8th Meeting of the Technical Advisory Group on Polio Eradication in Chad

N'Djamena, 10-12 July 2012

Summary of observations and recommendations

Kicking polio out of Chad by the end of December 2012!

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Introduction: Kicking polio out of Chad by the end of December 2012

The Technical Advisory Group (TAG) for Chad met in N'Djamena from 10 to 12 July 2012 by invitation of the Ministry of Public Health. During this meeting, the members of the TAG, working with the technical teams of the Ministry of Health and the partners, were able to measure the progress and challenges of the programme since the last consultation meeting, which was held in February of this year.

In 2012, the programme notified five cases of WPV1, on the western side of the country, the last two in the Region of Lac, on the border with Nigeria. The drop in numbers of cases is highly significant if the current data are compared with those from the same time last year. This can be attributed to intensive and better-quality immunization campaigns. This progress is extremely encouraging and the programme's employees are to be congratulated. For example, the most recent response in the Lac region in July was carried out in a highly effective, coordinated way with considerable inter-ministerial and partnership support. The eradication of polio in Chad is therefore entering a critical phase in which monitoring, the rapid detection of suspected cases and emergency response should guarantee the interruption of the spread throughout the country. In order to allow this success to continue, interrupting the current epidemic in the Lac region and making sure that no potential cases are ignored there or anywhere else, it is crucial to step up the epidemiological surveillance of Acute Flaccid Paralysis (AFP) throughout the territory. It is also essential to set in place a mechanism to prepare immediate response in the event of further notifications of confirmed or suspected cases.

Two National Immunization Days (NID) are planned, as well as the possible integration of Oral Polio Vaccine (OPV) into the meningitis immunization campaign in 15 regions in the final quarter of 2012. Efforts have also been made to reinforce the routine Expanded Programme on Immunization (EPI), which still has very low coverage, particularly among mobile, migrant and nomadic populations.

1. Response to the Bol case: responding decisively and securing the future

After several weeks of apparent interruption in the occurrence of polio cases earlier in the year, two cases of WPV occurred in the District of Bol, in the Lac region, one in April and the other in June 2012, which were diagnosed in May and June respectively. The genetic structure of the first case, related to that of the case discovered in 2010 in the region of Chari Baguirmi, implies that an uninterrupted transmission chain has continued since then via symptomatic and non-symptomatic cases. An unprecedented large-scale response was implemented at the end of June – early July 2012 in this hard-to-access district, where highly mobile communities had previously not benefited from either satisfactory immunization cover,

or focused monitoring. It called for close collaboration between the teams of the Ministry of Public Health, its international partners and the Ministries for Livestock and for Internal Administration and Decentralisation, supported by major logistical resources made available by teams of the Ministry of National Defence on the instructions of His Excellency the Head of State. Additionally, the mobilisation of local resources in personnel and logistics by the administrative, military and civilian authorities played a major role in the smooth unfolding of the response. Systematic immunization of children of less than 15 years and a search for cases of AFP which may have escaped the monitoring work were still underway in the region at the time of the meeting of the TAG.

This situation stresses the importance of stepping up surveillance, the mobilisation of communities and immunization, particularly in underserviced areas and among nomadic or migrant populations.

The TAG welcomes the initiatives of the immunization teams, which have adapted their visit schedules to the presence of recipients in households.

1.1 The TAG congratulates the local, regional and central teams for their response to outbreaks of polio in the Lac region and recommends reinforced surveillance in silent zones and broader coverage of vulnerable populations during immunization campaigns, particularly those which, as was the case for the Lac region, were well known for their high epidemic risk.
1.2 Given the fact that WPV has been identified in the Lac region, the TAG recommends two subsequent immunization visits with an interval of around four weeks.
1.3 It also recommends that measures be taken to reinforce preparations for similar situations which could arise during this critical stage in the eradication campaign. These should include the renewed dissemination of a detailed procedure to be applied in such cases, and the creation of a national reserve stock of 300,000 doses of bivalent OPV vaccine and the creation of an equivalent reserve of funds for a NID. These reserves will be destined specifically for rapid responses, in line with the emergency plan covering the period July-December 2012.

