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Fonds: Records of the Population, Health, and Nutrition Sector

ISAD Reference Code: WB IBRD/IDA WB_IBRD/IDA_89

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Administratively Affiliated with Emory University

November 18, 1985

Dr. Anthony R. Measham
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Dear Tony:

Under separate cover, we are sending you 200 copies of the first issue of **World Immunization News (WIN)**. Enclosed with this note is the mailing list which we used for our first mailing. I trust this list will be helpful to you in preventing duplicate mailings.

Our next issue is scheduled for December. With your concurrence, we will also send copies of this issue to your office for mailing. However, for future issues of WIN, we have many questions to answer; we will plan to discuss these points at The Task Force for Child Survival meeting scheduled in February.

We are very excited about WIN and trust it will prove useful to all those involved in immunization activities around the world.

Sincerely,

Bill

William C. Watson
Project Manager

Enclosures

11/26
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Health Div. list.
Sent remainder
to NCIH.
am.

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APPROVAL		NOTE AND SEND ON	
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<input checked="" type="checkbox"/> INFORMATION		RECOMMENDATION	
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REMARKS:			
<div style="text-align: center;"></div>			
FROM: Anthony R. Measham		ROOM NO.:	EXTENSION: 61573

for

The Task Force for Child Survival

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Administratively Affiliated with Emory University

TO: CARTAGENA PARTICIPANTS

FROM: WILLIAM H. FOEGE, M.D.
EXECUTIVE DIRECTOR

DATE: NOVEMBER 12, 1985

AM
DC's - ALISON:
PLS MAKE
COPIES
FOR DEC.
THANKS
ROSE
11/20

Enclosed is the first issue of World Immunization News (WIN), a newsletter published by The Task Force for Child Survival to keep people engaged in immunization efforts around the world abreast of the latest developments. We trust this newsletter will be of interest to you.

Also enclosed is a souvenir copy of the group photograph taken in Cartagena after the delightful lunch hosted by President Betancur at the Club de Pesca.

We were very pleased with the enthusiasm shown at the Cartagena conference and look forward to the months ahead.

Sincerely,

William H. Foegé, M.D.
Executive Director

Enclosures

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World Immunization News

November 1985

Vol. 1, No. 1



Protecting the World's Children/Cartagena

On October 14-16, 1985, approximately 90 world leaders and public health experts met in Cartagena, Colombia, to consider a global effort to protect the world's children from vaccine-preventable diseases. The meeting was a follow-up to the conference held in March 1984 at the Rockefeller Center in Bellagio, Italy.

The Colombian conference focused on current progress in accelerating and expanding childhood immunization programs, plans for meeting the WHO 1990 objectives for universal childhood immunization, and strategies for using programs to build better primary health-care systems.

The conference was attended by ministers of health and senior representatives from ten developing countries; heads and technical experts from the WHO, UNICEF, UNDP, The World Bank, and The Rockefeller Foundation; senior representatives of several bilateral government agencies; NGOs; and representatives of The Task Force For Child Survival.

Next month, WIN will summarize the conference speeches (see Agenda, p. 4). In a future issue of WIN, we will also publish information on how to obtain copies of the conference proceedings and the reports presented by developing countries.

What Is World Immunization News?

World Immunization News (WIN) is a newsletter published by The Task Force For Child Survival to keep the many people engaged in immunization efforts around the world abreast of the latest developments. Information contained in the newsletter will come from international organizations, such as the sponsors of The Task Force, non-government organizations, and country program activities, as well as individual program operators and scientific investigators in the field.

WIN will contain information about program operations and developments at the national, regional and

international levels. It will also contain information about basic and applied research and other technical and scientific developments in the field of immunization.

WIN is not intended to replace any existing institutional newsletters or publications. It is intended to provide a means for people working in the field of immunization to exchange information and keep each other informed . . . to be a means of improving communication across organizational and institutional lines, as the immunization effort in the world accelerates.

In This Issue

- Protecting the World's Children/Cartagena
- PAHO Vows Hemisphere Polio-Free by 1990
- Colombia: Successful Mobilization for Immunization
- Pitin: A National Symbol for Immunization in Colombia
- The Task Force For Child Survival
- A Letter on Universal Immunization of Children from U.N. Secretary General Pérez de Cuéllar
- U.N. Declaration Regarding Universal Child Immunization by 1990
- Agenda from the Cartagena Conference
- Quotable Quotes from the Cartagena Conference
- Dr. John Evans: Cartagena Conference Highlights
- Canada Pledges over \$25 Million for Immunization

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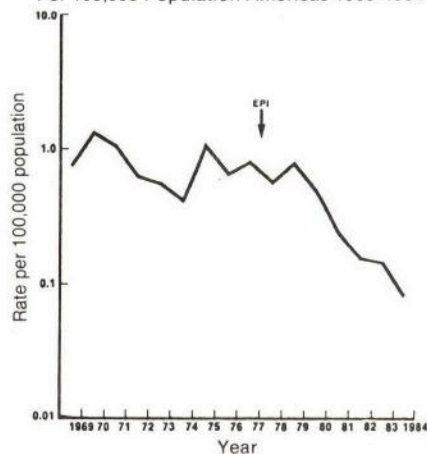
PAHO Vows Hemisphere Will Be Free of Polio by 1990

On May 14, 1985, Dr. Carlyle Guerra de Macedo, Director of the Pan American Health Organization (PAHO), announced the objective of a polio-free Western Hemisphere by 1990. The announcement followed a review by PAHO of the recent history of polio control efforts in the Hemisphere and the recommendations of an ad hoc advisory committee.

Polio eradication will be intimately associated with all aspects of the Expanded Program on Immunization (EPI). In both ongoing maintenance programs and special immunization days, it is recommended that polio vaccine always be given in combination with other EPI immunizations. In this way, the goal of polio eradication will contribute to the 1990 EPI objectives and the general improvement of primary health care.

The five-year program will require an additional \$9 million per year — or \$45 million more by 1990. Requests by PAHO for additional funds are currently being considered by Rotary International, the Inter-American Development Bank, USAID, and UNICEF.

Annual reported morbidity due to poliomyelitis
Per 100,000 Population Americas 1969-1984



Colombia: Successful Mobilization for Immunization

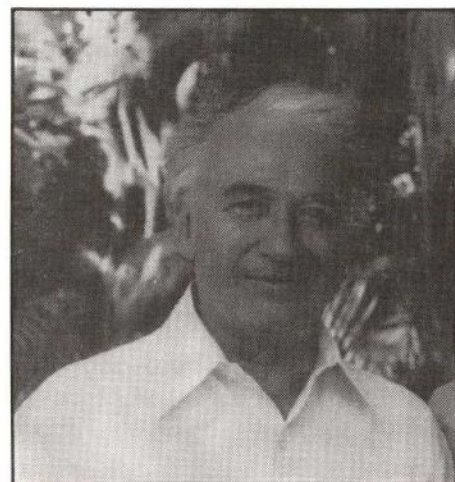
In 1983, Colombia reported 89 cases of polio, 319 cases of neonatal tetanus, over 5,000 cases of pertussis and over 13,000 cases of measles! Less than 50% of children had received immunizations against these diseases. To halt such statistics, the country embarked on a bold plan to raise immunization levels by 50% during the second half of 1984.

