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REGIONAL PROJECT OFFICE AND FIELD MONTHLY REPORT NO. 3

(ad interim)

April 12, 1967

The RPO report which follows covers the short period of time between March 20 and 31, and is an interim report. Subsequent reports from the RPO will cover an entire month. The next one for the month of April.

The country reports included are also interim and cover variable periods (for February, latter part February and early March, etc.). The next country reports, using the standard format, will cover the month of March, and in a few instances that portion of March which has not been previously reported.

The RPO generally, during the period of this report, was involved in travel. The evening prior to an extended trip to Ivory Coast, Upper Volta (OCCGE meeting), Mali and Senegal, however, Lythcott and Henderson had the opportunity to meet and chat rather briefly with Dr. John Noble (Chief, Vesicular Virus Unit, NCDC), who had arrived the day before to look into the field laboratory situation (Yaba) vis-à-vis the technical support of the existing spox production lab and the development of a (smallpox/measles) diagnostic facility for the SMP. Mr. Rothstein advises that during his stay Dr. Noble visited the smallpox production laboratory, the proposed diagnostic lab, and other laboratory facilities and was introduced to the local scientific community, especially those involved in laboratory disciplines. Dr. Noble left Lagos (March 27) the day before Lythcott and Henderson returned, but left a handwritten summary of his visit. The RPO is waiting for it's copy of Dr. Noble's official trip report to the Chief, SEP, NCDC.

Enroute to Bobo-Dioulasso, Lythcott and Henderson spent a pleasant Sunday afternoon and evening visiting with Bob Hogan and his family. The major Ivory Coast problems revolve around tardy vehicular and other commodity deliveries, and these are currently being implemented.

On Monday March 20, Lythcott and Henderson left Abidjan for Bobo and had a 30 minute conversation with D'Amanda and Bill White (he and family newly arrived), between planes. D'Amanda agreed to meet us later in Bobo for further discussions, and did.

The program of the OCCGE technical meeting was by no means impressive and the smallpox/measles sections left much to be desired although Rafe Henderson did give an excellent short impromptu progress report (in French) on the SMP which was well received. Another year, the RPO will request a place on the program for presentation of a paper which hopefully will stimulate meaningful discussion on SMP realities and problems in West Africa.

The meeting followed its usual format in French with no simultaneous translation in English, this despite the fact that Senior MOH officials from Ghana, Nigeria and Liberia had been invited by the OCCGE (and had come), as participants.

As an aside, Dr. Grant (Ghana), Dr. Barklay (Liberia and Dr. Smith representing Ademola for Nigeria) all departed on the first available flight after their arrival - thus driving what may be the final nail in the coffin of what might have been an "OCCGE-Anglophone axis"! In addition to greeting old OCCGE headquarters friends (and Labusquiere), country chiefs, etc., some time was spent in dialogue with Dr. A. C. Curtis and Dr. Deutchmann (consultant, National Academy of Sciences) both representing USAID/Washington at this meeting. Here began also an almost constant association with Dr. Bagby (program participant) and Dr. Gelfand over for the meeting from "E-1 writing" in Sierra Leone and Guinea.

It is interesting that the OCCGE as an organization looks less and less like the appropriate mechanism for administrating regional health projects in this part of West Africa (e.g. onchocerciasis). I am sure the AID representatives present were as impressed in this regard as we were, it was felt by most observers that USAID had hoped to effect some sort of regional basic relationship through OCCGE for a proposed onchocerciasis program.

Pat Imperato and Jay Friedman met us in Bobo to participate in previously scheduled discussions with Dr. Sow, Lythcott and Henderson, re specific problems in the Mali program. The SMP won this round and, Lythcott will travel to Bamako on April 18 to accompany Sow, Imperato and Friedman to a difficult to reach smallpox endemic area of 500,000 people, an area to which Pat has been trying for a long time to attract attention. See details in previous document to Atlanta.

Lythcott, Henderson and Gelfand drove to Bamako from Bobo with Jay and Pat on March 23 and spent 4 days in fruitful discussion with Embassy, USAID and MOH officials. The highlight of this visit was a trip en brousse to observe an impressive demonstration by Pat's and Jay's crack spox/measles team (details also previously reported to Atlanta).