2. Reinforcing surveillance: breaking the silence in certain districts

Over the last two years, efforts to reinforce the surveillance of suspected cases of polio has improved considerably in most of the districts of the country, as shown by notifications of cases of acute flaccid paralysis affecting children, the collection and transport of laboratory samples and, to a lesser extent, the follow-up of cases within timeframes set at 60 days after the appearance of paralysis. Activities to this end are underway whilst others are planned to allow the peripheral structures to play an increased role in the diagnosis, notification, rapid investigation and systematic follow-up of new cases. This implies a transition of the role of regional sub-offices, expanding their direct involvement in immunization campaigns to cover surveillance activities at community, district and regional level. The eradication programme has indeed undertaken the implementation of active community-based surveillance, appealing for the involvement of local informants and motivators. In particular, these efforts will focus on the 19 high-risk districts identified in the emergency plan. Of these, 4 silent districts have notified very few or no cases of AFP, although some of them are located in easy-to-access urban or periurban areas (South N’Djamena).

2.1 The TAG recommends that particular emphasis be placed on reinforcing surveillance by stressing the reinforcement of capacity and the accountability of low-performing districts, and on the verification of data collected in this way and the use of these in decision-making at district, regional, sub-office and national team levels. The weekly epidemiological report "Weekly" should be added to with a presentation and analysis of data for each district.
2.2 Community-based surveillance, initially implemented in 19 highly vulnerable districts, is currently being expanded. The TAG recommends that this be followed up carefully in accordance with pre-defined criteria in order better to ensure its effectiveness, identify its strengths and weaknesses and the (human, social and financial) conditions in which it is functioning and can be replicated in other districts. The possibility of introducing a financial incentive for members of the community and health agents notifying new cases of AFP is to be trialled on a small scale. The monitoring and assessment of this new approach are to be carried out in accordance with predefined criteria, taking account of local cultural specifics, before the approach is brought in on a larger scale. The communication group must actively intervene in the participative training process promoting the involvement of the communities in actively seeking AFPs.
2.3 The TAG is informed of the recommendation expressed at global level to expand environmental surveillance. The TAG recommends that an approach of this kind the put on hold in the case of Chad in order to avoid an excess of work and a diversion of the efforts of the staff in place. A prior discussion with the national authorities and their international partners, in consultation with the TAG, is vital in order to determine whether a feasibility study of environmental surveillance is appropriate at this critical point in the eradication campaign.

3. Implementation of the recommendations of the 7th TAG: promoting accountability

The recommendations which arose from the 7th meeting of the TAG were implemented against a backdrop of multiple priorities, because the team had to carry out a number of urgent and important activities within a limited period of time and with limited human resources. Indeed, it is worth noting that of the main recommendations, most have been carried out, others are being carried out and a minority has not been implemented.
An update of the state of progress in the response to these recommendations will be appended to the final report.

3.1 The TAG reiterates the recommendations it expressed at its previous meeting. The implementation of these must be continued and recommendations which have not been implemented must be satisfied over the coming months. These include activities with a bearing on coordination, surveillance and communication, which have been included by the TAG in the recommendations of this 8th meeting.
3.2 The TAG has extensively debated the notion of the accountability of the actors on the ground. It recommends decisive actions to ensure that full and regular reports are submitted and analysed at dispatch and reception levels. This accountability relates both to operational and financial activities. The TAG recommends that the financial incentives currently on offer are linked to the performance of the persons in question, under the responsibility of the Ministry of Public Health.

4. Supplementary Immunization Activities (SIA): improving the quality of the campaigns

This year, six immunization campaigns have been organised: an SIA in January coupled with measles; 3 National Immunization Days (NID) in February, March and April; and 2 Sub-National Immunization Days (SNID) in May and June targeting nomadic populations of <15 years in 19 of the 21 regions and, additionally, sedentary populations (0-59 months) in 8 of these 19 regions.

