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THE IMPACT OF THE EXPANDED PROGRAM ON
IMMUNIZATION AND THE POLIO ERADICATION INITIATIVE
ON HEALTH SYSTEMS IN THE AMERICAS

FINAL REPORT OF THE
"TAYLOR COMMISSION"

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ACKNOWLEDGEMENTS

The research team wants to express its gratitude to all persons and institutions which facilitated its work.

PAHO headquarters in Washington and the PAHO offices in the six countries where the research was done and Ecuador where one pilot test took place.

The Ministries of Health and the participant State and Municipal Health Secretaries.

The health personnel at national, state and local levels, the NOG officers and the communities which generously gave their time and collaboration.

The Instituto FES de Liderazgo in Bogotá, the Instituto Nacional de Salud Pública in Cuernavaca, the ICAP in Guatemala, the Fundacao Nacional de Saúde, the Fundacao Oswaldo Cruz, the Instituto de Filosofia e Ciencias Sociais of the Universidad Federal de Rio de Janeiro, the Universidad do Estado de Rio de Janeiro.

This study was conducted with financial support of PAHO and WHO as well as grants from Rotary International, UNICEF and USAID.

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PART I. REPORT OF THE COMMISSION

1. Introduction

This commission was convened by the Pan American Health Organization (PAHO) to assess how the Expanded Program on Immunization/Polio programs in the Americas have affected national health systems and to make recommendations based on the findings. It has met four times between June 1992 and July 1994.

A highly qualified team headed by Dr. Francisco Yepes of Colombia with three field teams for national data collection has conducted and analyzed information in a six country study under great time pressure. We express our gratitude to Dr. Yepes and his colleagues for their excellent work. Their report is Part II of this document. Intensive field work started in January 1993 and the analysis and report were completed in December 1994. It should be noted that the commission has had complete autonomy in its decision making. We appreciate especially that PAHO has not intruded in our deliberations or attempted to influence the review process even while providing full access to information, funding and support in a flexible and gracious manner. We thank our colleagues in PAHO and in the countries where the studies were done for their cooperation and the innumerable ways they have facilitated our work. The terms of reference and specific objectives are presented in the main report. During the period of our data gathering the "Robbins Commission"* was also collecting evidence in preparation for certification that wild poliomyelitis virus has been eradicated from the Americas.

A specially designed RAP (Rapid Assessment Procedure) used mostly qualitative methods of data gathering. Rather than continuing to make decisions about policy and program direction based on incomplete and often biased information this approach synthesizes multiple sources of information to rationalize and objectively balance evidence. Our rather sophisticated RAP approach helped to sharpen and standardize methods of data gathering, coding and analysis. The study population was obtained by stratified and purposive sampling in six countries that still had polio in 1985 when Polio/EPI programs were formally started. The countries chosen were: Bolivia, Brazil, Colombia, Guatemala, Mexico and Paraguay.

A standardized process (described in the Part II of the report) was used to get balanced numbers of 544 interviews with

*International Commission for the Certification of Poliomyelitis Eradication for the Americas (ICCPE), Chairman: Dr. Frederick C. Robbins.

people who know most about what happened in field programs and the results. The groups included: approximately equal numbers of health personnel from the Expanded Program on Immunization/Polio program and from other health services, community members in discussion groups and officials both in government and NGO's. Statements about the positive or negative impact of Expanded Program on Immunization/Polio on health systems were coded according to standardized criteria and analyzed with an ethnographic computer program. It is the conviction of members of this commission that findings in this report have considerable validity and are both practical and relevant for international decision making.

2. Summary Statement of Conclusions:

- 2.1 The Expanded Program on Immunization/Polio program as part of primary health care systems, with sustained support to achieve tightly sequenced priorities and measurable goals, has contributed positively to overall strengthening of health systems in the Americas. In field interviews positive responses were three times more numerous than negative responses averaging 4 positive and 1.3 negative responses per interview. Both EPI and non-EPI health services staff had more positive than negative responses, although the relative proportion was naturally higher among EPI staff. In general, people were more spontaneous in expressing positive opinions and it took probing to get negative reactions. It is difficult to scale the relative valence of these responses and in any case it was not our purpose to try to make a score sheet of responses about impact. It seemed more constructive to try to learn what were the practical problems and possible solutions that had emerged in relation to each of the variables measured.
- 2.2 It is important to recognize that there were many concurrent influences on primary health care development and it would be inappropriate to attribute benefits to the Expanded Program on Immunization/Polio program that were part of general trends. Many of the methods used in immunization programs were not new, or exclusively developed by EPI, however some specific activities were brought together and implemented in a way that demonstrated to other services what they could also do. This process contributed to the beginnings of a "culture of prevention" among politicians, health workers and community members. The involvement of high level officials stimulated a wider range of participation of government personnel, NGO and volunteers than had previously cooperated with health workers.
- 2.3 Our study was conducted during the final stages of the decade long Expanded Program on Immunization/Polio program. Judgements about the eventual sustainability of impact will obviously depend on whether program achievements can be maintained over a long enough period to ensure that wild polio virus will not be reintroduced from other

parts of the world and reestablish continuing transmission. Even though we could not measure the prospects for sustainability it is clear that continuing investment must have high priority, especially in surveillance and containment.

- 2.4 Experience thus far shows definitively the need for implementing Polio/EPI as part of systematic programs to build health infrastructure. This study provides practical insights about the specific positive and negative variables that can be realistically adjusted in making cost/effective and sustainable improvements in programs that use a targeted approach. There is growing recognition that ultimately all programs should be community based empowering people to be aware of and capable of solving their own problems.
- 2.5 A surprising finding from this multicountry study was that the greatest positive impact of Polio/EPI was on social mobilization with some improvement also in intersectoral cooperation. Since the 1978 Alma Ata World Conference on Primary Health Care there has been international consensus that the three pillars of primary health care are: peripheralization of health services to reach people in their homes and communities, community involvement and intersectoral cooperation. Through long sustained building up of primary health care infrastructure considerable success has been achieved in most countries in implementing the first objective but not the latter two. Because of the finding that Polio/EPI improved specific aspects of community involvement it is our judgement that much greater attention should be paid to lessons learned from this experience rather than continuing to focus EPI programs mainly on technical issues and the activities of service providers.

2.6 Positive Impact on specific variables:
(Table 1 -- Relative Rank Order of Positive Responses to Specific Variables in Interviews)

Relative Rank Order of Frequency of Positive Responses Classified According to Specific Variables.

VARIABLES	POSITIVE Effects
SOCIAL MOBILIZATION	++++
IEC	+++
COMMUNITY ORGANIZATION	+
LEADER'S INVOLVEMENT	+
MANAGEMENT (Planning, Program., decentralization, MIS, epid. surv., manpower devel. etc.	+++
RELATIONS COMM / PROVIDER	++
INTERAGENCY COOPERATION	+
PHYSICAL RESOURCES DEV.	+
TARGETING	+
KAP' S	+

The ranking in these tables does not compare the positive and negative responses for a specific variable. Instead it shows the relative frequency of responses among all positive responses or among all negative responses.