Henderson returned to the RPO on March 27 and Gelfand and Lythcott joined by Dr. Bagby flew to Dakar. Dr. Gelfand flew on to Monrovia the following morning to do the final E-1. Fruitful discussions were held with Tom Drake, Tom Leonard and Bob Helmhotz (2 weeks in Dakar) on the 28th. Now that the Senegal ProAg is finally signed, and significant commodities have cleared customs, Tom and Bob look forward to getting into action. Team training in Senegal and Gambia should be underway by April 15.

Government cooperation is excellent, however, problems with local costs for gasoline still plague Mauritania and a concerted effort is being made to get a reading from WHO (Brazzaville) on a previous (March 6) GOM request for funds. Meanwhile, through another mechanism, Leonard will field at least one team by mid or late April and begin his campaign probably in Nema, a city of approximately 170,000, near the southeast corner of the country.

Drs. Bagby and Lythcott arrived in Lagos on March 29 where Dr. Bagby was introduced to the medical community. Most of his time was spent in individual or group sessions with RPO and other SMP personnel. He departed Lagos on April 1.

Overall Program Problems

1. Reporting. Poor intra-country reporting still plagues us on most fronts. While this is a discipline that will improve, and is improving in some countries, it remains a tedious process in others. While one may clearly understand the difficulties involving a not too well motivated "Health Inspector" in the "outfield" who must visit and report cases en brousse, it is most frustrating, on the other hand, when the lines of communication break down at the Ministry level, as is the case in some countries. Eastern Nigeria SMP personnel and the GOEN have come up with an attractive pattern which will be transmitted to the field in due course.

2. WHO/SMP Relations. There is every reason to believe that individual relationships between SMP personnel and the local WHO representative are good to excellent on a personal basis, such is not the case at the official or policy making level. In subtle if not overt instances (where actual duplication of effort exists) failure to coordinate and dovetail activity is a deterrent to overall SMP efficiency. This lack of administrative relationship is constantly in our overview and efforts are being made to work at correcting this delicate and unfortunate situation.

3. Customs Clearances. This continues to be a problem although in individual countries some have come up with what is for them a workable formula. The RPO is gathering information and preparing a document for field distribution which may be useful in those countries where knotty problems still exist.

The RPO specialists continue to be active. The following section represents their activities through March 31, as presented in memos to the Chief, RPO. All have been reproduced in part with an occasional editorial comment.

HEALTH EDUCATION SECTION

On March 23, Mr. Robbins attended two meetings in Accra, Ghana. One with USIS to discuss the mechanism for involving USIS in the production of posters dealing with smallpox eradication and measles control and the other with Ministry of Health officials, to develop specific plans for health education unit involvement in the Ghana Smallpox Measles Program.

USIS Ghana has requested 10,000 posters dealing with the Ghana SMP to be produced at the USIS Service Center in Beirut. It was also learned that any USIS mission can request this service, and the field has been advised of the mechanism by memo.

Mrs. Jean Pinder, who served at one time as a USAID health education advisor to the MOH (Ghana) will function in a similar capacity in the Ghana SMP, but this time on a voluntary basis. The Regional Project Office also hopes to use her as a health education consultant in the SMP for, possibly, Liberia, Sierra Leone, and Francophone countries adjacent to Ghana. This of course depends on approval of her WAE Contract application in Washington. She is highly recommended by WHO Geneva (she has served as a WHO health education consultant on several occasions in Africa) the University of California and UCLA Schools of Public Health, and Mary Jo Kraft.

A health educator will be assigned full time to the program and funds will be available for production of materials and travel expenses of MOH health educators. The Ministry of Information is expected to cooperate in the development of a national propaganda program and, possibly, may be able to provide one cinema van for the SMP.

During the pilot project phase, different health education techniques will be tested. In addition to the usual newspaper, radio, and TV coverage, schools, social welfare agency workers, councils of chiefs, and regional and local planning committees will all be involved in stimulating public participation in the SMP.

Mr. Robbins was in Kaduna and Zaria, Nigeria, March 29-30, to deliver a paper on "Health Education and its Organization at the Regional Level.", at a two day conference for some 75 medical and paramedical staff of the Northern Regional Ministry of Health in Zaria to discuss different aspects of the SMP.

While in Kaduna, Mr. Robbins had an opportunity to discuss some of the problems connected with the health education program and was also able to see general agreement reached on the role of the health educator and his relationship to the Ministry of Health and the SMP.