Following the recommendations of the last TAG, data on the age ranges immunized (0-11 months and 12-59 months), data on the type of populations immunized (sedentary, nomadic) and on the demographic and social characteristics of children never immunized ("zero-dose") and on the reasons for non-immunization were collected. These will allow a better analysis of the results of these campaigns and, above all, improve the targeting of nomadic populations over the next campaigns.

Since the start of the year, in districts in which LQAS has been carried out, a gradual increase in the proportion of districts accepted at the threshold of 90% has been observed (immunization cover rate of 90% declared in administrative reports and confirmed by an independent assessment). The proportion of districts satisfying this criterion has favourably evolved from 28% in February 2012 to 50% in April, but it has been noted that this rate subsequently stagnated: 50% in May, 55% in June. These proportions therefore remain insufficient to ensure the uniform protection of children and the interruption of the spread of polio through the country.

Of the causes for the non-immunization of children, the most common is the absence of the children, in the order of 67%, whilst the reasons for these absences are not systematically investigated. However, on the basis of the observation, one may attribute some of these "absences" to immunization refusal or to the social or economic activities of the mothers. The non-attendance and non-re-attendance of households accounts for 25% of the causes of non-immunization. Indeed, certain households are excluded from the campaign from the outset, due, amongst other things, to difficulty of access or the prior refusal of the parents, whilst other households in which children are absent are not systematically re-attended within the hours or days which follow the first and only attendance of the vaccinators. These high rates may be partly explained by deficient micro-planning and inadequate supervision. Additionally, limits separating areas of responsibility, but also the districts or regions, are not clearly defined, which leads to the non-coverage of certain remote populations. Lastly, few efforts are made to reach children and their mothers in public places outside households (for example on the markets).

4.1 In order to improve the quality of the SIAs, the training of the vaccinators and supervisors must be more participative and practical, rather than theoretical. This training must be carried out with the joint involvement of vaccinators, communication agents and their supervisors.
4.2 Areas of population concentration, such as markets and bus stations as well as water points and cattle crossing points, should be covered during SIAs by a sufficient number of mobile teams actively seeking children of less than five years.
4.3 When the results of the LQAS (which generally concern high-risk districts) are inadequate, the reasons for these poor performances must be studied and a re-immunization of the entire failed region be set in place.

Financial incentives to the agents in question should be based on their performances, once the real results of their work are available.
4.4 In order to document the results and success of the SIAs, a retro-information bulletin on the campaign should be put together after each SIA. This activity could be the responsibility of the communication support team (STOP Team).

5. Social Mobilisation and Communication: achieving symbiosis with the operations

The TAG notes the efforts made by the Social Mobilisation and Communication sub-committee, particularly in the most recent campaign in Bol. However, the large number of personnel working in communication has trouble compiling, analysing, measuring and forwarding the mass of information gathered at periphery level. The questions of staff performance and their financing remain a central to the priorities.

The TAG notes with satisfaction the deployment on the ground of a large number of communication technicians and the important role public announcements seem to play in the dissemination of information, of which they are the main source of information for parents. However, little improvement has been noted in the national average of uninformed parents, which is stagnating at around 20% in 2012. The Ministry of Public Health and its partners have increased their communication groups and it is hoped that this will make a more effective contribution to community information.

The TAG notes that the collection of data leads to neither their systematic analysis, nor to their use in the revision of planning at all levels. The absence of children from households remains the most frequent declared cause of non-immunization (67% in June 2012), with the non-attendance of households the second greatest cause (24%). Additionally, the mechanism for notification to sub-offices and retro-information on their part is not entirely functional and does not lead to the systematic correction of the problems identified.

Many communication and social mobilisation agents have been recruited, but the TAG expresses reservations as to their real contribution, in light of the lack of information on their deployment and its level of agreement on the notion of high-risk district. Doubts remain as to their real integration in training, peripheral planning, feedback and coordination of the SIAs, which recruit the vaccinators and social mobilisers separately.