The Ministry of Health organized a Technical Committee and an ad hoc committee in April 1984 to plan a National Vaccination Crusade to deliver DTP, polio, and measles vaccines on three special days in June, July and August of 1984. Subcommittees

Colombia is continuing to provide lessons on vaccination for all countries to consider.

were developed to organize administration, vaccine, information, communications, community support and logistics. Twelve regional managers provided liaison between the Sectional Health Services and the Committee.

On each of the three days of the Crusade, President Betancur inaugurated the vaccination day by personally immunizing a child at the Presidential Palace. An unusual participation of both public and private sectors followed. Ministries of State, Education, Communications, Defense and the like joined church groups, the Red Cross, Boy Scouts and others to provide a national movement. The international community participated through WHO/PAHO, UNICEF, and UNDP. *El Tiempo*, a leading newspaper, and Caracol, the major radio broadcasting network, pro-



President Belisario Betancur Cuartas opened the meeting "Protecting the World's Children/Cartagena," October 15, 1985.

vided publicity, health education and a feeling of national involvement in the campaign. The image of Pitin was widely used to promote the campaign (see related story, p. 3).

By the end of the third special immunization day, coverage rates were reported to be over 72% for polio and DTP and 75% for measles in the under-four age group. The objective had been reached.

Evaluations will continue to determine the strengths and the weaknesses of such special immunization days. While it is recognized that such efforts could detract from ongoing immunization maintenance programs, they do have many benefits. Not only does the political commitment of the Head of State improve the success of the immunization program but it also strengthens the entire public health service. Special days provide unique opportunities to mobilize a large cross section of the population and to provide concentrated health education. But they also change the social norm for immunizations and provide many volunteers with the knowledge that they are improving the quality of life of their society. Colombia is continuing to provide lessons for all countries to consider.

Pitin: A National Symbol for Immunization in Colombia

The healthy, happy child you see depicted in the cartoon below may be unfamiliar to you, but in Colombia, he's famous. Called "Pitin," he's the symbol of a healthy child and thus, the National Vaccination Crusade.

The figure was produced in January 1985 by Orlando Prieto and Melba Rodriguez of the publicity agency Trazo Ltd. The image was adopted as the symbol of the first National Vaccination Crusade in April. The same month, he was named Pitin as the result of a national campaign organized by the Caracol Radio Network and *El Tiempo* newspaper. A child from Cali, Juan Rincon, suggested the winning name.

Most of the printed and video health education materials produced in Colombia use this figure, which there appears in bright, primary colors.

The use of Pitin by newspapers and television during the vaccination campaign was so successful that the image of Pitin has now been adopted as the symbol of the National Child Survival and Development Plan, initiated in January 1985.



Letter From The Secretary-General of the United Nations To Heads of State Concerning Universal Immunization of Young Children by 1990

The Secretary-General

10 June 1985

Excellency,

As we observe the 40th Anniversary of the founding of the United Nations, I should like to commend to your personal attention the contents of the enclosed resolution that was adopted unanimously by the UNICEF Executive Board at its recently concluded session.

The resolution articulates the possibility of achieving the goal of universal immunization of young children by 1990, through accelerated action in line with a goal already established by the World Health Assembly. The endeavour could result in saving the lives of several million children each year and in preventing a comparable number from suffering permanent disabilities.

Experience in several countries, some of which have doubled or even trebled their immunization rates in the recent past, has already shown that mobilizing a society's organizational and communications resources in support of an effective national immunization programme can have the most far-reaching cumulative effect. In particular, it can lend momentum to other primary health care approaches as supported by WHO and UNICEF. While much work remains to be done before the goals of the resolution are finally achieved, I am convinced that their reaffirmation in 1985 could have a significantly positive effect and I attach a brief background paper that elaborates this point.

With these considerations in mind I should like to express my hope, Excellency, that under your personal guidance your Government will reaffirm its commitment to these objectives in its statements during the 40th session of the General Assembly which will be held later this year. I am convinced that your leadership, in concert with that of other heads of government, would advance these most important efforts for the well-being of our children and the future of the world.

Please accept, Excellency, the assurances of my highest consideration.

Javier Pérez de Cuéllar

United Nations Declaration-October 25, 1985

"The respective Governments, through Heads of State and representatives assembled in the City of New York on the occasion of the Fortieth Anniversary of the Charter of the United Nations, have agreed that the safety and welfare of children is an investment in the future of all mankind, and have called for the full implementation of the worldwide programme of universal child immunization by 1990."

— Secretary General Pérez de Cuéllar

The Task Force For Child Survival

In March 1984, thirty-four world leaders participated in a conference sponsored by The Rockefeller Foundation in Bellagio, Italy, to consider the subject of better protecting the health of the world's children. At that meeting, the formation of the Ad Hoc Task Force for Child Survival was proposed and endorsed.

Technically, The Task Force has two organizational facets: The Task Force itself, and The Task Force staff. The Task Force consists of representatives designated by the sponsoring agencies: The World Health Organization (Dr. Ralph Henderson); UNICEF (Dr. Steve Joseph and Mr. Newton Bowles); The World Bank (Mr. John North and Dr. Tony Measham); The United Nations Development Program (Mr. Tim Rothermel and Dr. Mike Sacks); and The Rockefeller Foundation (Dr. Ken Warren).

The Task Force staff is located in Atlanta, Georgia, and consists of Dr. Bill Foege as Executive Director, Mr. Bill Watson as Project Manager, Ms. Carol Walters as Office Manager, and two secretaries. We have recently hired a consultant, Mr. Joe Giordano, whose primary responsibility is to work with UNICEF to assist with the Italian Initiative. We have also employed Dr. P. Diesh from India as a Special Consultant to The Task Force.

The Task Force staff reports to The Task Force representatives, and meets with them quarterly to review agency activities, coordinate future strategies, and select areas of special priority.

In the past year, Task Force attention has moved from concern regarding resources to questions regarding implementation. The Cartagena meeting realized the need for developing managerial skills for the delivery of im-

munization programs. Task Force interest in operational field research has steadily increased and priority will be given in the next year to this area. Finally, the Cartagena meeting

emphasized the need for improvements in surveillance and evaluation techniques to better measure the impact of various implementation techniques.