+	= up to 10% of the total responses, either positive or negative
+	= 11-20%
+	= 21-30%
+	= 31 ~ and more

In the strongly positive impact of Polio/EPI on **Social Mobilization** (scaled 4 plus in the table), the most effective methods were in learning how to use IEC (Information, Education and Communication). This included simultaneous use of mass media and individual contact in health facilities and homes. There was also positive impact on developing capacity for community organization and on involving high level political leaders, respected public citizens and media stars which gave credibility to other health activities. Polio/EPI increased the acquaintance of communities of health institutions: facilities, personnel and services provided. It improved relations between communities and health providers. There were changes acknowledged, attitudes and practices of both providers and communities.

The next most positive impact was in improving **Management** in health services generally with specific attention to Planning, Programming, Decentralization, Management Information Systems, Epidemiologic Surveillance, and Manpower Development.

- Moderate impact was achieved in improving **Community/Provider Relations** with considerable learning on both sides in how to work together, a process which increased the credibility and acceptance of health service providers.

- There was some impact on **Interagency Cooperation**. Similarly occasional mention was made of benefits in sharing and maintaining **Physical Resources**, learning how to **Target Particular Interventions** in focussed programs and ability to influence the general

Knowledge, Attitudes and Practice of the public about health problems.

- Polio/EPI made great investment in mechanisms for monitoring progress and using surveillance to reach those at greatest

risk in the population. This was not mentioned often in the interviews but did show health services that they could

reach all the people and that "Health for All" and equity are both feasible and cost/effective in getting care to

those who had previously been left out.

- EPI workers were seen by all respondents to be well motivated because of clearcut goals, provision of feedback about their work and managerial systems that encouraged self-monitoring. Among PAHO staff there was particular concern that the

intensity of continuing education and supervision has recently decreased raising concerns about sustainability.

8. Negative Impact on Specific Variables: (Table 2 -- Relative Rank Order of Negative Responses to Specific Variables in Interviews)

Relative Rank Order of Frequency of Negative Responses Classified
According to Specific Variables

VARIABLES	NEGATIVE EFFECTS
TARGETING + + + +	
SOCIAL MOBILIZATION	
LEADER'S INVOLVEMENT	++
KAP'S	
Persistence of renuent groups	(+ + + +)
Paternalism	+
Resistance because of repeated vaccinations.	+

The ranking in these tables does not compare the positive and negative responses for a specific variable. Instead it shows the relative frequency of responses among all positive responses or among all negative responses.

+	= up to 10% of the total responses, either positive or negative
+	= 11-206
+	= 21-30t
+	= 31* and more

- The greatest negative impact resulted from **Excessive Targeting** which was at the expense of other health activities which were cut back sharply in some instances. This feeling increased over time and the cumulative resistance introduced concerns for long term sustainability.

- Even though **Social Mobilization** was responsible for 44 percent of the positive responses it also stimulated 35 percent of the negative statements. Particular concerns were expressed about leaders using these programs for political maneuvering rather than out of genuine and sustainable concern for the welfare of children.

- **Social Mobilization** also included reactions of "population statements about fatigue" as people developed negative feelings about repeated visits for only one purpose. This resulted in poor sustainability of campaign efforts in four countries, especially in urban areas. In one city in Colombia there were major reports of people slamming doors when health workers made house visits.

- As part of the variable designated as contributing to better

Knowledge, Attitudes and Practices there was reference to "paternalism" or a kind of dependency that was created by house to house visiting so that people became reluctant to go the trouble of taking their children to health facilities.

A general concern was that focussing resources on one activity created jealousy among other service personnel who felt they were being deprived of resources, attention and credit. However, there were also reports that this could be compensated for by effective sharing of items such as vehicles, training opportunities, facilities and surveillance methods. Such awareness and collaboration were largely responsible for the references to the contributions of EPI to cholera control efforts.

A common comment was about the lack of coverage of needy populations in particularly remote areas. This is not specifically a negative comment about the impact of Polio/EPI on other health services but that the program itself had not reached those areas.

3. Background

The Expanded Program for Immunization (EPI) started with World Health Assembly resolution WHA 25.57 in May 1974 as the success of worldwide smallpox eradication seemed increasingly assured. The 1977 WHA resolution 30.53 set the goal of immunizing the children of the world by 1990. This goal was supported by UNICEF and endorsed in PAHO resolution CD 25.27. Rapid reduction in the cases of polio led to PAHO Directing Council Resolution XXII in 1985 which set the goal that by 1990 in the Americas the cases of polio would be zero with no more transmission of wild poliovirus. A key component was to set up national and regional surveillance to ensure immediate investigation of each case and appropriate action. The last cases of polio in the Americas were reported in 1991 and national certification commissions were formed to monitor whether transmission of wild poliovirus had been interrupted. A separate PAHO Commission is reporting on certification of whether eradication has been achieved.

In parallel with the dramatic and rapid progress in polio eradication, which has its own justification, there has been considerable unease about whether single-intervention focussed programs interfere with the general development of primary health care. Following the 1978 World Conference on Primary Health Care in Alma Ata a sharp polarization appeared in alternative interpretations of the consensus reached at the conference. The

Alma Ata documents strongly emphasized the need not to try to achieve all eight components of primary health care at the same time, but that a limited number of priorities should be tightly sequenced to serve as entry points for other activities.

Unfortunate policy polarizations in the past decade have diverted attention and action from practical disease control efforts that can contribute to long term development of primary health care infrastructure. This commission hopes that this report will help to resolve this polarization by a balanced and objective review of what happened to other health services in one of the most publicized and successful of the single intervention programs.

4. Methods

It must be stressed that the research team made great effort to get information on both positive and negative impact on health systems of experiences in the Expanded Program on Immunization/Polio program. It became apparent immediately that we would have to gather most of our data independently because skeptics would not trust data available in existing documentation, especially information that was controlled by PAHO. Our mandate did not include review of what polio eradication had achieved in its impact on polio or the parallel impact on EPI on vaccine preventable diseases.

For the usual types of quantitative evaluation, data collection on this question should have started in 1984, the year before the polio eradication goal was declared. It became apparent that our judgements would have to rely on the opinions of knowledgeable persons who had participated in field work during the polio eradication effort and who represented both sides of the above polarization. The sample was designed to include workers who had been with EPI and workers in other parts of the health system. We especially needed the impressions of presumable neutral people and the general public.

We have adapted a methodology based on RAP (Rapid Assessment Procedures) because it permits quick but systematic data collection designed specifically to guide policy. In the past decade it has emerged as a widely trusted approach to evaluation of programs. Qualitative data are collected based on opinions of the persons who know most about a complex issue for judgements that would otherwise have to depend on subjective impressions of people with limited direct involvement. Objectivity is not achieved by superficiality but by balancing knowledge from all sides of an issue.

Sampling started with all the countries in the Americas that still had reported cases of polio in 1985 when the eradication effort started. By purposive sampling, six countries

(Bolivia, Brazil, Colombia, Guatemala, Mexico and Paraguay) were selected to represent South, Central and North America and both Spanish and Portuguese speaking areas. Purposive Sampling again led to choice of representative regions, departments and municipalities according to population size and distribution, geography, culture, socioeconomic differences and levels of health services. Indigenous and minority communities were specifically selected in Mexico, Guatemala, Colombia, Paraguay and Bolivia.