5.1 The TAG recommends that the collection, analysis and escalation of data on social mobilisation, particularly those concerning specific populations (nomadic, transhumant, migrant and other mobile or insular populations) be reinforced and that best practices be documented in order to extend their scope.
5.2 It recommends that the communication and social mobilisation human resources be mapped.
5.3 It also recommends ensuring that the communication group is involved in all meetings of the technical working groups on polio SIAs at all levels and that communication activities be included from the planning stage. In particular, the immunization and communication teams should carry out their close monitoring of households in which children have not been immunized jointly (review the Inter-Personnel Communication (IPC/CIP) training modules).

5.4 The TAG recommends that the contribution of community relays to efforts to raise awareness among the communities and efforts to monitor disease be documented and capitalised upon. It also recommends that their collaboration with the teams of vaccinators and social mobilisers be reinforced.
5.5 It stresses the need to capitalise on the data of the recent CAP study carried out during the internal review of the EPI in 2012 and to take advantage of new technologies for communication directed at nomads and the urban population (mobile telephony).
5.6 Lastly, the TAG recommends that a mid-term review of communication activities in the framework of polio eradication be carried out.

6. Extended Programme on Immunization (EPI): giving each child a chance

As anticipated, the review of the EPI, together with a survey of vaccine coverage and Knowledge, Attitudes and Practices (KAP), was carried out in 2012. This made it possible to identify the major reasons for poor immunization cover in the country. The conclusions of this assessment led to the creation of the Comprehensive Multi-Year Plan (cMYP) 2013-2017 and of the EPI acceleration plan in the 32 districts which include the majority of non-immunized children in Chad.

6.1 The TAG congratulates the assessors of the EPI and the authors of the cMYP and supports the activities proposed with its favourable opinion. However, in addition to all the activities under consideration in these two documents, it is important to ensure that the micro-planning to be developed in the EPI acceleration plans take their inspiration from the micro-planning applied to polio and that, once reinforced, it serves as a basis for all immunization activities, irrespective of the antigen used (definition of target populations, geographical location, access to special populations).
6.2 The TAG recommends that the cMYP 2013-2017 be harmonised with the health plans in existence or currently being drafted: National Health Development Plan (NHDP), regional health development plans (RHDP), and multi-sectorial plan of the Government and its partners on health (Pact).
6.3 The monthly EPI retro-information bulletin should be reactivated with, amongst other things, a section covering the management and stocks of vaccines.

7. Cold chain and logistics: optimising the use of resources

The TAG notes with satisfaction the progress made by the Cold Chain and Logistics group and encourages the sub-committee to continue its efforts in the monitoring of vaccine management activities, in particular in the field of vaccine distribution and returning remaining stocks after the SIAs. It is vital to ensure that trivalent OPV is made available in due time for routine immunization activities and that bivalent OPV is made available for SIAs, whilst guaranteeing that these vaccines are specifically and solely used for one or other of these purposes.

The TAG notes with satisfaction the appointment of a polio SIA focal logistical point at national level since the last TAG. It also notes the use of a polio SIA monitoring tool and the preparation of regular reports at central level, even though retro-information is not systematically getting to the periphery. It also notes the order of spare parts and consumables for the proper maintenance of the cold chain.

However, the TAG notes that the lessons learnt on the management of the OPV at central level have not yet been institutionalised systematically. In addition, the real state of functioning and management of the cold chain, means of transport and other logistical components at all levels is poorly documented. The information collected on the ground is not getting back to the central level, because the producers and users of the information come under different management (DGAS-R and DGAS). The lack of information leads to repeated and unjustified requests for supplies and renewal of material. This situation risks being complicated by the acquisition of new material financed by GAVI with a view to the introduction of new vaccines.

Lastly, plans to build cold rooms and storage facilities financed by the State are currently being officially approved. The construction of these structures is vital and urgent given current needs and those anticipated for the expansion of immunization activities in the country.