AGENDA Protecting The World's Children/Cartagena October 14-16, 1985

Monday, October 14

CHAIRPERSON — DR. KENNETH S. WARREN
8:30 PM OPENING SESSION - SPIRIT OF "BELLAGIO"

Tuesday, October 15

CHAIRPERSON — DR. KENNETH PREWITT
GENERAL SESSION

8:30 - 9:00 AM	WELCOME AND OPENING REMARKS	PRESIDENT BELISARIO BETANCUR CUARTAS
9:00 - 9:30 AM	GLOBAL OVERVIEW-EPI	DR. RALPH H. HENDERSON
9:30 - 10:00 AM	TASK FORCE UPDATE	DR. WILLIAM H. FOEGE
10:00 - 10:30 AM	QUESTIONS RAISED/ LESSONS LEARNED	DR. STEPHEN C. JOSEPH
11:00 - 11:30 AM	WESTERN HEMISPHERE PERSPECTIVE	DR. CARLYLE GUERRA DE MACEDO
11:30 - 12:30 PM	NATIONAL VACCINATION CRUSADE - COLOMBIA	DR. RAFAEL de ZUBIRIA

CHAIRPERSONS — DR. RAFAEL de ZUBIRIA
DR. TERESA ALBANEZ BARNOLA

MODERATOR — DR. JOHN R. EVANS

2:00 - 3:30 PM	COUNTRY PERSPECTIVES ON MEETING THE 1990 OBJECTIVES
4:00 - 6:00 PM	COUNTRY PERSPECTIVES (Continued)

WEDNESDAY, OCTOBER 16

CHAIRPERSON — DR. DONALD A. HENDERSON
GENERAL SESSION

8:30 - 9:15 AM	BASIC RESEARCH UPDATE	DR. KENNETH S. WARREN
9:15 - 9:45 AM	APPLIED RESEARCH NEEDS	DR. WILLIAM H. FOEGE
9:45 - 10:15 AM	OTHER ASPECTS OF PRIMARY HEALTH CARE	
	FAMILY PLANNING	DR. FRED T. SAI
	DIARRHEAL DISEASE CONTROL	DR. MICHAEL H. MERSON

CHAIRPERSON — DR. KENNETH S. WARREN

10:45 - 11:30 AM	FUTURE DIRECTIONS FOR CHILD SURVIVAL EFFORTS	DR. WILLIAM H. FOEGE
11:30 - 3:00 PM	DISCUSSION	
3:00 - 4:30 PM	COMMENTS	MR. G. ARTHUR BROWN MR. A.W. CLAUSEN MR. JAMES P. GRANT DR. HALFDAN MAHLER
5:00 - 5:30 PM	SUMMARY AND CONCLUSIONS	DR. JOHN R. EVANS RAPPORTEUR

Quotable Quotes On Child Survival Protecting the World's Children/Cartagena

"It is our duty to try everything in order to reconcile technical progress with moral progress. We have been chosen to construct; to find opportunities where others find problems; to give back to the world its confidence in life and development; to maintain alive the flame of humanism and hope."

— **Belisario Betancur Cuartas**
President of Colombia

"I think we have shown that we can, indeed, improve the delivery system by taking up the slack. By doing this we have every reason to believe that we can bring down the cost to such an extent that we should not have difficulties finding that marginal external support to keep on delivering the services."

— **Dr. Halfdan Mahler**
Director General, WHO

"It is time to promulgate a new law of emancipation to liberate those in the slavery of infant and child death. I do think we are at the beginning of something very, very exciting."

— **Mr. James Grant**
Executive Director, UNICEF

"To survive and to exist with health and dignity are the first obligations that Nature imposes on individuals and families. The main resource for development is mankind itself."

— **President Belisario Betancur Cuartas**

"It is only being present here that one can realize the enthusiasm that has been generated and the commitment to making a success of expanding the Program of Immunization so as to save the lives of so many millions of children."

— **Mr. G. Arthur Brown**
Associate Administrator,
UNDP

"The long way that Colombia has come in the field of infant survival shows us how immunization can be organized massively through great journeys as a great community commitment. We have done in our country in one year what in another way would have taken 5 years; time is the way to measure the work of man, the pulse of his will and his acts."

— **President Belisario Betancur Cuartas**

"The basic approach is to be responsive to the will of the sovereign nations of this world to protect their children, with the assistance of WHO, UNICEF, UNDP, The World Bank . . . and the Rockefeller Foundation as midwife and The Task Force as coordinator. The approach is pragmatic and transactional, being responsive to the unique needs and desires of the countries, and constantly responding to new developments and challenges."

— **Dr. Kenneth Warren**
Director, Health Services,
The Rockefeller Foundation

"I would like to reiterate the 'Bellagio I' argument in favor of giving high priority to the least developed countries — the poorest-of-the-poor developing countries, especially in sub-Saharan Africa, where infant and child mortality are the highest in the world."

— **Mr. A.W. Clausen**
President, The World Bank

"Perhaps one of the most creative developments occurring in immunization worldwide is the transcending of institutional barriers which so often stand in the way of programs of this kind."

— **Dr. Kenneth Prewitt**
Vice President,
The Rockefeller Foundation

Conference Summary

Conference Highlights: Some Observations From The Rapporteur

By John R. Evans, MD*

Just the fact that the most senior representatives of The World Bank, of the UNDP, WHO and UNICEF are taking time out of their schedule to spend 3 days at this conference to me is testimony that "Cartagena I" is extraordinarily important to each of them and their agencies, and that they have a deep and sincere commitment to the child survival revolution.

* * *

It is essential to stress the value of pragmatic evaluations learned from our mistakes and to share those experiences with others.

* * *

One of the great advantages of the network that is emerging is the way in which it is promoting technical collaboration among developing countries.

* * *

Political and social mobilization create for us a real window of opportunity, but it is of limited duration and it is going to be much more difficult to open a second time. The window makes possible the type of campaigns and extraordinary measures that we are seeing to accelerate the immunization. But while this window is open, it is imperative to build the credibility and effectiveness of the ongoing health services. Unless we can get that system firmly established, there will be no way of carrying the major burden of the future implementation of the EPI and the other critical interventions we have discussed at this conference that are

* Dr. Evans — Chairman & Chief Executive Officer for Allelix, Inc., Ontario, Canada — was Rapporteur for the Cartagena Conference.

part and parcel of primary health care.

Don't try to do too much at once. It is an incremental process; it is difficult to paint the whole canvas at once. Secondly, select programs with a population perspective—the population perspective of disease burden—and try to select the kinds of interventions that have a high likelihood of success. Thirdly, build on existing strengths and national systems.