Three teams of local research workers worked full time with each team being responsible for two countries. Research workers were trained in three six-day workshops to use a detailed operations manual that was prepared for this project with the guidance of anthropologists who had been part of the group that originally developed RAP. A total of 16 research workers conducted 544 interviews following a semi-structured question guide. Groups interviewed included: experienced Polio/EPI staff--129, non-EPI health services staff--201, NGO representatives 84, community members--130 and officials in Washington--11. Community groups for collective interviews were organized by both health and non-health workers and averaged about 8-10 people. The final sample used for analysis was 473 (results from Paraguay are not yet available). Available records were collected and data were abstracted. All interviews and group discussions were recorded on magnetic tape and transcribed in full, using WordPerfect 5.1, reviewed and corrected by the researcher. A special program to do qualitative analysis of anthropological information, Ethnograph 3.0, was used to classify and group responses which were then coded for carefully selected variables and indicators. A special coding manual was prepared and all records were standardized as much as possible. Quality control included some field supervision by Associate Researchers responsible for each team although limited travel money did not permit tight control so that major differences are apparent in the numbers of classifiable responses in various countries. All results were carefully reviewed by the principal research and the anthropologist who was methodology adviser. The expected problems were encountered, including major difficulties with computers and the logistics of field work.

5. RECOMMENDATIONS

5.1 Overall, the Expanded Program on Immunization/Polio had a positive effect on health systems in the Americas. However, the findings of this commission should be understood in the perspective of the reality that most countries in the Americas already had a well organized health system and infrastructure when Polio/EPI was started. Therefore direct extrapolation of these results can be made mainly to health systems at equivalent levels of development. A common situation is that these health services, even when highly developed, often have a specific gap in

not promoting universal coverage with childhood immunization even though it is one of the most cost/effective of all health interventions. It is in such circumstances that a targeted approach can be most effective, especially when built into a continuing "pulse" activity of recurrent and systematic focussing on all immunizations.

5.2 The Commission was not asked to make judgement about the planning for polio eradication in other parts of the world. Caution is needed in extrapolating these findings to countries where health services have not reached most of their people. Expecting primary health care infrastructure to develop mainly as a result of periodic visiting by immunization teams is a separate question not addressed by this review. It introduces many other variables and this study does not answer questions about what kind of continuing health presence is needed in every population unit to promote sustainability.

5.3 Sustainability remains a major concern in the review of many of the variables listed in this report. The only thing that eliminates problems of sustainability is when an infection is eradicated from all countries. In the meantime it is essential that in the Americas continuing investments should be made, especially in surveillance and containment activities.

5.4 Of special interest is the finding that the most positive impact of Polio/EPI was on social mobilization, especially the use of Information, Education and Communication to reach all the people, both through mass media and in their homes, and also to promote community organization and the involvement of leaders to strengthen all preventive activities. For future sustainability these approaches should emphasize as a primary responsibility of health services the fundamental need for increasing the capacity of people to solve problems in their own communities through behavior change rather than continuing past practices of creating dependency by focussing on getting compliance, which is itself a very denigrating term.

5.5 Targeting had as many negative as positive influences on health services generally. It is good for the specific activity but is responsible for many of the problems related to sustainability. It can create jealousy and competition if not appropriately handled, but sharing of resources, training and credit can compensate for these problems. Among the people it can create "population fatigue" but these effects can also be adjusted by appropriate balancing of services.

5.6 Perhaps the most important lesson that emerged from our findings was the absolute need for **Integration of all preventive programs as part of primary health care**. This is essential for sustainability because eventually any activity has to be folded into general services, especially when the salience of the problem is reduced. It is the most cost/effective approach rather than duplicating supportive services. It can make competition a favorable stimulus. Of particular value is that surveillance can promote equity in serving the unreached but rather than separate monitoring for each activity combined approaches can ensure success in reaching those in greatest need. Of special interest is the potential for beginning to plan for longitudinal rather than simultaneous integration in deliberately using specific activities for which there is demand as entry points for tightly sequenced other programs for which demand has still to be created.

PART II. REPORT OF THE RESEARCH TEAM

"... the idea is that commitment is not basically that of people who meet internationally and decide. Commitment is what is obtained by the health promoter working in the most far-off corner, to show her grandchildren tomorrow that you can make history." Physician in the Colombian health services, CO32018

1. EXECUTIVE SUMMARY

In 1992 the Pan American Health Organization set up a committee chaired by Dr. Carl Taylor to determine what positive and/or negative impact EPI and the polio eradication campaign may have had on the hemisphere's health systems.

The committee drafted guidelines for a qualitative research project to be carried out in a sample of the countries of the hemisphere that still reported cases of polio at the outset of the campaign. Of those countries, six were ultimately chosen. They represent Spanish- and Portuguese-speaking countries in North America, Central America, and South America that are at different levels of development. The countries chosen were Bolivia, Brazil, Colombia, Guatemala, Mexico, and Paraguay.

The research project had the following objectives:

General objective: To identify the impact of EPI and the polio eradication campaign on the provision of health services in relation to targeting, social mobilization, the development of human and physical resources, information, evaluation, and epidemiological surveillance systems, planning and programming systems, technical cooperation at its various levels, management, and decentralization.

Specific objectives:

1. To characterize each of the countries under study in terms of demographic, socioeconomic, and cultural conditions, and in terms of the development of their health systems.
2. To describe the evolution of EPI and the polio eradication campaign in the country, and to identify the elements or components of the campaign that are innovations.
3. To determine what innovations have been transferred to other health services programs or activities through EPI/Polio elements or components.
4. To explore the perception of technical experts and communities regarding the design and development of EPI and the polio campaign and their impact on other programs or actions.
5. To identify effects of the development of EPI and the polio campaign on the relationship between technical health staff and the community.

6. To verify whether implementation of EPI and the polio eradication campaign have had a repercussion (positive or negative) in changes in health services delivery in the Americas.
7. To find out whether those effects (positive/negative) have had an impact on social mobilization, physical infrastructure, human resources, information, evaluation, and epidemiological surveillance systems, management, decentralization, planning and programming, and cooperation at the various levels.
8. To determine whether EPI and the polio campaign had an impact on national policy-making and programming.

A descriptive study was undertaken based on qualitative assessment for rapid assessment procedures (RAP) and on other methods of health services research. We used in-depth interviews, individual and group interviews, direct observation, and analysis of polio/EPI documents on certain variables or issues, particularly on health services.

Research Universe: The research universe was constituted by all the countries of the Americas that were still reporting cases of poliomyelitis as of 1985. A sample was chosen to represent six countries with marked differences from North America, Central America, and South America, including both Spanish- and Portuguese-speaking countries.

In each country, depending on its size, two to four regions were chosen for diversity in terms of geography, culture, socioeconomic differences, and health services. In each region at least one state or department was chosen, and in each of these at least three municipalities, if possible with different levels of urbanization.

Members of indigenous communities were interviewed in Mexico, Guatemala, Colombia, Paraguay, and Bolivia and members of Black communities were interviewed in Colombia.