7.1 The TAG recommends a systemisation of information collection, analysis and the return of data on reserves and the transport of vaccines and other related materials, the cold chain, means of transport and other logistical components. The setting in place of vaccine distribution circuits, the systematic use of the OPV monitoring tool for SIAs, the inventory and cartography of the cold chain indicating its state of functioning and regularly updated, and the return of remaining unused vaccines must allow for a more rational and effective use of resources and the effective calculation of the loss rates of vaccines and other materials.
7.2 The TAG recommends carrying out an inventory of the needs of the cold chain and logistics in terms of human and financial resources at all levels and carrying out a targeted response to these needs.
7.3. The TAG draws the Government's attention to the urgent need to undertake the construction of the cold rooms and storage required for the smooth running of the polio programme and for the expansion of the Expanded Programme on Immunization.
7.4 The TAG recommends that a buffer stock of 300,000 doses of bivalent OPV be arranged, in order to deal with urgent response needs.
7.5 Lastly, it suggests involving the logistical sub-committee in selecting the cold chain material ordered by the Ministry for Public Health.

8. The emergency plan: kicking polio out of Chad by the end of 2012

With the aim of interrupting the spread of WPV, the endemic and re-emerging transmission countries have developed bi-annual emergency plans since 2011. In this way, Chad has created and implemented two successive emergency plans covering the periods from June-December 2011 and January-June 2012 respectively. These plans have turned out to be valuable tools which have constituted the basis for considerable improvement of the programme's performances, even though the objective of interrupting the spread of polio in Chad has not so far been achieved.

On recommendation of the TAG, a third emergency plan covering the period from July to December 2012 has been drawn up by a working group. This takes its inspiration from the valuable experience acquired during the previous two plans. The current objective is to interrupt spread in Chad by the end of 2012.

The TAG has examined the preliminary draft of the third plan which was submitted to it, on which it made comments and suggested a few modifications.

8.1 The TAG congratulates the working group which drafted this national plan and recommends that it is approved by the IACC at the earliest opportunity and submitted to the partner agencies with a view to dividing up the tasks contained within it and ensuring financing from national and international sources.
8.2 To this end, the TAG recommends that a cost assessment of the Human Resources be carried out carefully and incorporated into the consolidated budget indicating the source of financing for each budgetary line and the dates on which each of the financial contributions thus defined are expected to be available.

9. Coordination: polio, national priority and urgent global public health issue

The TAG notes that coordination remains effective. Despite the absence or inadequacy of human resources at the level both of the Ministry of Public Health and of the partners, the coordination meetings are held regularly, even though the drafting of minutes and their distribution to interested parties remain inconsistent. The follow-up of the recommendations made by these meetings is often carried out inconsistently and the implementation of national directives suffers from delays.

The TAG notes with satisfaction efforts underway towards the decentralisation of coordination at the level of the sub-offices and the implementation of an integrated monthly notification system (SIA, communication). Nonetheless, a gap persists between these well-documented monthly reports, which contain precise recommendations, and the implementation of these recommendations, thus compromising the impact of the corrective measures that they are designed to bring about.

9.1 The TAG recommends the systematic documentation of the meetings of the EPI Technical Support Committee (EPITSC), and the creation of clear recommendations and a follow-up chart of these.
9.2 In order to reinforce the decentralisation process, the TAG recommends that the sub-offices develop a follow-up chart of the recommendations and related action points, as well as the systematic monthly evaluation at central level of the monthly reports submitted to them by the sub-offices. In return, the central level should keep the sub-offices updated on the results of their evaluations, drawing their attention to the progress and deficiencies it notes.
9.3 It is also recommended that the frequency of visits by the central level to the sub-offices be increased and that it is ensured that the coordinators of the sub-offices carry out more supervision and support visits to the districts.
9.4 The TAG recommends that all positions, some of which are financed in order to reinforce national and international capacity, be filled as soon as possible. The reference terms of these posts must be observed in order to ensure a vital contribution to the polio eradication programme, whilst helping to make progress with the Expanded Programme on Immunization.
9.5 The TAG recommends reinforced collaboration between the DGAS and the DGAS-R, particularly by ensuring their regular attendance of the meetings of the EPITSC, national post-SIA feedback meetings and in following up activities in the regions.