EPI must be regarded as an icebreaker, a leading edge of the child survival revolution, a marketable product that may have as its great dividend the ability to convince governments and donors to give higher priority to health in social development. It is measurable, it is concrete, and benefits should be identifiable in a reasonable time.

I think that the reports from individual countries were really highlights as far as all of us were concerned. In almost all of the reports, certain words or themes re-emerged: political will, social mobilization, involvement of the population and health infrastructure, the value of campaigns, some impediments in technology (in particular the cold chain), the overriding problem of management and its importance, the significance of evaluation, and the importance of financial need in order to establish these programs.

Bellagio I anticipated what might be done and took some first steps in that direction. Cartagena I has engendered a real sense of confidence and excitement that universal vaccination of children can be a reality for some nations by 1990 and perhaps for all later in that decade. The reports from all the countries present indicated a dramatic change in interest and attention to the expanded program of immunization.

Canada Pledges \$ \$ to Immunization

On October 16 at the Cartagena conference, Ms. Margaret Catley-Carlson, President of the Canadian International Development Agency, announced that the Canadian Government is pledging \$25 million (Canadian dollars) to assist the Commonwealth Countries in immunization programs. An additional \$2.8 million has been pledged to assist Colombia, she said.

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The Assembly also requested the Secretary General of the League, in consultation with the representatives of national societies and specialists in the field of immunization, to identify ways to stimulate and support the activities of national societies for the control of

vaccine-preventable diseases. The recommendation indicated that such activities should be coordinated with WHO, UNICEF, and other organizations involved with the world immunization movement.

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A study to evaluate Ezeject for administration of measles vaccine to infants is nearing completion in Guatemala. It was coordinated by the Pan American

Health Organization in cooperation with the Guatemalan Ministry of Health and the Johns Hopkins School of Hygiene and Public Health.

Ezejects and standard syringes will be compared with respect to seroconversion rates, antibody-titer response, time taken by vaccinators (both experienced and inexperienced) to administer the vaccine, the amount of training required by personnel, the appropriateness of vaccination technique, and the stability of measles vaccines stored under field conditions.

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WHO



UNICEF



World Bank



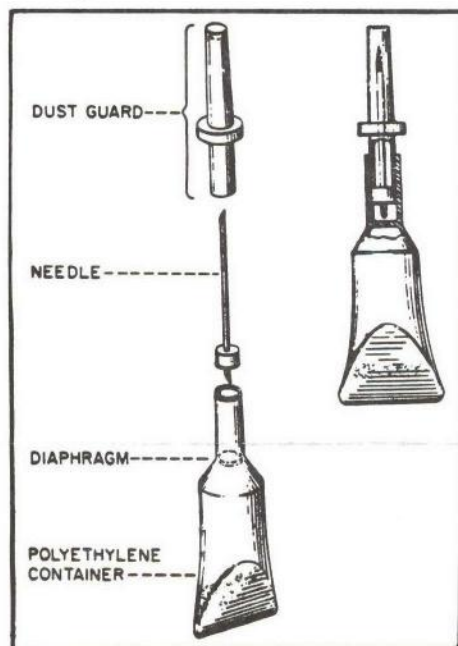
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Ezeject—a disposable syringe-vial designed for administering single doses of vaccine—is now being field tested. Diagram reprinted with permission from the *Journal of Biological Standardization*.

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On November 19, 1985, Indian Prime Minister Rajiv Gandhi inaugurated the first phase of his country's universal immunization campaign as "a living memorial" to his late mother, Indira Gandhi.

Addressing health workers, mothers, and VIPs at Fatehpur Beri Health Center in New Delhi's rural outskirts, Prime Minister Gandhi said that children's needs "must be fulfilled," and empha-

sized the necessity for nationwide immunization coverage of children against the six most common vaccine-preventable diseases. He also said that the program must be clearly focused on the underserved countryside.

Governors and other prominent officials also personally launched this program in the states of Bihar, Andhra Pradesh, Maharashtra, Karnataka, Punjab, Haryana, Rajasthan, Kerala, Uttar Pradesh, and Gujarat. This first phase is aimed at reaching 2 million infants and 2.5 million women in 30 districts.

Experience with these 30 districts will then be used to fine-tune the approaches for scaling-up immunization activities to the national level in the remaining 4 years.

Review of Task Force Activities

By
William H. Foege, MD, MPH*

The activities of The Task Force for Child Survival are best seen within the context of overall trends in global health. I will briefly review certain major trends, and then summarize Task Force activities and how they have changed.

Global health is improving and in dramatic ways. The past quarter of a century has seen changes that exceed the most optimistic predictions of the early 1960s. In 1960, infant mortality exceeded 150 deaths per 1,000 live births in 59 countries of the world. The latest figures indicate only 11 countries still in that category (Figure 1). Life expectancy at birth was less than 40 years in 34 countries in 1960. Only two countries are still in that category (Table 1). The general health trends are encouraging and provide evidence of the importance of intervention strategies. At the same time, birth rates are beginning to decline, leading to hopes for population

stabilization (Table 2). Global immunization programs also continue to improve. A most significant trend of the global immunization program, in the past 18 months, has been the degree of coordination being achieved. This defies conventional expectations, occurring despite what would ordinarily be fragmenting influences.

Secondly, the world is also seeing an unparalleled development of interest in immunization. With this new interest has come a third trend: new resources not predicted at the "Bellagio I" immunization meeting in March 1984. For example, when President Betancur immunized a child on television to inaugurate the special immunization days, the political resources that accrued were incalculable. Around the world, political leaders are taking a new interest in providing immunization programs for their citizens.

Many of the new resources are material. At "Bellagio I," it was estimated that universal immunization would cost \$1-1.5 billion per year, requiring from \$300-500 million in outside funding within a few years. It was not clear, then,



One notable trend in the global immunization movement is the involvement of political leaders. Shown here is former U.S. President Jimmy Carter at an immunization camp in Colombia, November 1985.

*Dr. Foege is Executive Director of The Task Force for Child Survival. This is based on his speech at the Cartagena Conference, modified for WIN.

Table 1.
Life expectancy at birth
for 130 countries.

Source: *State of the World's Children* 1986.

Life Expectancy	Number of Countries	
	1960	1983
Less than 35 years	10	1
35-39	24	1
40-44	21	16
45-49	16	14
50-54	10	18
55-59	10	10
60-64	10	12
65-69	16	16
70 or more	13	42
Total	130	130

that such resource levels were possible.