Plans for the Immediate Future

After serving as a panel discussant at the Meeting of the National Technical Committee on Smallpox Eradication and Measles Control in Lagos, April 13-15, Mr. Robbins will be going to West Cameroon and then on to Monrovia, Libe ria to meet with the Voice of America staff.

LABORATORY SECTION

All laboratory activity including the production of freeze-dried and lanolated vaccines continues. Sheep and embryonated eggs are arriving from the North but in a non-scheduled fashion.

As a result of attempts made to obtain sheep anti-vaccinia serum, vaccinated animals have been kept for varying days beyond the 5th, when the pulp is usually harvested after the animal is killed and ex-sanguinated. In the previous two attempts at obtaining 21 days, post-vaccination anti-sera, the

animals died on the 8th day. Tissues have been submitted for histological examination. An official request has again been submitted for the permanent services of a veterinarian.

Mr. Rothstein, as reported above, spent seven days in close association with Dr. Noble during his recent visit to review the proposals for the SMP laboratory. During this time, Mr. Rothstein re-emphasized the urgent need for support of the laboratory activities of the SMP field laboratory in order to establish a diagnostic facility for our regional program.

EQUIPMENT SECTION

A commodity status report was sent to the field in March. Commodity report no. 2 is almost ready to go.

It is becoming more apparent that the RPO is going to need a set of "collision" parts stocked in Lagos. Armel Motors, the local Chrysler dealer, is working with Mr. Shoemaker in setting up such a list and in addition, a list of parts that are stocked by his company. Included will be Fargo truck parts that are interchangeable. The wrecked truck from Niger was repaired completely using Fargo parts.

Redesign and fabrication is progressing at Armel Motors to determine the cost of improving the roof rack. (This is an item that so far has proven very unsatisfactory throughout the project area.) Indications are that the cost is going to be high. A determination will soon be made and a recommendation concerning the possible rebuilding of the truck racks.

The latest problem, reflected in a rash of complaints, is faulty action of the gas tank switching valve. Details of this have been passed on to Atlanta.

STATISTICS

Since the last status report Mr. Davis has been mainly engaged in assembling source and reference data for use by the RPO. Attached are samples of this work.

During January - February 1967, most of the countries participating in the Smallpox Measles Program have reported smallpox. The attached map (Figure III) indicates those countries that have reported no smallpox, and those from which no report has been received.

Knowing the percentage of a specific age group in relation to total population can often be very helpful. The population may be known for a town or village but the age-sex distribution not available. In these instances the percentage of the specific age groups for West Africa can be applied to the total population providing a fairly accurate breakdown of age and sex. Moreover, a comparison of the vaccination age-sex tally with the West African age-sex figures can suggest whether there is equal representation of age-sex groups in a particular population being vaccinated.

Data from Dahomey, Gabon, Ghana, Mali, Niger, Sierra Leone, Senegal, Togo, and Upper Volta were used to construct the attached information (Table IV and Figure V) since these countries were the only ones in West Africa to submit such data to the United Nations. We feel, however, their populations represent a reasonable cross section of the population of West Africa

When the average smallpox case rates are plotted for 3-year periods from 1940-1966 in the West African countries comprising the SMP project area, a definite cyclic pattern is shown.

Below is a tabulation and plot (Table I and Figure II) of the average case rates by 3-year periods.

COUNTRY REPORTS

Interim reports were received from the following countries after the March 20 status report was distributed:

Cameroon: A very interesting and comprehensive summary of the Cameroon program to date was forwarded directly to NCDC from Yaounde.

C.A.R.: There were 11,399 measles vaccinations and 40,208 smallpox vaccinations performed in February. So far vaccinations with the pedojet have been trouble free and except for some minor problems with the C-80 kerosene freezer the preservation of measles vaccine has not been difficult.

Smallpox vaccinations employing the pedojet have not begun partly because vaccine was available only recently and partly because the physicians prefer to use the pedojets for measles vaccinations only, until the nurses become proficient in the operation and maintenance of the gun.

The mobile teams during February and on into early March were operating principally in the Fort Sibut, Bambari, and Bangassou regions in the South-Central part of C.A.R., the Baboua region in the extreme western part of the country, and Bossangou in the Central-Western region.

Neal Ewen is spending a considerable amount of his time with the teams "en brousse" in spite of some local government travel restrictions on trips into the interior.

Gabon: During February, vaccinating began in Libreville schools with the teams undergoing training before reassignment to the interior.