Conclusion

The polio eradication programme in Chad has once again made progress in many respects: the structures have been reinforced; more staff members have been recruited, trained and deployed on the ground; surveillance has been improved; and the capacity to respond rapidly to the emergence of suspected or confirmed cases has been successfully put to the test during a breakout recently declared in the region of Lac. Several planks of the programme call for efforts to be redoubled, particularly towards reinforcing community involvement, improving vaccine coverage, better targeting of underserved populations and a more rigorous management of the cold chain, vaccines and means of transport.

The TAG recommends a series of concrete actions aiming to improve the performance of the programme and to stimulate the sustained mobilisation of all those involved. If the recommended efforts are carried out in the framework of the national emergency plan July-December 2012, it is to be hoped that the transmission of poliomyelitis from Chad can be interrupted by the end of the year 2012 at the latest.

The Technical Advisory Group (TAG) expresses its deepest gratitude to the Government of the Republic of Chad for having invited it to examine the state of progress with the national polio eradication programme and to provide it with recommendations to ensure its success. The TAG stresses its encouragement to the national and international staff of the programme for the work they do, often under difficult conditions, and thanks them for having submitted the excellent documentation which has formed the basis for its discussions.

At the end of the meeting of the TAG, a preliminary version of this report was presented on 12 July 2012 to the Minister of Public Health and then to His Excellency the Prime Minister of the Republic of Chad. Taking note of the progress made and challenges to be overcome in order to eliminate polio from Chad by the end of 2012, both reiterated the unstinting support of the Head of State to the eradication campaign, as well as that of the Government. They stress that this campaign must play the joint role of responding to a national priority and global public health emergency, and of reinforcing immunization activities in general and primary health care in the country.

8th meeting of the Technical Advisory Group (TAG) on Polio Eradication in Chad
N'Djamena, 10-12 July 2012

PROVISIONAL AGENDA

Tuesday 10 July,
Session 1: Official opening ceremony

Time	Subject and speakers	Questions for debate
08.30 - 09.30	• Official opening speech by the Minister for Public Health • Objectives and agenda of the meeting: Chairman of the TAG • Short contributions by representatives of the international agencies (WHO, UNICEF, Rotary, CDC) •Withdrawal of officials – Presentation of participants	

Session 2: Taking stock

9.30 - 10.30 1. Recent cases of polio: Context, detection and response

10.30 - 11.00 Coffee break

11.00 - 12.00 2. Epidemiological surveillance situation in Chad:
surveillance coordinator/Ministry of Public Health

• Also discuss the possibility of implementing environmental surveillance in N'Djamena and implementing community-based surveillance.

12.00 - 12.30 3. Update on the polio and initiative: regional and global overview. AFRO/WHO

• This will be a single presentation including regional and global aspects. Cross-border aspects will also be included

12.30 - 13.30 4. Implementation of recommendations of the meeting of the TAG of 27-29 February 2012: SG/MSP

• Which recommendations have not been followed up and in these cases, why not
This presentation will include a systematic examination of the reasons certain recommendations are not implemented, or are implemented partially or not at all

13.30 - 14.30 Lunch break

14.30-15.30 5. Update on efforts to reinforce social mobilisation: BIEC/MSP

• Discuss the implementation of social mobilisation during SIAs, particularly among nomads and isolated populations
• Discuss actions to be set in place to reduce the number of non-immunized children during SIAs, the two main reasons for which are the absence of children and non-re-attendance of households
• How to reinforce community-based surveillance and routine surveillance in the context of Chad (

15.30-16.00 6. Classification of cases: Presentation of data: reminder of criteria; results, composition of the committee: Secretariat/CNEP

15.30-16.00 Coffee break

16.00-17.00 Internal meeting and individual work

Wednesday 11 July 2012

Session 3 Response: Polio emergency plan and related efforts

08.30- 09-30 7. Presentation of the results of the external overview together with the coverage survey: coordinator/MPH

