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In reply please
refer to: 18-372-16AUS

Your reference:

Mr Peter Izzard
Country Program Manager
Health and Education
Afghanistan Program
AusAID
255 London Circuit
GPO Box 887
Canberra ACT 2601
Australia

09 June 2010

Dear Peter,

I am pleased to send you the electronic version of the signed Exchange of Letters (EOL) between the AusAID and the World Health Organization to support polio eradication activities in Afghanistan. An original copy is in the mail to you. May I now request that AusAID release the first tranche payment of US\$511,967.

Please accept my sincere thanks for your continued support to the global effort to eradicate polio. If you require anything further, please do not hesitate to contact me.

With my best regards,

Mrs Anne-Lise Loomer
External Relations Officer
Polio Eradication Initiative



Australian Government

AusAID

EOL No. 50078/20

Dr Maria Neira
World Health Organisation
20 Avenue Appia
CH-1211 Geneva 27
Switzerland

Dear Dr Neira

**EXCHANGE OF LETTERS
UNDER THE PARTNERSHIP FRAMEWORK 2009-2013 BETWEEN THE
WORLD HEALTH ORGANIZATION (WHO) REPRESENTED BY
WHO HEADQUARTERS (WHO/HQ)
AND THE COMMONWEALTH OF AUSTRALIA REPRESENTED BY THE
AUSTRALIAN AGENCY FOR INTERNATIONAL DEVELOPMENT (AUSAID)
ON ACTIVITIES IN SUPPORT OF PUBLIC HEALTH IN
AFGHANISTAN**

- 1 This letter initiates Exchange of Letters Number 50078/20 between AusAID and the WHO Headquarters ("WHO/HQ") in accordance with clauses 14 and 20 of the above Partnership Framework. The Terms and Conditions contained in Attachment A of the Partnership Framework apply to this Exchange of Letters.
- 2 The parties agree that the title of the Activity to be used in all documentation, correspondence and publicity is **"Afghanistan Polio Eradication Initiative – Uruzgan Province"**
- 3 AusAID offers to provide WHO/HQ Headquarters with a contribution for the implementation of the Activity as described in the Proposal **"Afghanistan Polio Eradication Initiative - Funds for the Uruzgan province, 2010 to 2012 Southern region, Afghanistan "** of 3 May 2010 (the activity proposal at Attachment 1) and any amendments agreed in writing by AusAID.
- 4 The contribution is up to US\$ **\$1,282,826** over three years in the following tranches.

Tranche 1	USD 511,967	May 2010
Tranche 2	USD 404,967	May 2011
Tranche 3	USD 365,892	May 2012

- 5 The provision of the contribution is subject to compliance by WHO/HQ with all of the requirements set down within the Partnership Framework, the Terms and Conditions and this Exchange of Letters.
- 6 WHO/HQ will be responsible to AusAID for disbursement of the contribution in accordance with the budget contained in the Activity Proposal.
- 7 WHO/HQ will report to AusAID in accordance with the reporting requirements in the Partnership Framework, the Terms and Conditions and, any additional reporting requirements specified in this Exchange of Letters.
- 8 This Exchange of Letters will be deemed to commence on the date of receipt by AusAID of acceptance of this Exchange of Letters and will conclude on 30 June 2013.
- 9 Please indicate your acceptance of this Exchange of Letters by signing both original copies and returning one signed copy to AusAID.

Yours sincerely



Natasha Smith
FMA Section 44 Delegate

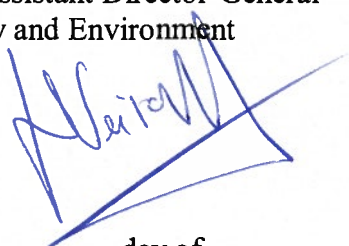
24 May 2010

Signed for and on behalf of WHO Headquarters ("WHO/HQ") by:

Name and Designation

Dr Maria Neira
On behalf of Assistant Director-General
Health Security and Environment

Signature



Dated this NINTH day of JUNE 2010

Attachment

World Health
Organization

Afghanistan Polio Eradication Initiative Proposal for AusAid Funds for the Uruzgan province, 2010 to 2012 Southern region, Afghanistan

Polio in Afghanistan is at verge of eradication. It is a success story of Partnership. While poliovirus circulated country-wide in the past, it is now localized to the conflict zone in the South. This could be the best opportunity to avail for Afghanistan to complete the task. The main risk to the complete success is the deteriorating security situation overall and the conflict situation in the southern part of the country, including Uruzgan province.

Political commitment from Government in the support of the program is very evident. Afghanistan is very close to achieve the goal of Polio Eradication. Most of the country is Polio Free. Country wide circulation in the past has now been restricted to only to the conflict zone in the South. 7.7 million Children are vaccinated by 52,000 Health staff and Volunteers all over the country during each NID. Each year, four Nation-wide and four Sub National (in the high risk regions like South, Southeast & Eastern regions) House to House rounds are conducted. In the regions other than Southern region campaign quality and vaccination status of the target children is satisfactory.

The surveillance system for polio eradication (called Acute Flaccid Paralysis – AFP – surveillance) is working very well through a network of more than 10,000 community based reporting volunteers including mullahs, CHWs, faith healers, pharmacy stores and shrine keepers and 500 so-called 'Focal Points' who are medical doctors at the health facility. This network is supported by the WHO through medical officers, regional polio officers at the regions and provincial polio officers at the provinces. The AFP surveillance system is also reporting Measles and Neonatal Tetanus cases and is supporting the investigation of other disease outbreaks in the field. AFP surveillance in Afghanistan is meeting all the global quality indicators. In 2008 AFP surveillance was reviewed by an international mission in the Central, Northern, NE and Western regions, concluding that it is very unlikely to miss poliovirus transmission in the reviewed areas.