A small warehouse suitable for the storage of SMP commodities is presently under construction in Libreville.

Mark LaPointe is converting a C-80 refrigerator from kerosene to butane and hopefully RPO will soon be able to pass on Mark's comments concerning the feasibility of conversion.

Two photographs and other interesting material were received along with the Gabon report. One of the photographs is enclosed. (For CDC only).

Ivory Coast, Upper Volta, and Togo: Communications being what they are in this part of the world interim reports from these countries had not been received by R.P.O., at this writing. These will be included in the next monthly report.

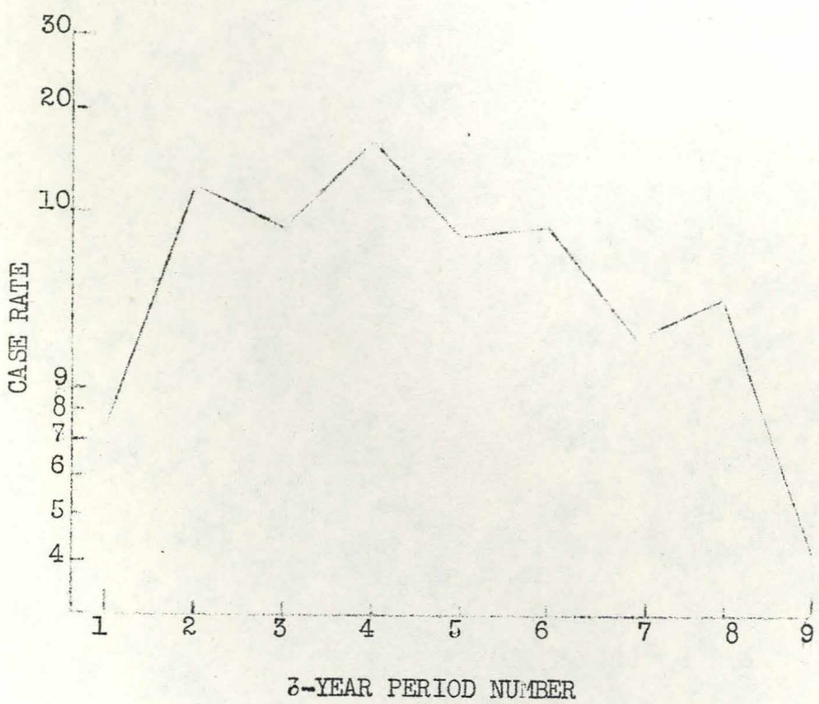
Table I

Period No.	Years Included	Average Case Rate (Per 100,000)
1	1940-42	8.5
2	1943-45	21.7
3	1946-48	18.5
4	1949-51	25.1
5	1952-54	17.4
6	1955-57	18.3
7	1958-60	12.0
8	1961-63	13.7
9	1964-66	5.1
10	1967-69	???

Figure II

REPORTED SMALLPOX CASE RATE IN WEST AFRICA, BY 3-YEAR PERIOD, 1940-1966

Cases per 100,000 Population



Period No	Years Included
1	1940-42
2	1943-45
3	1946-48
4	1949-51
5	1952-54
6	1955-57
7	1958-60
8	1961-63
9	1964-66

WEST AFRICAN COUNTRIES REPORTING SMALLPOX CASES.