Results: A total of 533 interviews were conducted in the six countries with EPI and non-EPI health services staff, NGO representatives, and community representatives. In addition, 11 interviews were held in Washington with PAHO, IDB, and AID staff for a total of 544 interviews.

This report is based on the analysis of 473 interviews in all countries but Paraguay. Data from this country and from officials in Washington could not be included at this time.

The study attained the general objective, but we do not, and cannot pretend to say that what we found could be exclusively attributed to the impact of EPI/Polio on the health systems in Latin America. There have been before, and they were along the EPI/Polio life, other interventions which should have had an impact on the health systems in the region. But EPI/Polio have been an unique experience in the way they have put together a series of social interventions and managerial strategies which certainly have had both positive and negative effects on the

Latinamerican health systems. We believe, that instead of discussing if, and how much has been the EPI/Polio contribution to the health systems in the region, we must center our attention to draw extremely important lessons for public health practice coming from the data of this study. But EPI/Polio has successfully introduced a series of innovations in health services throughout the hemisphere. Indeed most of what are recognized as EPI/Polio innovations are strategies or methodologies that had already been used at some time by other health programs. The truly innovative aspect is having used them simultaneously, with sustained intensity.

The massive use of the communications media, bringing together political and community leaders, inter-agency and inter-sectoral cooperation, tracing of missed opportunities, and surveillance and containment for new infections and other procedures have obviously been important in the success of EPI and Polio eradication. This evaluation has attempted to learn from these experiences what can be used to improve primary health care generally.

Interviews done as part of this study showed almost unanimous agreement that EPI-Polio had produced remarkable learning about vaccines and the immunization of children among the general public. Health workers also made comments about their own learning. They talked about EPI- Polio as a model which other programs can use. Even when other have not used this model, they now have a practical awareness that action can result in high levels of coverage in their own situations. There were, however also a number of responses that in the poorest and least developed areas, such as coastal Colombia, Southern Mexico, and parts of Brazil and Bolivia people still have cultural resistance and do not adequately understand the reasons for childhood immunization. This may have important implications for sustainability of programs.

Our interviewees mostly identified positive effects, and were generally more forthcoming when talking about this kind of effects. This was true in all countries, in all regions within countries and in all types of informants. Negative effects were of course referred to, but in a smaller amount and frequently required additional probing.

Positive responses were approximately three times more frequent than negative responses. In an average interview there were about 4 positive to 1.3 negative responses. For some variables comments were almost uniformly positive and only for "targeting" were there about as many positive as negative comments, specially about problems such as competition for resources and neglect of other programs.

The following table summarizes the research findings:

**Relative Rank Order of Frequency of Positive Responses
Classified According to Specific Variables**

V A R I A B L E S	P O S I T I V E E F F E C T S
SOCIAL MOBILIZATION	+ + + +
IEC	+ + +
COMMUNITY ORGANIZATION	+
LEADER'S INVOLVEMENT	+
MANAGEMENT(Planning,Program., decentralization, MIS, epid. surv., manpower devel. etc.	+ + +
RELATIONS COMM / PROVIDER	+ +
INTERAGENCY COOPERATION	+
PHYSICAL RESOURCES DEV.	+
TARGETING	+
KAP'S	+

The major findings can be grouped under seven large categories:

1. Social mobilization.****

Positive: Information, education, communication IEC ***

Community organization *

Leaders involvement *

Social mobilization as utilized by the EPI-Polio has relied on massively utilizing IEC, including mass media, strengthening existing community organization, and involving political and community leaders. As far as we have been able to identify, these three strategies have not been used jointly and massively by other health programs in the region, before. The three components were identified as having strong positive effects, mainly the first. Strengthened community organization, as well as IEC and leaders' involvement developed by EPI_Polio were conducive to learning and replication by other health programs. IEC materials and methodologies developed for EPI- Polio have been used as a model for other health programs like MCH, diarrheal diseases, nutrition, cholera, etc. and the opportunities utilized to teach the communities about vaccinations have been also used to bring education on other health aspects. These aspects were present in all countries and regions and were identified by all types of informants.

Negative: Leaders involvement **

There were manifestations of distrust in the use leaders could make, for their own selfish and political interests, of their participation in health programs. Political interference was mentioned.

2. Management strategies.

Positive: ***

Planning, programming, decentralization, information systems, epidemiologic surveillance, evaluation and manpower training and motivation were perceived as areas where EPI-Polio developed operational systems which worked and contributed to the other programs, either sharing them or setting the example and becoming a model to learn from.

3. Changes in the relationship between the community and the health system.

Positive: **

A strong finding throughout countries, informants, levels and regions. It shows an improvement in the relationship between communities and health services through the acquaintance obtained and the relationship built between providers and communities, by the vaccination campaigns. Communities and health providers have changed their perceptions of each other and the former utilize now more the health infrastructure and trust more in the health system. The success of vaccinations in decreasing/eliminating diseases have brought prestige to the health services.

(*)

It was mentioned by some informants in Colombia that there still were providers not willing to relate differently to the community and to take their time to educate it.

4. Interagency and intersectoral cooperation.

Positive: *

Inter-agency, interinstitutional, and intersectoral cooperation (COP), which also has precedents in other health programs, was reorganized and applied on a much broader scale. The organization of the Inter-agency Coordination Committee in Washington was followed by similar entities in the countries, and was translated into specific commitments by the various members. In the countries cooperation of other sectors was encouraged, a precedent was established, and

a lesson was learned. This lesson has since been applied in other health programs, particularly cholera, maternal and child health care, and control of diarrheal diseases.

Negative:*

Only mentioned in Guatemala was the program dependency on international cooperation without an adequate economic counterpart from government and taking on responsibility for funding that will be sustainable.

5. Physical resources development.*

The physical resources development was considered as positive because in many instances resources were shared with other programs.

6. Targeting and priority setting.

Positive:*

The targeting and priority setting was seen as positive since it helps solve problems in a more efficient way by focusing attention and concentrating resources on one problem.

Negative: ****

It was the one which presented the major criticisms due to the competition for resources and the lack of integration with other programs which may suffer a detrimental impact due to diversion of funds, personnel, attention and recognition for credit because of the limits on available resources. Recommendations for more integration particularly with MCH and sanitation, were important.

Relative Rank Order of Frequency of Negative Responses
Classified According to Specific Variables

V A R I A B L E S	N E G A T I V E E F F E C T S
TARGETING	+ + + +
SOCIAL MOBILIZATION LEADER'S INVOLVEMENT	+ +
KAP'S Persistence of renuent groups Paternalism Resistance because of repeated vaccinations.	(+ + + +) + +

+ = up to 10% of the total responses, either positive or negative

++ = 11-20 %

+++ = 21-30%

++++ = 31% and more

The ranking in these tables does not compare the positive and negative responses for a specific variable. Instead, it show the relative frequency of responses among all positive responses or among all negative responses.

7. Changes in knowledge, attitudes and practices related with health.

Positive:*

A moderate finding in Bolivia, Brazil, Colombia, and México. Because of the vaccination campaigns and the use of IEC, people have learned about other health aspects, have developed some health "awareness" and have started to develop some "preventive" mentality or attitude.