Cross border coordination between Afghanistan and Pakistan programs is exemplary. At 11 cross border vaccination post, almost two million children less than 5 years are vaccinated in 2009, traveling between Afghanistan and Pakistan. Dates of Vaccination campaigns are synchronized and information sharing between two countries is a regular feature. Afghan community is participating to promote vaccination campaigns: In infected districts, a total of 639 Community mobilizers including Mullahs, Teachers, Community Elders, CHWs and Courtyard women are involved and trained for Community mobilization. These community mobilizers are also facilitating the vaccination teams in the field during campaign implementation

The Program is looking forward to an agreement among all the parties of the conflict on days of tranquility during the vaccination days when the vaccination teams can access each child and the monitors can go to the field to monitor and ensure the campaign quality. The Program will keep on informing the NATO/ISAF/Coalition forces about the campaign days and the areas of the vaccination activity, with the request for military groups to continue to 'de-conflict' the situation during the campaign days in the areas of the vaccination activity. Coordination with the ICRC will

continue to maintain the support from the Anti Government Elements (AGE) through letter of support.

Uruzgan Province of Southern region

Strategy for the vaccination campaigns is visiting house to house and vaccinating all the children less than five years age. During every vaccination round in Uruzgan, around 1741 health workers (volunteers, cluster and district supervisors & independent monitors) are engaged in the field to vaccinate 196,341 target children in the province. There were five polio cases in 2008 and two polio cases are reported in 2009 from this province. No case was reported during 2010 to date.

There is an extensive network of community-based reporting volunteers, medical doctors in the health facilities (trained to investigate AFP cases), Provincial Polio Officers (PPOs), Regional Polio Officers (RPOs) working under the guidance and supervision of Regional Epidemiologist (international WHO staff). PPOs and RPOs are the WHO staff at the provincial and regional levels. In 2009, Uruzgan reported thirty AFP cases while expected number was twelve. Therefore, key surveillance quality indicators are meeting and surpassing the global standards (Non Polio AFP rate is five and % adequate stools is 93).

As part of the polio-endemic Southern Region, Uruzgan must maintain the highest possible quality of vaccination campaigns and surveillance to contribute to finally interrupt wild poliovirus transmission in Afghanistan. Eradication activities are particularly challenging in Uruzgan due to the continued conflict situation. To maintain and further improve eradication activities, there is a continued resource need

We therefore propose for AusAID to consider funding for the following polio eradication activities in Uruzgan province, Afghanistan.

Acute Flaccid Paralysis (AFP) Surveillance

- Training of the Focal Points (Medical Officer in Health Facility responsible for the reporting and investigation of AFP cases)
- Orientation seminars of community based reporting volunteers (responsible for the referral of AFP cases to Health Facilities; quacks, Community Health Workers, faith healers, shrine keepers etc)
- Strengthening of the AFP Surveillance network in the distant or security compromised areas of the province.
- Travel costs for Active Surveillance by two PPOs in the province.

Supplemental Immunization Activities (SIAs)

- MoPH, UNICEF & WHO have agreed to give the responsibility to Basic PHS NGO to implement the campaign. Extra budget is required like hiring the provincial & district managers, access negotiators and hazard salary for the vaccinators.
- Capacity building of the districts teams on micro planning, trainings & supervision.
- Cost of the bivalent Oral Polio Vaccine to be used in this province.

Break down of the proposed activities & funding requirements for 2010-2012

AFP Surveillance		Budget Required		
Activity	2010	2011	2012	Total USD
Capacity Building to Strengthen AFP Surveillance System Training of Focal Points for AFP Surveillance	\$4,604	\$4,604	\$4,604	\$13,812
Strengthen linkage for AFP Surveillance with Community based Reporting Volunteers Orientation of Reporting Volunteers on AFP Surveillance in each district	\$2,666	\$2,666	\$2,666	\$7,998
Maintaining Sensitivity of AFP Surveillance system Regular Active Surveillance Visits	\$39,500	\$39,500	\$39,500	\$118,500
Maintaining AFP Surveillance in difficult to reach districts in Uruzgan Province Hiring District Key Informant	\$10,000	\$10,000	\$10,000	\$30,000
To Support investigation and diagnosis AFP Patients Transportation of AFP Patients to Provincial Hospital	\$3,000	\$3,000	\$3,000	\$9,000
Capacity Building on Campaign Planning & Management of SIAs in 5 Districts Training Workshops	\$17,938	\$17,938	\$17,938	\$53,814
Supplemental Immunization Activities (SIAs)		Budget Required		
SIAs Implementation through BPHS NGOs Planning, Implementation, Supervision and Monitoring of SIAs through Local NGOs	\$81,650	\$81,650	\$81,650	\$244,950
Cost of Bivalent OPV(bOPV)	\$219,116	\$219,116	\$182,597	\$620,829
Security*	\$100,000			\$100,000
Total Direct Costs	\$478,474	\$378,474	\$341,955	\$1,198,903
Programme Support Costs (7%)	\$33,493	\$26,493	\$23,937	\$83,923
Total	\$511,967	\$404,967	\$365,892	\$1,282,826

* towards the cost of one international security officer