But the commitment of Rotary International to provide \$120 million in vaccine, over the next 2 decades, has been a catalyst that provides ripples far beyond that one commitment. As a result of similar, extraordinary contributions by Italy, the U.S., Canada, and others, resources are no longer the number-one obstacle to global immunization, as they were 18 months ago. The major barriers now are the development of country programs to take advantage of the available resources, and the mobilization of managerial skills to effectively deliver immunizations.

Finally, in terms of global trends, we are seeing a new boldness in experimenting with strategies and tactics. Pan American Health Organization's decision to eradicate polio from the Western hemisphere by 1990 and the creative use of immunization days are two examples.

The creation and activities of The Task Force are a reflection of the new interest that has developed in immunization, rather than a cause of that interest.

At its inception at "Bellagio I," conference participants requested that The Task Force develop country-program and research aspects of accelerated immunization activities, with special emphasis to be placed on India, Senegal,

Table 2.
Crude birth rates in
130 countries.

Source: *State of the World's Children* 1986.

Births/1000 Population	Number of Countries	
	1960	1983
50 plus	22	12
45-49	47	27
40-44	23	20
35-39	5	9
30-34	0	13
25-29	8	13
20-24	9	4
15-19	15	17
14 or less	1	15
Total	130	130

and Colombia. In each country, such plans have expanded rapidly.†

Accelerated programs have also taken place in Burkina Faso, Nigeria, El Salvador, Turkey, Mauritania, and Sudan.

In terms of research, The Task Force looked specifically at the needs in applied research, to identify the most important obstacles impeding immuni-

†Dr. Foege's speech gave descriptions of the immunization activities/strategies in each of these countries over the past 18 months. The entire speech—and those of all conference participants—will be in the upcoming conference proceedings being published by The Rockefeller Foundation.

zation delivery, to explore funding possibilities for applied research, and to identify the obstacles to bringing new vaccines to field use. These are summarized in another speech.‡

The initial attention to resource issues and potential donors has switched to implementation concerns. Resource files are being developed on individuals with experience in developing countries and/or immunization who might be possible candidates for short-term and long-term work on the Expanded Program on Immunization. This reservoir of consultant talent is now being mobilized and six consultants have been recruited and oriented through WHO-Geneva to assist in developing immunization strategies for Botswana, The Congo, and Madagascar.

It is anticipated that a major activity, over the next year, will be the continuing identification of consultant and managerial talent for The Task Force sponsors.

The past 18 months reemphasize the importance of the decisions made at "Bellagio I," namely, that The Task Force should not be an independent agency but should, instead, consist of

‡To be published in an upcoming issue of WIN and in the conference proceedings.

Infant Mortality Rate

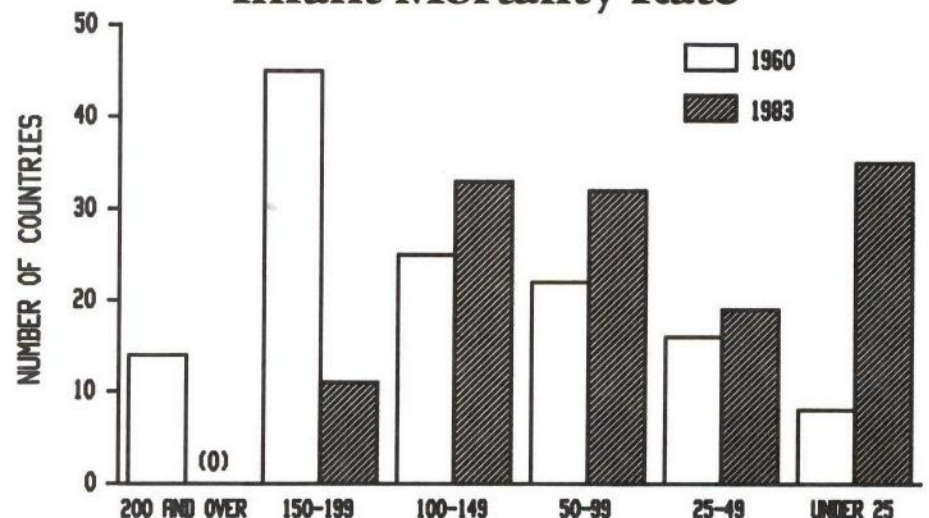


Figure 1. Infant mortality rates for 130 countries. Deaths under 1 year of age per 1000 live births are shown. (Source: *State of the World's Children* 1986, UNICEF.)

the sponsoring international agencies; that it should remain small and flexible and provide a service to the international agencies; and that, wherever possible, the activities of The Task Force staff should be assumed by one of the established U.N. agencies. The experiences of The Task Force provide optimism and confidence that the 1990 objectives are realistic and achievable and should not be compromised.



Third International Seminar on Vaccinations in Africa Upcoming

The Third International Seminar on Vaccinations in Africa will be held in Niamey in November 1986. Specific dates have not yet been determined.

This meeting will be sponsored by the Association pour la Promotion de la Médecine Préventive (APMP).



"Quotable Quotes" on Global Immunization

"The international community is in a mood of crisis management. It has discovered a critical situation in parts of Africa and its conscience has been aroused...[However] there is always the danger that the self-cleansing self-righteousness of giving to the unfortunate poor will blind the givers to the need for more fundamental long-term solutions."

—Dr. Halfdan Mahler
Director General, WHO
(WHO Director General's 1984 Report,
WHO Chronicle 1985;39(3):87-91)

"Foremost among the more traditional health measures are vaccines. Despite the advent of antimicrobial drugs, vaccines remain the single greatest advance in prevention of disease and death."

—Dr. William Greenough, III
Director, International Centre for
Diarrhoeal Disease Research
(The Rockefeller Foundation Report
Good Health at Low Cost, 1985)

"...in doing the possible today, we take one more step towards achieving the impossible tomorrow."

—*The State of the World's Children 1986*

"A guarantee of a long life to nearly everyone cannot wait the attainment of global affluence. It now appears that it does not have to."

—Dr. Scott B. Halstead, Dr. Julia A. Walsh,
and Dr. Kenneth S. Warren
(The Rockefeller Foundation Report,
Good Health at Low Cost, 1985)

"The post World War II era has been the first in human history in which it has been possible to think in terms of bringing the basic essentials of health to all humanity, and for contributing to earlier population stabilization as well. Will the 1980s mark the moment that that opportunity was lost, at least for this century, or will current difficulties serve rather as a spur to new levels of creativity in advancing toward the goal of primary health care for all by the year 2000?"

—James P. Grant
Executive Director, UNICEF
(Excerpt from 1985 APHA Presidential
Citation Speech)

Publications of Interest

Editor's Note: *From time to time WIN will review recent publications of interest to those in the world childhood immunization effort. Suggestions for items to review are welcome.*

The State of the World's Children, UNICEF. The annual UNICEF report this year focuses on a limited number of achievable aims, such as universal immunization, the spread of oral rehydration therapy (ORT), and the low-cost prevention of malnutrition.