Negative:*

On the negative side there were mentioned two important aspects: On one hand the development of a paternalistic attitude in the services looking for the kids to be vaccinated in their homes instead of having them come to the health centers. In the opinion, mainly of health providers, families have become passive and this has affected spontaneous demand. In addition, a fatigue effect was mentioned both in communities and providers because of the insistence on vaccinations. This effect was particularly observed in one large city in Colombia where some communities already have rejected the vaccinators, in México and Brazil.

Negative:(****)

Not really a negative effect, but a very important problem not being appropriately approached. There still are population subgroups not adequately targeted by the vaccination programs,

because they have different languages or cultures and the IEC development and health providers training have not taken this into account. This observation was especially done in the Amazon region in Brazil, the Pacific region in Colombia, Oaxaca in México and Valle and Llanos in Bolivia.

Negative:

Paternalism.* Mentioned basically by health providers, as the insistence of the health services to bring vaccinations into the homes, thus preventing people from coming to the services to demand.

Resistance because of repeated vaccinations:* Mentioned in Bolivia, Colombia, Guatemala and México. Some communities have rejected vaccinations because they are tired of been vaccinated.

Intercountry comparisons:

Social mobilization was the variable with most positive effects in all countries, but in Guatemala where international cooperation was particularly important this variable was reported as negative at the same range of importance. Improved relations between community and providers was prominent in Colombia and also in Guatemala and in this country also development of physical resources.

In a similar way, targeting was the variable which accounted for more negative effects in all countries, persistence of groups still resistant to vaccinations was the second more important in all countries but Mexico. Negative effects of leader's involvement was the third most important variable in Colombia and Bolivia.

There is much more that can be done through more detailed analysis of between country comparisons. Much can be learned by relating these results to specific characteristics of special programs.

Conclusions: It is apparent that the Expanded Program on Immunization and the polio eradication campaign have made successful use of a series of strategies that not only have facilitated attainment of their objectives, but which in addition have spawned a series of by-products that have benefitted other health programs and health services in general. Perhaps the most important is the social mobilization variable that included greater communication between health services staff and communities, reducing distrust and building bridges of communication helping to foster a new awareness of health and prevention. But EPI/Polio has also been useful for its demonstration effect, which encourages other programs to adopt its inter-agency and intersectoral cooperation strategies, media strategies, information systems, epidemiological surveillance, and evaluation, etc. It is very likely that the health systems of the Americas would not have had the capability to respond as they did to the cholera epidemic without the EPI/Polio experience.

While the number and quality of the positive effects identified were more frequent than the negative effects, the latter raise problems that should be carefully considered as part of an effort to seek appropriate and timely solutions. These concerns could be of great importance in whether the achievement will be sustainable.

Of particular concern is the mention of a fatigue effect on communities and staff with the insistent emphasis placed on vaccinations. Recent cases in which vaccinators were rejected by the community members were described. Further research is needed on this aspect to identify appropriate solutions. Also worthy of close study is the negative effect related to distrust on the part of communities and staff of the use that politicians make of their involvement in vaccinations efforts for their personal advance or as part of partisan politics. Likewise, the possible counter-productive effect that could be brought about by the insistence on house-to-house vaccination needs to be analyzed in detail to identify satisfactory responses.

The persistence of community resistance in specific population subgroups which have not been appropriately addressed up to now, is a matter of concern and requires additional research.

Targeting a problem and targeting of resources to seek a solution have always caused apprehension over the apparent or real competition with programs to address problems accorded less priority. Guidelines for integration must be fully explicit maximizing efforts to decrease competition and enhance integration, particularly with M.C.H.

It seems important that the Health Services in general benefit from this experience and replicate it to solve other health problems. Something is already being done by different programs in different countries, but much more could and should be done.

2. BACKGROUND

EPI was born of WHA Resolution 27.57, adopted by the World Health Assembly in May 1974. Its general policies and strategies, including the goal of providing immunization to all children worldwide by 1990, were established by WHA resolution 30.53 of 1977. PAHO supported both of these in Directing Council resolution CD 25.27 of September 1977. UNICEF supported the EPI and collaborated from its inception, pursuant to the mandate of its Executive Committee and the Joint PAHO/UNICEF Committee for health policy.

Since EPI was launched in the Americas immunization coverage has increased consistently and the diseases targeted by the program have diminished, especially polio. In September 1985 the PAHO Directing Council adopted Resolution XXII, which established the goal of reducing the number of cases of polio to zero by 1990, by eradicating transmission of the wild poliovirus. The same resolution set forth and approved a plan of action for eradication of the wild poliovirus from the Americas by 1990, with three main objectives:

- To promote general development of the Expanded Program on Immunization in the region, and to accelerate attainment of its objectives.
- To eradicate transmission of the wild poliovirus from the region by 1990.
- To set up a national and regional surveillance system to ensure that all suspect cases of poliomyelitis are investigated immediately and that adequate control measures are taken to halt transmission.

AID, the IDB, and the International Rotary Club supported these objectives and undertook a commitment to them.

In order to coordinate all actions related to acceleration of the EPI to attain universal immunization and eradication of polio, an Inter-agency Coordinating Committee was formed with the participation of all the agencies involved: PAHO, UNICEF, AID, IDB, and the Rotary Club. The Committee was chaired by the chairman of the task force for child survival, which represented PAHO, UNDP, UNICEF, and the World Bank.

In 1985 the technical advisory group (TAG) was established with the participation of five experts in immunization and disease control. This group provides all the technical support to the Inter-agency Committee. Both meet twice yearly to review the progress reports and make appropriate recommendations.

The polio eradication campaign led to improvements in the information and epidemiological surveillance systems and to initiation of the national polio vaccination campaigns, which followed the national vaccination days for all EPI vaccines in many countries.

The last cases of polio were reported in 1991. Beginning in 1992, at the request of the Executive Committee, national certification commissions were formed to initiate data collection and analysis to certify in due course that transmission of the wild poliovirus has been interrupted.

In 1992 the Organization set up another committee, chaired by Dr. Carl Taylor, to gauge the positive and negative impact that EPI and the polio eradication campaign may have had on the health systems of the hemisphere.

This committee drafted the guidelines for a qualitative research project to be carried out in a sample of the countries of the hemisphere that still reported polio cases at the outset of the campaign. Of these countries, six were ultimately selected, with representation from North America, Central America, and South America, Spanish- and Portuguese-speaking countries, and countries with different levels of development. The countries chosen are Bolivia, Brazil, Colombia, Guatemala, Mexico, and Paraguay.

In October 1992 a graduate student from the Harvard School of Public Health⁴, was entrusted by the Committee to carry out an initial feasibility assessment in Bolivia. In December 1992 the principal researcher⁵ came on board, assumed responsibility for forming a team⁶, preparing a protocol, and undertaking a feasibility study. This work was done in Colombia January 11 to February 12, when the results were presented to the Directing Committee. Once the Committee approved the protocol, adjustments suggested by the Committee were made to the methodology, and a revised set of instruments was prepared for the final test in April in Ecuador. At that time two Associate Researchers⁷ began to work with the team. John Sidel, author of *Ethnograph*, trained the team in its use.