JANUARY - FEBRUARY 1967

Figure III

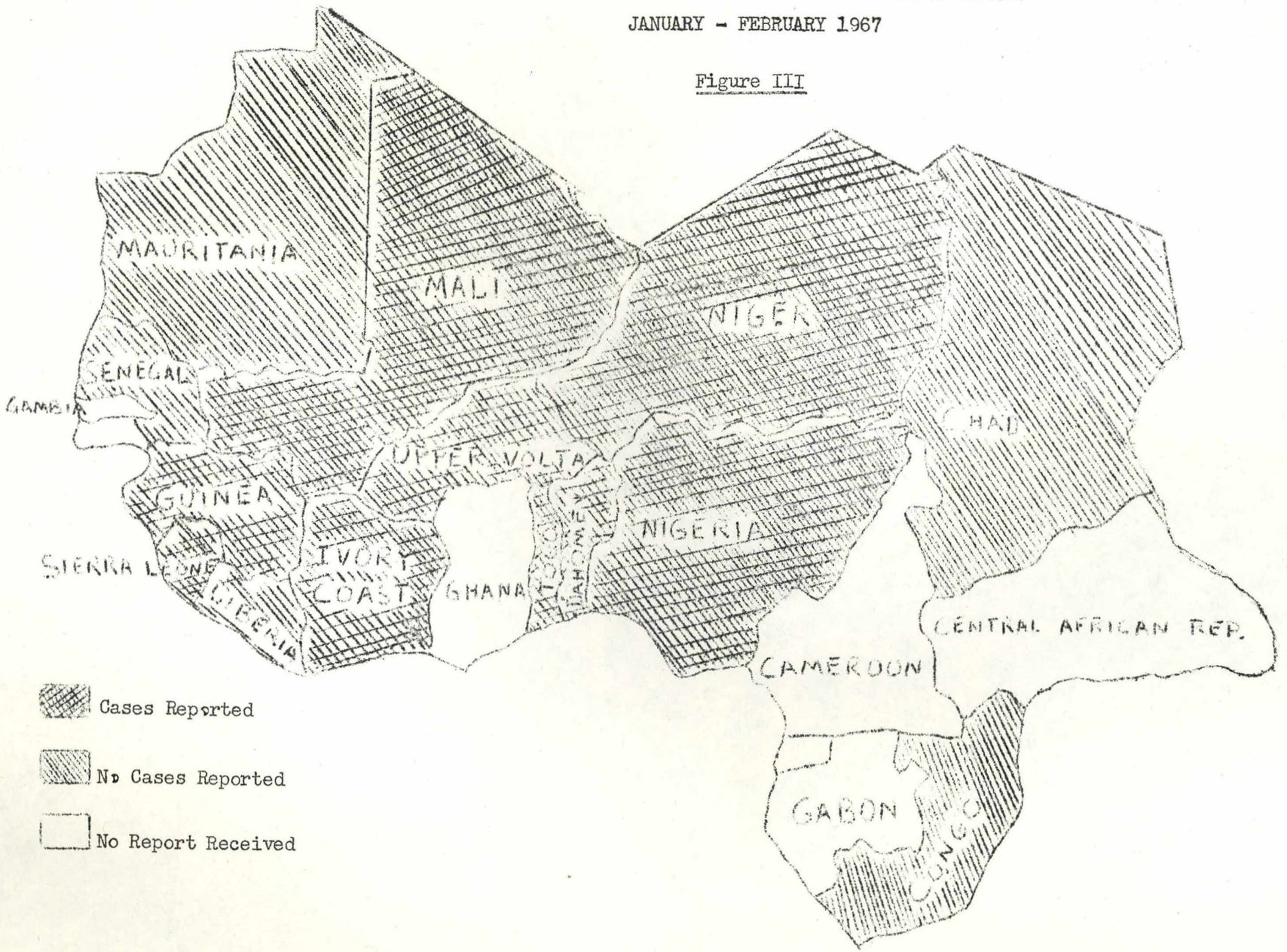


Table IV

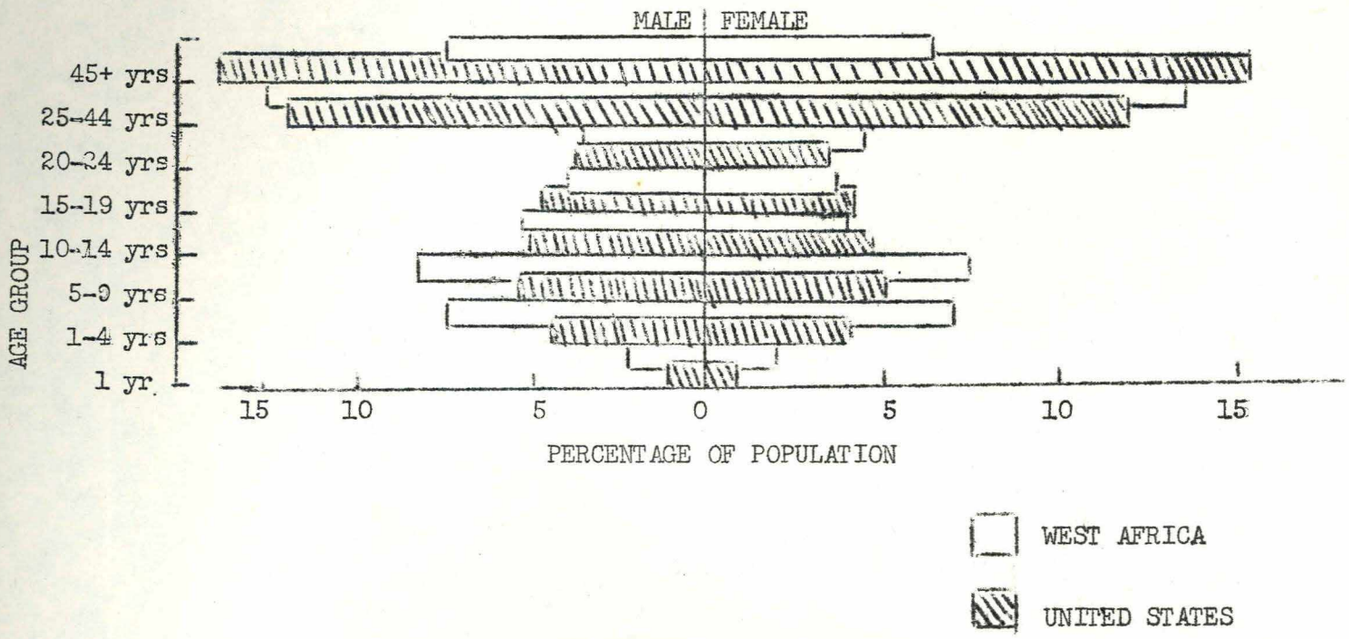
PERCENTAGE OF TOTAL POPULATION BY SELECTED AGE GROUPS AND SEX (UNITED STATES AND WEST AFRICA).*

		UNITED STATES	WEST AFRICA
Less than 1	TOTAL	2.0	4.3
	MALE	1.0	2.1
	FEMALE	1.0	2.2
1-4	TOTAL	8.5	14.5
	MALE	4.4	7.3
	FEMALE	4.1	7.2
5-9	TOTAL	10.5	15.9
	MALE	5.4	8.2
	FEMALE	5.1	7.7
10-14	TOTAL	9.7	9.2
	MALE	5.0	5.0
	FEMALE	4.7	4.2
15-19	TOTAL	9.8	7.7
	MALE	4.5	3.8
	FEMALE	4.3	3.9
20-24	TOTAL	7.0	8.1
	MALE	3.5	3.5
	FEMALE	3.5	4.7
25-44	TOTAL	24.1	26.2
	MALE	11.9	12.4
	FEMALE	12.2	13.9
