WHO, a National Immunization Committee (NIC) was set up with intersectoral membership. The NIC has the responsibility of assisting the Department of Health in policy formulation, planning, reviews, training, mobilization of assistance and nationwide coordination of activities.

(7) The Department of Health, with support from WHO, UNICEF, Rotary International and other agencies, started the acceleration of activities with consultative meetings and training activities. An EPI manual was developed, which was found to be most helpful by health workers in rural health units.

(8) However, despite the clear direction given by the Department of Health and other levels of health care services, the members did not, in the area visited, note any clear commitment to EPI on the part of city or provincial governments. This is important, as government responsibilities have been decentralized to local governments, who support all aspects of EPI and employ several of the health workers.

(9) The members also noted the deep commitment of health workers to their tasks. There appeared to be inadequate understanding at the periphery when certain EPI policies were changed by the Department of Health. Unfortunately the members did not have adequate time to look into health education activities to improve public awareness of EPI. But in view of the limited numbers of staff for all the tasks required, including health education, this essential component would need to be upgraded to increase public awareness, so that social mobilization could benefit EPI.

Annex 3

(10) The members noted that EPI had several pieces of equipment for the cold chain recently supplied by multilateral and bilateral agencies. They also noted that some refrigerators did not have their temperature monitored regularly, owing to the lack of thermometers. The frequent interruption of electricity supplies, especially during the typhoon season, is a problem for the cold chain system. The members were very impressed by the goodwill of communities in helping to store vaccines at their own homes. However, even this very valuable help can lead to difficulties in monitoring and maintaining the required temperature ranges for EPI.

(11) The different brands of freezers and refrigerators provided for by different donors present problems of maintenance and repair, including the provision of spare parts.

(12) The members of the Sub-Committee noted that some health units, such as the one they visited in Pasay City, had been short of certain antigens for several weeks, while others appeared to be well supplied. The members were informed that even when adequate vaccines were available at central level delivery to other levels was often delayed. Some health officers mentioned that this was a very common occurrence, and that vaccines which got to the provincial level often did not get to the rural health units.

(13) There are several possible reasons for these shortages, including wastage, underestimating the required needs, and vaccination of children not resident in the area. There is also a shortage of supply of tetanus toxoids and BCG from the factory, and of other vaccines from overseas. These observations indicate that there are a number of problems in the management and coordination of supplies.

(14) The members noted that several health units have plastic disposable syringes and needles supplied by external assistance. These are extremely useful if finance is available to continue the supply, and if they are used properly. They can make it possible to follow the principle of one sterile needle and one sterile syringe per injection. But members were doubtful about the long-term effect of this, in that when external assistance stopped, the health workers may be forced to reuse the equipment though it cannot be adequately sterilized. To continue using disposables for EPI in a huge target population like that of the Philippines, without external assistance, may cause a financial burden on the Government.

(15) It is obvious that EPI has been integrated with other health programmes at all levels, and the members noted with interest that EPI is the programme with the strongest emphasis. However, there is the danger that with limited resources, the few committed staff available would concentrate on a few problems and neglect others which need more attention.

(16) The MCH programme is an important one. The Sub-Committee was told that despite good MCH services available about 70% of all deliveries take place at home. This causes difficulty with masterlisting the target population, and increases the risk of neonatal tetanus if mothers do not receive tetanus toxoids.

(17) The members however are impressed with the attempts the midwives have made to solve this problem by listing the population to be immunized.

Annex 3

(18) The members were informed that the financing of EPI in the Philippines comes from various sources. The Government pays for their health workers, but the materials and vaccines are provided by both bilateral and multilateral agencies such as WHO, UNICEF, the Australian International Development Assistance Bureau (AIDAB), the Canadian International Development Agency (CIDA), the Japan International Cooperation Agency (JICA), the United States Agency for International Development (USAID) and Rotary International.

(19) The Government provides grants to local governments including cities where city councils are more autonomous in deciding how to spend their funds. This can create problems.

(20) The generous support of agencies, most of whom provide hardware, would need to be studied in future, as the agencies may not continue to provide similar support. The members were pleased to learn that the Department of Health is already making attempts with projects to improve self reliance in funding health activities.

(21) In collaboration with WHO the Department of Health has conducted several workshops at all levels, including seminars and workshops for mid-level managers, cold chain managers, and refrigerator maintenance. The members observed that some participants in such courses do not return to carry out the activities they have learnt because their original jobs do not allow them to introduce new practices. An example is a pharmacist attending a cold chain managers' seminar but when returning to his pharmacy does not have time to inspect other refrigerators.

2.2 Recommendations

The Sub-Committee realized that to review the EPI programme by visiting an example of each level is not adequate to provide a full picture of the situation and all problems. However, the review has indicated some areas that need improvement. These are noted in order to sustain the current gains and expand the EPI coverage to low coverage areas.

The Sub-Committee thus made the following recommendations:

(1) In view of the current improvements and accelerated action, WHO in collaboration with the Department of Health should undertake careful planning and develop specific strategies to expand the coverage of an effective EPI service to the low coverage areas, such as the city slums, and to remote areas.

(2) In view of the several brands of refrigerators in use for the cold chain, maintenance and repairs will soon be a problem. Therefore, WHO, in collaboration with the Department of Health, should support appropriate training courses for the maintenance and repair of the various types of cold chain equipment, and provide specific technical expertise for that purpose.

Annex 3

(3) WHO, in collaboration with the Department of Health and other agencies, should provide support for appropriate training, supply of training materials, and materials for the maintenance and monitoring of an effective cold chain.

(4) WHO, in collaboration with the Department of Health and other agencies, should support the activities for the improvement of coordination and management of EPI material supply system, especially timely delivery of vaccines, so that implementation of EPI at the peripheral level is not interrupted too frequently.

(5) There has been some inadequate understanding on the part of health workers as to the reasons for changing policies, and some participants do not return to put into practice the skills gained in training activities. WHO should therefore support the Department of Health in undertaking task-oriented training programmes at all levels, so that health workers gain more problem-solving and task-related skills.

(6) WHO should collaborate with the Department of Health and other agencies in the development of a simple but adequate and appropriate surveillance system for EPI target diseases. It should include reporting of coverage rates and be simple to understand at the local level for purposes of planning, monitoring and modification of activities,

(7) Since several agencies are involved in EPI in the country, WHO should support and collaborate with the Department of Health in the proper coordination of the involvement of all agencies so that, apart from difficult areas which need special emphasis, the EPI services are provided equitably to achieve national targets.

(8) The commitment of the central Government to EPI is clear, and for further improvement and expansion of effective EPI, WHO in collaboration with other agencies should support the Department of Health in consolidating the political commitment of local governments to EPI.

(9) WHO should continue its support for and collaboration with the Department of Health to sustain and improve on the remarkable gains already achieved. It should focus especially on the planning, review, monitoring and evaluation of all EPI activities, and include training, and the provision of training materials and technical expertise.

(10) WHO should continue to support the Department of Health in the maintenance of the quality of vaccines that are locally produced for EPI. This includes training, supporting technology transfer and coordinating technical collaboration.