After presentation of the test results to the Committee in May and the final adjustments suggested by the Committee, the study was undertaken beginning in July 1993.

In July 1993 two workshops were held to train the researchers, one for Bolivia and Colombia, the other for Mexico and Guatemala. In August a third workshop was held for Brazil and Paraguay. The field work began in August and concluded in December 1993, with the exception of Paraguay, where additional time was needed. In January 1994 processing and coding of the interviews began and analysis workshops were held in all the countries.

⁴ Debra Efroysom

⁵ Francisco José Yepes Luján.

⁶ The principal researcher, María Eugenia Romero as methodological adviser, Luz Helena Sánchez as associate researcher, and Debra Efroysom.

⁷ Luis Durán Arenas and Clarice Novaes da Mota.

3. PURPOSE AND OBJECTIVES

To contribute to knowledge of the effects that EPI and the polio eradication campaign may have had on health services delivery by identifying the lessons learned and the impact of EPI/Polio on health services.

3.1 GENERAL OBJECTIVE

To identify the impact of EPI and the polio eradication campaign on health services delivery regarding targeting, social mobilization, development of human and physical resources, information, evaluation, and epidemiologic surveillance systems, planning/programming systems, technical cooperation at its various levels, management, and decentralization.

3.2 SPECIFIC OBJECTIVES

- 3.2.1. To characterize each of the countries under study in terms of demographic, socioeconomic, and cultural conditions, and development of its health systems.
- 3.2.2. To describe the problem of carrying out EPI and the polio eradication campaign in the country and to identify the elements or components of the campaign that have represented an innovation⁸ of the EPI program and the polio eradication campaign.
- 3.2.3. To determine what innovations have been transferred to other programs or activities of the health services based on elements or components of EPI/Polio.⁹
- 3.2.4. To explore the perception of technical health staff and communities regarding the design and development of EPI and the campaign and their impact on other programs or actions.
- 3.2.5. To identify the effects of implementation of EPI and the campaign in the relationship between technical health staff and the community.

⁸ INNOVATION: We understand innovation to mean introducing concepts, techniques, and instruments in developing the campaign. It has three dimensions. The first is related to components formulated in earlier plans/policies/programs and made operational for the first time in the initiative. The second, components that have been formulated before but made operational and updated in the course of the campaign. And the third, related to those components formulated for the first time and made operational in the framework of the campaign.

⁹ TRANSFER: We understand transfer to mean the process of appropriating, adapting, and applying elements or components of EPI and the campaign to other health services activities or programs.

- 3.2.6. To verify whether implementation of EPI and the polio eradication campaign have had repercussions (positive or negative) in the form of changes in health services delivery in the Americas.
- 3.2.7. To find out whether those effects (positive or negative) have had an impact on social mobilization, physical infrastructure, human resources, information, evaluation, epidemiologic surveillance, management, decentralization, planning and programming, and cooperation at its various levels.
- 3.2.8. To determine whether EPI and the campaign had an impact on country policies and programs.

4. UNIVERSE OF THE STUDY

The universe of the study was made up of all the countries of the Americas that were still reporting cases of poliomyelitis as of 1985.

A purposive sample was selected of those countries in an effort to make optimal use of the qualitative methodology to be used, and thus an effort was made to maximize the differences. To this end, six countries were selected from North America, Central America, and South America; they include both Spanish- and Portuguese-speaking countries.¹⁰

In each country selected, depending on size, two to four regions were chosen in an effort to study diverse geographical settings, cultures, forms of socioeconomic development, and health services. In each region at least one state or department was chosen, and in each of these at least three municipalities,¹¹ where possible with different levels of urbanization.

Interviews were conducted with indigenous populations in Mexico, Guatemala, Colombia, Paraguay, and Bolivia, and with Black populations in Colombia. Table 1 shows the sample structure.

¹⁰ In 1985 no English-speaking country was reporting any more cases of poliomyelitis.

¹¹ Except for Bolivia, where only three municipalities were studied.

Table 1

Evaluation of the positive and negative effects of the polio eradication campaign and EPI on health services of the Americas

Distribution of the sample by countries, regions, states, municipalities, and ethnic groups

COUNTRY	MACROREGION	STATE	MUNICIPALITY	ETHNIC GROUP/ RELIGION
BOLIVIA 68		SANTA CRUZ 27	MONTERO	
		COCHABAMBA 24	QUILLACOLLO	
		3	EL ALTO	
	NATIONAL 14			
BRAZIL 124	NORTH 31	AMAZONAS 31	MANAUS MANACAPURU IRANDUBA	
	SOUTH 25	PARANA 25	CURITIBA DOIS VIZINHOS ORTIGUEIRO	
	NORTHEAST 31	CEARA 31	FORTALEZA BEBERIBE MARACANAU	
	WEST-CENTRAL 22	MATOGROSSO 22	CUIABA POCONE STO. ANTONIO	
	NATIONAL 15			

COUNTRY	MACROREGION	STATE	MUNICIPALITY	ETHNIC GROUP/ RELIGION
COLOMBIA 113	NORTH ATLANTIC 28	ATLANTICO MAGDALENA CORDOBA	BARRANQUILLA SALAMINA LORICA	
	WESTERN PACIFIC 33	CHOCO CAUCA	QUIBDO ITSMINA SILVIA	NEGRA NEGRA INDIAN
	WEST-CENTRAL 35	BOGOTA D.C. BOYACA CALDAS	BOGOTA MONGUI CHINCHINA	
	NATIONAL 17			
GUATEMALA 62	METROPOLITAN 10	GUATEMALA 10	C. DE GUATEMALA MIXCO CHINAUTLA	
	SOUTHEAST 22	ESCUINTLA 9 STA. ROSA 13	ESCUINTLA SIQUINALA STA. LUCIA COTZUMALG LA. GOMERA MASAGUA CUILAPA BARBERENA EL CERINAL GUAZACAPAN MONTERICO STA. CRUZ NARANJO CHIQUMILILLA	
	NORTHWEST 16	ALTA VERAPAZ 8 HUEHUETENANGO 8	STA. HELENA SN. PEDRO CARCHA COBAN AGUACATAN CHIANTLA HUEHUETENANGO COLOTENANGO	INDIAN INDIAN INDIAN INDIAN INDIAN INDIAN
	NATIONAL 14			

COUNTRY	MACROREGION	STATE	MUNICIPALITY	ETHNIC GROUP/ RELIGION
MEXICO 106	NORTH 39	NUEVO LEON	SN. PEDRO GUADALUPE MONTE MORELOS ARROYO VILLA DE GRACIA APODACA MIER Y NORIEGA ALLENDE MONTERREY	
	CENTRAL 18	D.E.	MIGUEL HIDALGO GUSTAVO A. MADERO	
	SOUTH 37	OAXACA	OAXACA E.STO.TAMAZULUAPAN GUELATAO TLACOLULA POCHUTLA STA.MA.HUATULCO STA.MA.COYOTEPEC SN.LORENZO CACOTEPEC IXTLAN SN.ANTONIO DE LA	INDIAN INDIAN INDIAN INDIAN
	NATIONAL 12			
PARAGUAY 60	EASTERN	CENTRAL	FDO.DE LA MORA LUQUE GUARAMBARE SREGUA VILLET ITA STA.ROSA SN.IGNACIO SN.MIGUEL SN.JUAN STA.MARIA SN.RAMON SANTIAGO AYOLAS V.FLORIDA SN.PATRICIO YABEBRY	
	WESTERN	PTA.HAYES	BENJAMIN ACEVAL	INDIAN
	NATIONAL			

5. IMPLEMENTATION OF THE STUDY

Six research groups were formed to carry out the study (one per country). They were coordinated in pairs by the associate researchers and the principal researcher, who in turn had support from the methodological adviser who provided assistance in Bolivia.