• Discuss the results of the external review and of the vaccine coverage survey
• Present the principal conclusions and recommendations of the external review

09.30-10.30 8. Current situation, prospects for routine EPI in Chad and challenges: EPI coordinator/MPH

• Discuss the comprehensive multi-year plan for the EPI covering the period from 2013 to 2017 with an emphasis on human resources
• Discuss the acceleration campaigns

10.30-11.00 Coffee break

11.00-12.30 9(a). Immunization campaigns against polio in 2012: Strategic aspects: the specific cases of nomadic and insular populations, qualitative aspects and challenges: EPI coordinator/MPH

• Discuss the quantitative data (monitoring methods, LQAS, reliability of data and information systems, the use of data for action and retro-information). Strategic aspects: specific case of nomads and insular populations, qualitative aspects and challenges

12.30-13.30 9(b) Immunization campaigns: logistical and cold chain aspects

• Discuss in detail aspects of cold chain and the study on the reverse cold chain

13.30-14.30 Lunch

14.30-16.30 Other subjects proposed by the members of the TAG at the start of the meeting

16.30-16.45 Coffee break

16.30-18.00 Internal meeting and individual work

Thursday 12 July 2012

Session 4 Recommendations and conclusions of the work of the TAG

10.30- 11-30 9. Approval in plenary of the conclusions and recommendations of the TAG followed by discussions.

11.30 - 12.30 Closing ceremony
Presentation of recommendations
Address by the chairman of the TAG
Speech by the Minister for Public Health
Cocktails

Afternoon Meeting of the chairman of the TAG with the senior authorities to submit the conclusions and recommendations of the meeting

Objectives of the meeting

- To reinforce polio eradication activities in the Republic of Chad
- To present to the TAG the situation and progress in the national programme carried out in Chad and to receive its recommendations in the framework of the polio and initiative

Anticipated results

- The report of the 7th TAG is adopted;
- The state of implementation of the recommendations of the 6th meeting of the TAG is discussed;
- The current situation with the epidemiological surveillance of polio in Chad is discussed;
- The state of implementation of the SIAs is discussed;
- The situation of the routine EPI and of related immunization campaigns is presented;
- Recommendations to accelerate the achievement of the objectives of interrupting the spread of polio in Chad are discussed, adopted by the TAG and submitted to the national authorities

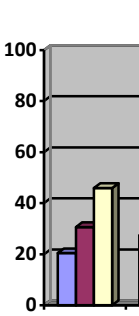
Working documents

1. Report of the 7th TAG	2. Report of the meeting of the IMB of January 2012,
3. Case study: recent cases of polio: context, detection and response	4. Latest retro-information bulletins on surveillance of PFs
5. March 2012 surveillance reinforcement plan	Report of the external review of the routine EPI and immunization coverage survey
7. Follow-up of implementation of recommendations of 7th TAG	8. Emergency anti-polio plan
9. Latest weekly on the polio epidemiological situation in Chad	10. EPI action plan 2012 (revised)
11. Plan to reinforce immunization activities in 32 districts	12. Reports on latest meetings of CTAPEV and ICC
13. Comprehensive multi-year plan for EPI, 2013-	