Interspersed throughout the report are self-contained "panels." Some of these describe goals, unique problems, and strategies of individual countries. That for Bangladesh, for example, is entitled "Visiting 5 Million Homes," and the panel for Somalia is on "Protection in Emergencies." Other panels discuss issues such as iodine deficiency and parasites.

Vitamin A deficiency, a condition that contributes to the blindness of 250,000 children annually, is featured in a special article.

Specific sections of this year's report concern how beneficial the world immunization effort is to women; the "self-health" movement; and basic statistics, alphabetically by country, on infant mortality, population, life expectancy, adult literacy, school enrollment, and income.

This report is available through UNICEF, 866 U.N. Plaza, New York, NY 10017.

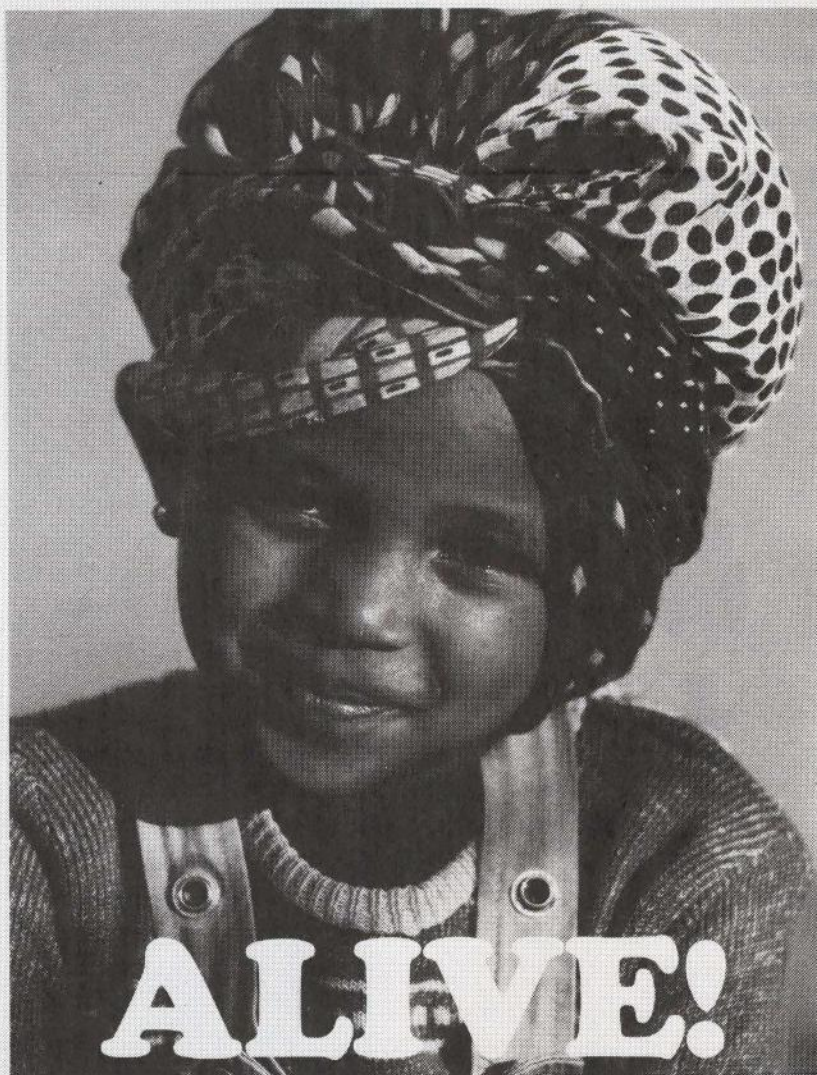
Issues in Immunization in Developing Countries, by Bruce Dick. This is the latest in a series of publications produced by the Evaluation and Planning Centre of the London School of Hygiene and Tropical Medicine.

It includes a brief review of vaccine-preventable diseases and vaccines, followed by a discussion of relevant epidemiological concepts and the factors that have an impact on these diseases. The publication then outlines in some detail current problems with the control of vaccine-preventable diseases in terms of the transfer of technology and the provision and utilization of immunization services. Finally, there is a section that deals with important policy issues.

The publication is descriptive rather than prescriptive. It is aimed at people

from a wide range of disciplines and work situations who would like an introduction to the major issues in immunization in developing countries. There are several useful tables and an extensive bibliography. It costs 4 pounds (includes postage and packing) and is available from the Evaluation and Planning Centre, London School of Hygiene and Tropical Medicine, Keppel Street (Gower St.), London WC1E 7HT, United Kingdom, or Telex: 8953473.

What Would You Like to be When You Grow Up?



Good Health at Low Cost, by **Scott B. Halstead, Julia A. Walsh, and Kenneth S. Warren**. The Alma Ata Declaration has seemed to many to present impossibly difficult health targets for the poorest countries. Yet a number of low-income societies—Kerala State, Sri Lanka, China, and Costa Rica, for example—have achieved mortality levels close to those of the industrialized countries. The first three did this in spite of annual per capita incomes that are still around only \$300. Each country added 15-20 years to its life expectancy at birth in little more than two decades.

This immense improvement in their social situations was largely accomplished through their own efforts, which are described in this Rockefeller Foundation report. The report is exciting because there appears to be a common pattern, which the authors detail. Central to that pattern is a strong political and popular commitment to

extending good health to all, so that the effort had a high profile, involved widespread participation, and had some of the aspects of a crusade.

Available through The Rockefeller Foundation, 1133 Avenue of the Americas, New York, NY 10036.



Articles, Information Solicited

World Immunization News (WIN) is a new publication, published by The Task Force for Child Survival to keep the many people engaged in immunization efforts around the world abreast of the latest developments.

WIN welcomes suggestions, information, and articles for future issues. Informative and instructive material on program developments and/or technical and scientific developments would be particularly welcome.

Also desirable would be information about national, regional, and international meetings or conferences of importance and interest to persons working in the immunization field. These items will be featured in the "Calendar of Events" column.

All suggestions should be submitted to *World Immunization News* at the address below.