Associate Researcher for Mexico: Mexico and Guatemala

Associate Researcher for Brazil: Brazil and Paraguay

Principal researcher and methodological adviser: Colombia and Bolivia.

The country teams varied in size in accordance with country size and number of interviews to be done (one researcher for every 30 interviews). In each country one researcher assumed responsibility for local coordination, which entailed responsibilities for logistics planning and preparation of the final country report.

Bolivia	2 researchers
Brazil	4 researchers
Colombia	3 researchers
Guatemala	2 researchers
Mexico	3 researchers
Paraguay	2 researchers

The teams of researchers were trained using the operations manual, which had already been prepared. The training was done in three six-day workshops: one in Mexico for Mexico and Guatemala, another in Colombia for Colombia and Bolivia, and the third in Brazil for Brazil and Paraguay. During the data collection phase the associate researchers, principal researcher, and methodological adviser undertook supervisory visits within the limits established by available economic resources.

All the interviews were recorded on magnetic tape and then transcribed in full, using Wordperfect 5.1. The transcribed interviews were reviewed by the respective researcher and the transcriptions were corrected where necessary. The revised interviews were converted to ASCII, numbered in series in Ethnograph, printed, and coded.

Ethnograph 3.0 was used to classify and group the respondents' comments and opinions, based on each variable and using the respective indicators. Special care was taken to standardize the coding process as much as possible. The following procedures were used to do so:

- A code manual was prepared and coding was based on the definitions set forth in the protocol.
- Manual coding based on the interviews, written and numbered in "Ethnograph," was submitted for cross-reference by the other researchers and/or revisions by the associate researchers, the methodological adviser, and the principal researcher. Discussion sessions were held to define uniform and mutually agreed upon coding criteria.

- Final clearing of codes was done as part of the review of the texts chosen in the different searches that are part of the analysis plan.

The analysis was done in two stages, first within each country, then among countries. Within each country a profile was drawn up of the positive and negative effects of EPI/Polio on the health system, examining each variable under study and the indicators, as well as cases in which EPI/Polio resources were used for other programs (integration). Likewise, changes in knowledge, attitudes, and practices (KAP) were identified along with the innovations of EPI/Polio. The following procedure was used:

- Count the number of positive and negative effects per variable, type of informant, region and administrative level, and prepare a table showing frequency and distribution on which the text analysis was based.
- Analysis of trends in positive and negative effects within each variable, by indicator and codes breakdown (text analysis).
- Review and hierarchization of texts.
- Selection of significant interview excerpts.
- Repetition of the same type of process to foster integration, innovation, and KAP enhancement.

5.1 DIFFICULTIES

Undertaking a study of this magnitude inevitably entails many logistical difficulties. In this study budgetary limitations made it necessary to reduce the duration of training period and the frequency and intensity of supervision. Likewise, joint work on the part of the directing team was limited. This led to serious difficulties and set back compliance with the deadline and the quality of the information. It was necessary to make do without a significant amount of information out of quality considerations; perhaps this could have been reduced had training and supervision been given more time. Furthermore, the lack of time spent by the directing team in joint work limited the depth of analysis. And finally, the analytical software used (Ethnograph) still has major limitations for the type of use required by this research project, thereby significantly reducing its usefulness.

Aside from these general difficulties there were various obstacles from country to country: health problems of researchers (Brazil, Colombia), delays in field work due to a change in government (Paraguay), changes in the employment status of researchers (Mexico), and a virus that struck four computers and the entire data file for Colombia and Bolivia, causing almost three months' delay and making it necessary to totally rework the analysis for the two countries.

6. STRENGTHS AND WEAKNESSES

One major strength of the study lies in the ethno-anthropological methodology used, which yields a great wealth of information through interviews throughout six countries of North America, Central America, and South America with different levels of development and different

languages; a wide variety of regions within these countries, from the Amazon rainforest to the more industrialized zones of northern Mexico; a wide diversity of informants, ranging from health services staff linked to EPI/Polio, health staff from the other tracer programs, local non-governmental organizations, both national and multinational, to people from the communities, at all levels--national, state, and local.

Another strength is the consistency of findings throughout countries, regions and informants and the availability of the actual taped, and written interviews that allow additional checking of the quality of data.

The main weakness lies in shortcomings in the training of some of the interviewers and insufficient supervision (due to insufficient funds), which led to a major loss of information that had to be discarded due to poor quality of the interviews. Lack of resources also reduced opportunities for joint work on the part of the principal research team, which notably diminished the exchange of ideas and limited the analysis. Despite major efforts to guarantee standardization at every stage, it would have been greater had the principal team had more opportunities for joint work, or had it been possible to undertake the analysis of the six countries with simultaneous participation of the entire group.

7. RESULTS

A total of 533 interviews were conducted in the six countries, in addition to 11 done in Washington of PAHO, IDB, and AID staff. They are distributed as follows by levels and type of informant (EPI health services staff, health services staff of other non-EPI programs, which we also call tracers, NGO staff, and community members).

TABLE 2

EVALUATION OF THE POSITIVE AND NEGATIVE EFFECTS OF EPI/POLIO ON THE HEALTH SYSTEMS OF THE AMERICAS

TOTAL NUMBER OF INTERVIEWS BY COUNTRY, LEVEL, AND TYPE OF INFORMANT 1993

COUNTRY	TOTAL	L E V E L I N F O R M A N T						
		NATIONAL	STATE	LOCAL	EPI	NON-EPI	NGO	COMM.
BOLIVIA	68	14	29	25	19	18	19	12
BRAZIL	124	15	42	67	21	71	12	20
COLOMBIA	113	17	23	73	33	31	21	28

GUATEMALA	62	14	19	29	13	16	12	21
MEXICO	106	11	26	69	34	29	9	34
PARAGUAY	60	13	19	28	8	30	7	15
WASHINGTON	11	--	--	--	1	6	4	--
TOTAL	544	84	158	291	129	201	84	130

An effort was made to ensure that the interviews in each country covered a wide geographic area to guarantee greater representation of ethnic and socio-cultural differences. For this purpose the division in macroregions most commonly accepted in each country was adopted. Within the budgetary limitations of the study each country was assigned a given number of macroregions to examine (Bolivia, Guatemala, and Paraguay, two each; Mexico and Colombia, three each; and Brazil, four). In each macroregion at least one state or department was selected and three localities, one more urbanized, one intermediate, and one rural (except in Bolivia).