8th MEETING OF THE TECHNICAL ADVISORY GROUP (TAG) ON POLIO ERADICATION IN CHAD

FULL LIST OF PARTICIPANTS

No.		SURNAMES AND FORENAMES	TITLE
Ministry of Health			
1	*1*	Dr Mamouth Ngawara	Minister for Health
2	*2*	Dr Annour Mahamat Wadak	Secretary General of Ministry of Health
3	*3*	Dr Matchoke Ngong Zoua	Deputy Secretary General of Ministry of Health
4	*4*	Dr Brahim Hamit	Director of Regional Health Action
5	*5*	Mr Natoingar Neoundangar	Director-General for Resources and Planning
6	*6*	Dr Hamid Djabar	Director of Health, Reproduction and Immunization
7	*7*	Dr Cherif Baharadine	EPI coordinator
8	*8*	Dr Mbaihol Tamadji	Deputy EPI coordinator
9	*9*	Mr Djazouli Ibn Adam	Head of BIEC
10	*10*	Dr Acyl Mahamat Ali	Coordinator of Epidemiological Surveillance
11	*11*	Mr Ali Abderhamane	Deputy Coordinator of Epidemiological Surveillance
12	*12*	Mr Youssouf Annadif	Administrator/EPI
13	*13*	Mr Brahim Youssouf	Logistics coordinator of EPI
14	*14*	Mr Rombo Djénadjim	Data manager/EPI
15	*15*	Dr Fatchou Gakaïtangou	DSRV A
16	*16*	Mr Mahamat Gamar	BIEC
17	*17*	Dr Abdoul Goudjo	Adviser to Ministry of Public Health
18	*18*	Dr Barah S. Mallah	DSR N'Djamena
19	*19*	Mr Abakar Zaïd	President of the Red Cross of Chad
Members of the			
20	*1*	Professor Daniel Tarantola	Chairman TAG
21	*2*	Dr Brigitte Touré	Member of TAG, UNICEF Geneva
22	*3*	Dr Amara Touré	Member of the National TAG
BMGF			
23	*1*	Dr Jean-Marc Olive	Consultant BMGF
Member of the			
24	*1*	Dr. Jean-Baptiste Kakouma	TFI
ROTARY			
25	*1*	Mr Issa Ngarmbassa	Chairman of ROTARY/N'Djamena
26	*2*	Mr Tchombou Antoine	Rotary Club
CDC			
27	*1*	Dr Omer Pasi	CDC Atlanta
UNICEF			
28	*1*	Mr Marcel Ouattara	Deputy Representative UNICEF/Chad
29	*2*	Dr Sylvain Djimrangar	Administrator EPI/UNICEF
30	*3*	Mr Nanalngar Moyengar	Monitoring-Evaluation unit C4D POLIO/UNICEF
31	*4*	Dr Halima Dao	Health/Polio Specialist, WECARO
32	*5*	Miss Irina Dincu	Communication for development Specialist, WECARO
33	*6*	Mr Mahamoud Dout	Consultant UNICEF
34	*7*	Mr Copois Thiery	UNICEF
35	*8*	Mr Martin Engoulou	UNICEF
WHO			
36	*1*	Dr Saidou Pathé Barry	Representative WHO/Chad
37	*2*	Mrs Liliane Boualam	WHO/HQ
38	*3*	Dr Jean-Marie Kipela	WHO/IST/CENTRAL
39	*4*	Dr Kandolo Wenye Pierre	Focal point/WHO/IVD/Chad
40	*5*	Mr Santime Jean-Marc	AO/IVD
41	*6*	Dr Gbedonou Placide	MO/AVS
42	*7*	Dr Ayangma Richelot	MO/Monitoring
43	*8*	Dr Djalal Mohamed Elhafiz	NO/Routine EPI
44	*9*	Dr Toboe Désiré	HUB coordinator of Mao
45	*10*	Dr Luzitu Siamo	Manager of Supplementary Immunization Activities



46	*11*	Dr Thomas Karengera	HUB coordinator N'Djamena
47	*12*	Mr Sessouma Abdoulaye	Data manager/WHO
48	*13*	Mrs Djeraibe Rosalie	AA/IVD
49	*14*	Mrs Guideyana Ndota	AA/HUB/N'Djamena
50	*15*	Mr Noel Nodjitan	AA/HUB/IVD
51	*16*	Mrs Nalmen Nadionbang	Secretary/IVD
52	*17*	Mr Mannta Guérina	Socio-anthropologist
53	*18*	Mr Naïssem Jonas	HIP/WHO
54	*19*	Mr Abicho Abba Hissein	WHO driver
55	*20*	Mr Haroun Abouna Idriss	WHO driver