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 Telex 8107518512



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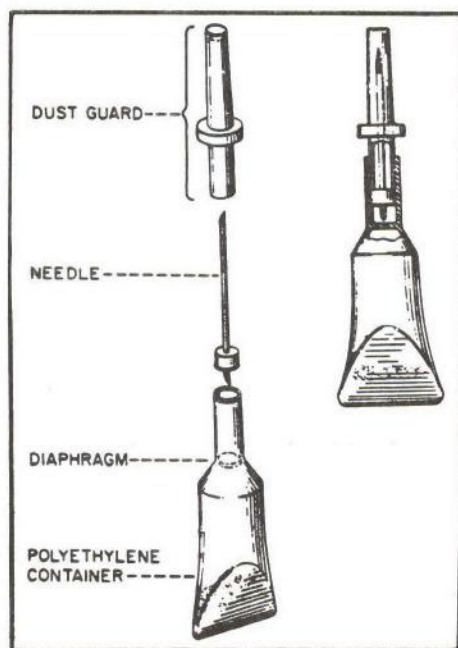
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sized the necessity for nationwide immunization coverage of children against the six most common vaccine-preventable diseases. He also said that the program must be clearly focused on the underserved countryside.

Governors and other prominent officials also personally launched this program in the states of Bihar, Andhra Pradesh, Maharashtra, Karnataka, Punjab, Haryana, Rajasthan, Kerala, Uttar Pradesh, and Gujarat. This first phase is aimed at reaching 2 million infants and 2.5 million women in 30 districts.

Experience with these 30 districts will then be used to fine-tune the approaches for scaling-up immunization activities to the national level in the remaining 4 years.

Review of Task Force Activities

By
William H. Foege, MD, MPH*

The activities of The Task Force for Child Survival are best seen within the context of overall trends in global health. I will briefly review certain major trends, and then summarize Task Force activities and how they have changed.

Global health is improving and in dramatic ways. The past quarter of a century has seen changes that exceed the most optimistic predictions of the early 1960s. In 1960, infant mortality exceeded 150 deaths per 1,000 live births in 59 countries of the world. The latest figures indicate only 11 countries still in that category (Figure 1). Life expectancy at birth was less than 40 years in 34 countries in 1960. Only two countries are still in that category (Table 1). The general health trends are encouraging and provide evidence of the importance of intervention strategies. At the same time, birth rates are beginning to decline, leading to hopes for population

stabilization (Table 2). Global immunization programs also continue to improve. A most significant trend of the global immunization program, in the past 18 months,¹ has been the degree of coordination being achieved. This defies conventional expectations, occurring despite what would ordinarily be fragmenting influences.

Secondly, the world is also seeing an unparalleled development of interest in immunization. With this new interest has come a third trend: new resources not predicted at the "Bellagio I" immunization meeting in March 1984. For example, when President Betancur immunized a child on television to inaugurate the special immunization days, the political resources that accrued were incalculable. Around the world, political leaders are taking a new interest in providing immunization programs for their citizens.

Many of the new resources are material. At "Bellagio I," it was estimated that universal immunization would cost \$1-1.5 billion per year, requiring from \$300-500 million in outside funding within a few years. It was not clear, then,



One notable trend in the global immunization movement is the involvement of political leaders. Shown here is former U.S. President Jimmy Carter at an immunization camp in Colombia, November 1985.

*Dr. Foege is Executive Director of The Task Force for Child Survival. This is based on his speech at the Cartagena Conference, modified for WIN.

Table 1.
Life expectancy at birth
for 130 countries.

Source: *State of the World's Children* 1986.

Life Expectancy	Number of Countries	
	1960	1983
Less than 35 years	10	1
35-39	24	1
40-44	21	16
45-49	16	14
50-54	10	18
55-59	10	10
60-64	10	12
65-69	16	16
70 or more	13	42
Total	130	130

Table 2.
Crude birth rates in
130 countries.

Source: *State of the World's Children* 1986.

Births/1000 Population	Number of Countries	
	1960	1983
50 plus	22	12
45-49	47	27
40-44	23	20
35-39	5	9
30-34	0	13
25-29	8	13
20-24	9	4
15-19	15	17
14 or less	1	15
Total	130	130

that such resource levels were possible.

But the commitment of Rotary International to provide \$120 million in vaccine, over the next 2 decades, has been a catalyst that provides ripples far beyond that one commitment. As a result of similar, extraordinary contributions by Italy, the U.S., Canada, and others, resources are no longer the number-one obstacle to global immunization, as they were 18 months ago. The major barriers now are the development of country programs to take advantage of the available resources, and the mobilization of managerial skills to effectively deliver immunizations.

Finally, in terms of global trends, we are seeing a new boldness in experimenting with strategies and tactics. Pan American Health Organization's decision to eradicate polio from the Western hemisphere by 1990 and the creative use of immunization days are two examples.

The creation and activities of The Task Force are a reflection of the new interest that has developed in immunization, rather than a cause of that interest.

At its inception at "Bellagio I," conference participants requested that The Task Force develop country-program and research aspects of accelerated immunization activities, with special emphasis to be placed on India, Senegal,

and Colombia. In each country, such plans have expanded rapidly.†

Accelerated programs have also taken place in Burkina Faso, Nigeria, El Salvador, Turkey, Mauritania, and Sudan.

In terms of research, The Task Force looked specifically at the needs in applied research, to identify the most important obstacles impeding immuni-

†Dr. Foege's speech gave descriptions of the immunization activities/strategies in each of these countries over the past 18 months. The entire speech—and those of all conference participants—will be in the upcoming conference proceedings being published by The Rockefeller Foundation.

zation delivery, to explore funding possibilities for applied research, and to identify the obstacles to bringing new vaccines to field use. These are summarized in another speech.‡

The initial attention to resource issues and potential donors has switched to implementation concerns. Resource files are being developed on individuals with experience in developing countries and/or immunization who might be possible candidates for short-term and long-term work on the Expanded Program on Immunization. This reservoir of consultant talent is now being mobilized and six consultants have been recruited and oriented through WHO-Geneva to assist in developing immunization strategies for Botswana, The Congo, and Madagascar.

It is anticipated that a major activity, over the next year, will be the continuing identification of consultant and managerial talent for The Task Force sponsors.

The past 18 months reemphasize the importance of the decisions made at "Bellagio I," namely, that The Task Force should not be an independent agency but should, instead, consist of

‡To be published in an upcoming issue of WIN and in the conference proceedings.