45+	TOTAL	29.4	14.0
	MALE	13.8	7.4
	FEMALE	15.6	6.6

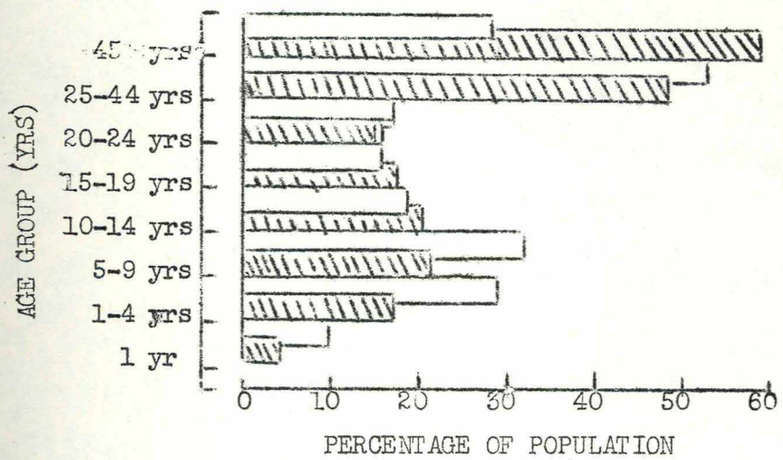
*Source, United States Demographic Yearbook (1965).

Figure V

PERCENTAGE OF TOTAL POPULATION BY SELECTED AGE GROUPS AND SEX
([1]UNITED STATES AND [2]WEST AFRICA).



PERCENTAGE OF POPULATION BY AGE GROUP
([1]UNITED STATES AND [2]WEST AFRICA)



[1]Source of U.S. Population figures is United Nations Demographic Year Book (1965).

[2]The population figures for 9 of the 19 SMP countries are used to get estimates for West Africa. They are Dahomey, Gabon, Ghana, Mali, Niger, Sierra Leone, Senegal, Togo and Upper Volta.