Infant Mortality Rate

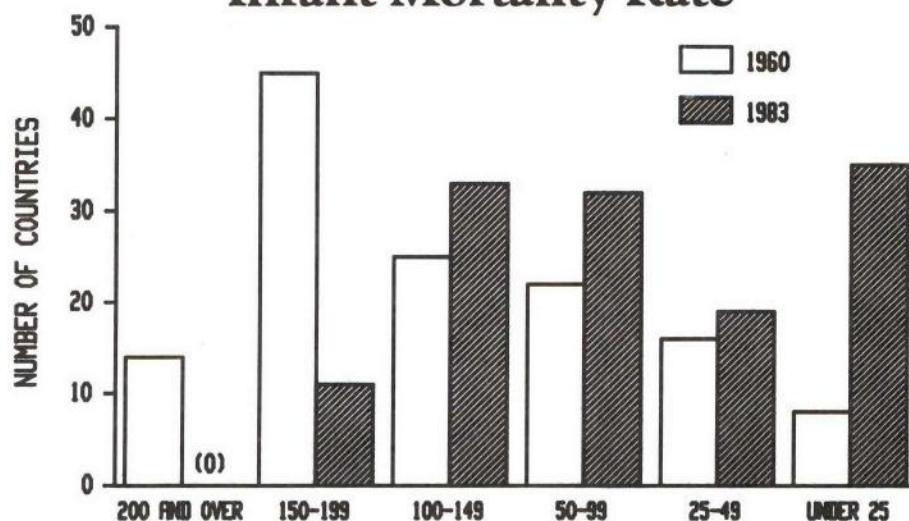


Figure 1. Infant mortality rates for 130 countries. Deaths under 1 year of age per 1000 live births are shown. (Source: *State of the World's Children* 1986, UNICEF.)

the sponsoring international agencies; that it should remain small and flexible and provide a service to the international agencies; and that, wherever possible, the activities of The Task Force staff should be assumed by one of the established U.N. agencies. The experiences of The Task Force provide optimism and confidence that the 1990 objectives are realistic and achievable and should not be compromised.



Third International Seminar on Vaccinations in Africa Upcoming

The Third International Seminar on Vaccinations in Africa will be held in Niamey in November 1986. Specific dates have not yet been determined.

This meeting will be sponsored by the Association pour la Promotion de la Médecine Préventive (APMP).



"Quotable Quotes" on Global Immunization

"The international community is in a mood of crisis management. It has discovered a critical situation in parts of Africa and its conscience has been aroused... [However] there is always the danger that the self-cleansing self-righteousness of giving to the unfortunate poor will blind the givers to the need for more fundamental long-term solutions."

—**Dr. Halfdan Mahler**
Director General, WHO
(WHO Director General's 1984 Report,
WHO Chronicle 1985;39(3):87-91)

"Foremost among the more traditional health measures are vaccines. Despite the advent of antimicrobial drugs, vaccines remain the single greatest advance in prevention of disease and death."

—**Dr. William Greenough, III**
Director, International Centre for
Diarrhoeal Disease Research
(The Rockefeller Foundation Report
Good Health at Low Cost, 1985)

"... in doing the possible today, we take one more step towards achieving the impossible tomorrow."

—*The State of the World's Children 1986*

"A guarantee of a long life to nearly everyone cannot wait the attainment of global affluence. It now appears that it does not have to."

—**Dr. Scott B. Halstead, Dr. Julia A. Walsh,
and Dr. Kenneth S. Warren**
(The Rockefeller Foundation Report,
Good Health at Low Cost, 1985)

"The post World War II era has been the first in human history in which it has been possible to think in terms of bringing the basic essentials of health to all humanity, and for contributing to earlier population stabilization as well. Will the 1980s mark the moment that that opportunity was lost, at least for this century, or will current difficulties serve rather as a spur to new levels of creativity in advancing toward the goal of primary health care for all by the year 2000?"

—**James P. Grant**
Executive Director, UNICEF
(Excerpt from 1985 APHA Presidential
Citation Speech)

Publications of Interest

Editor's Note: *From time to time WIN will review recent publications of interest to those in the world childhood immunization effort. Suggestions for items to review are welcome.*

The State of the World's Children, UNICEF. The annual UNICEF report this year focuses on a limited number of achievable aims, such as universal immunization, the spread of oral rehydration therapy (ORT), and the low-cost prevention of malnutrition.

Interspersed throughout the report are self-contained "panels." Some of these describe goals, unique problems, and strategies of individual countries. That for Bangladesh, for example, is entitled "Visiting 5 Million Homes," and the panel for Somalia is on "Protection in Emergencies." Other panels discuss issues such as iodine deficiency and parasites.

Vitamin A deficiency, a condition that contributes to the blindness of 250,000 children annually, is featured in a special article.

Specific sections of this year's report concern how beneficial the world immunization effort is to women; the "self-health" movement; and basic statistics, alphabetically by country, on infant mortality, population, life expectancy, adult literacy, school enrollment, and income.

This report is available through UNICEF, 866 U.N. Plaza, New York, NY 10017.

Issues in Immunization in Developing Countries, by Bruce Dick. This is the latest in a series of publications produced by the Evaluation and Planning Centre of the London School of Hygiene and Tropical Medicine.

It includes a brief review of vaccine-preventable diseases and vaccines, followed by a discussion of relevant epidemiological concepts and the factors that have an impact on these diseases. The publication then outlines in some detail current problems with the control of vaccine-preventable diseases in terms of the transfer of technology and the provision and utilization of immunization services. Finally, there is a section that deals with important policy issues.

The publication is descriptive rather than prescriptive. It is aimed at people

from a wide range of disciplines and work situations who would like an introduction to the major issues in immunization in developing countries. There are several useful tables and an extensive bibliography. It costs 4 pounds (includes postage and packing) and is available from the Evaluation and Planning Centre, London School of Hygiene and Tropical Medicine, Keppel Street (Gower St.), London WC1E 7HT, United Kingdom, or Telex: 8953473.

What Would You Like to be When You Grow Up?



Good Health at Low Cost, by **Scott B. Halstead, Julia A. Walsh, and Kenneth S. Warren**. The Alma Ata Declaration has seemed to many to present impossibly difficult health targets for the poorest countries. Yet a number of low-income societies—Kerala State, Sri Lanka, China, and Costa Rica, for example—have achieved mortality levels close to those of the industrialized countries. The first three did this in spite of annual per capita incomes that are still around only \$300. Each country added 15-20 years to its life expectancy at birth in little more than two decades.

This immense improvement in their social situations was largely accomplished through their own efforts, which are described in this Rockefeller Foundation report. The report is exciting because there appears to be a common pattern, which the authors detail. Central to that pattern is a strong political and popular commitment to

extending good health to all, so that the effort had a high profile, involved widespread participation, and had some of the aspects of a crusade.

Available through The Rockefeller Foundation, 1133 Avenue of the Americas, New York, NY 10036.



Articles, Information Solicited

World Immunization News (WIN) is a new publication, published by The Task Force for Child Survival to keep the many people engaged in immunization efforts around the world abreast of the latest developments.

WIN welcomes suggestions, information, and articles for future issues. Informative and instructive material on program developments and/or technical and scientific developments would be particularly welcome.

Also desirable would be information about national, regional, and international meetings or conferences of importance and interest to persons working in the immunization field. These items will be featured in the "Calendar of Events" column.

All suggestions should be submitted to *World Immunization News* at the address below.

JDN

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