TABLE 3

EVALUATION OF THE POSITIVE AND NEGATIVE EFFECTS OF EPI/POLIO
ON THE HEALTH SYSTEMS OF THE AMERICAS

TOTAL PERCENTAGE DISTRIBUTION OF INTERVIEWS DONE
BY COUNTRY, LEVEL, AND TYPE OF INFORMANT
1993

COUNTRY	TOTAL	L E V E L			I N F O R M A N T			
		NATL.	DPTMNTL	LOCAL	EPI	NON-EPI	NGO	COM M.
BOLIVIA	100	20,5	42,7	36,8	27,9	26,5	27,9	17,7
BRAZIL	100	12,1	33,9	54,0	16,9	57,3	9,7	16,1
COLOMBIA	100	15,0	20,4	64,6	29,2	27,4	19,0	25,0
GUATEMALA	100	22,6	30,6	46,8	21,0	25,8	19,4	33,9
MEXICO	100	10,4	24,5	65,1	32,1	27,4	8,5	32,1
PARAGUAY	100	21,7	31,7	46,7	13,3	50,0	11,7	25,0
WASHINGTON	100	-	-	-	9,0	54,5	36,4	-
Total	100	102,3	183,8	314,0	149,4	264,9	132,6	159,8

Table 4

Evaluation of the positive and negative effects of EPI/Polio on health systems in the Americas

**Distribution of interviews by sex, age, and occupation
1993**

COUNTRY	SEX		AGE			N A	OCCUPATION			N A	SENIORITY			N A
	M	F	< 2 5	25- 44	45 +		M D	R N	OT H		< 1	1- 41	5 +	
Bolivia	35	21	--	32	22		34	13	10		--	34	19	2
Brazil	36	10 5	--	98	43		44	61	36		--	65	76	
Colombi a	58	24	2	62	17		22	23	37		1	48	33	
Guatema la											5	10	26	
México	45	27	2	53	17	34	56	9	7	34	20	42	10	34
Paraguay	15	45	--	31	19	10	22	17	11	10	--	6	44	10
Washing ton	10	1												
TOTAL	19 9	22 3	4	277	118	44	180	14 0	107	44	26	205	20 8	46

N.A.: Not available

Table 5

Evaluation of the positive and negative effects of EPI/Polio on health systems in the Americas

**Distribution of the community interviews
1993**

COUNTRY	Total	Total	SEX	
	Interviews	Interviewees	M	F
Bolivia	12	52	--	52
Brazil	20	250	18	232
Colombia	28	115	24	91
Guatemala				
México	34			
Paraguay	15			
Totals	109	417	42	375

7.1 Innovation

EPI and the polio eradication campaign have been successful in introducing a series of innovations in health services in the Americas.¹² Indeed most of what are recognized as EPI/Polio innovations are strategies or methodologies that had already been used on some occasion in other health programs. Most innovative has been their simultaneous use with great intensity and continuity.

The interviewees identified the innovative character of many of the program's actions, particularly in relation to social mobilization and cooperation. Massive use of the communications media, involving political leaders and natural leaders, inter-agency and intersectoral cooperation (creation of the inter-agency cooperation committees), tracing missed opportunities, negative reporting, and virological diagnosis were all mentioned. Introducing or breathing new life into these strategies are deemed to bolster the results of EPI/Polio as well as the other programs, which in one way or another have learned from the experience and have replicated it to a greater or lesser degree.

¹² Here we use the term "innovation" in the sense indicated in the definition adopted above by the study (pg. 10).

"I think that this is very similar to what happened with smallpox, [what is] really new is the development of the laboratory, isolation of the virus, and the reporting process." (EPI staff member, Colombia CO31036)

"New groups [arose], for example our work with indigenous groups; we already have a group of policemen who are vaccinators." (EPI staff member, Colombia CO31025)

"... if there was [cooperation] for example at the hospital level, in the pediatrics wing, many institutions donated something, like a sheet; the polio campaign fostered much more cooperation and the need to become part of this great goal." (EPI staff member, Colombia CO31020)

"I think that this [mobilization] is new for the sector. I began to work with marginal communities in the urban sector and there were no organizations of this type.... There were health committees, but there wasn't a set of specific objectives, specific goals, parameters, tracers to measure the before and after." (EPI staff member, Colombia CO12020)

"I think that this was the basis for the community to begin to take more interest in things related to health, so beginning with the vaccination effort health committees were formed, more volunteer promoters were initiated, so use was made of this resource and they were trained to perform other activities." (EPI staff member, Mexico ME21005)

"There was [interinstitutional cooperation] before, but it was disorganized; beginning with EPI/Polio program coordination was implemented that has greatly facilitated coordination of all the institutions." (Non-EPI staff member, Mexico ME22002)

"Well, first of all it is the first time that the health services accept a partner other than the health sector, it is the first innovation that I think I should highlight, and that should be repeated with other NGOs, service clubs, etc." (NGO staff member, Mexico ME23006)

"With the EPI campaigns that's when the campaigns began, then people soon began to become aware of things, before there was nowhere to take your children. Now there are places that provide services, there are doctors, and they are going house-to-house vaccinating children." (Community member, Bolivia BO24025)

"The extramural action that has been spurred has been an important EPI strategy; in addition to in-service vaccination there is house-to-house vaccination. This has led the population to have greater trust in the institutional party, and the institutional party is beginning to have more contact and coordination with the population." (EPI staff member, Bolivia BO21029)

7.2 Positive and negative effects

Our interviewees identified both positive and negative effects, but were generally more forthcoming when talking about the positive ones. Negative effects were referred to in a smaller numbers and frequently required additional probing. This was true in all countries, in all regions within countries and in all types of informants. Negative effects were of course referred to, but in smaller numbers and frequently required additional probing.¹³

The major findings can be grouped under six large categories which are presented here in order of importance in terms of frequency with which they are mentioned.

7.2 Social mobilization.****

Positive: Information, Education and Communication IEC ***
community organization *
Leaders involvement *

Social mobilization as utilized by EPI-Polio has relied on strengthening existing community organization, massively utilizing IEC, including mass media and involving political and community leaders. As far as we have been able to identify, these three strategies have not been used jointly and massively by other health programs in the region, before. The three components were identified as having positive effects, mainly the first or IEC. Strengthened community organization and leaders' involvement were also developed by EPI - Polio and replicated by other health programs like MCH, diarrhea, cholera, nutrition, etc..

"Sí. Ya está mas preparada la comunidad para... -de hecho acuden mas a la clínica del centro de salud... -sobre todo por la cartilla, no? que especifica ahí a que edades, si ellos ya saben, muchos se quedan sin el refuerzo de los 4 años porque terminan después, por enfermedad ó por algo no van con la edad, pero ellos ya saben cual les toca... -cual les corresponde." México (ME14016) COMUNIDAD

"Como o programa do PNI, no caso, e um programa que vem funcionando bem e o fruto esta ai, entao isso cria dentro da comunidade uma credibilidade aos outros programas." Brasil (BR13010)ONG

A) IEC ***

When utilizing IEC for EPI- Polio promotion, other programs were also promoted, and IEC strategies and methods developed for EPI-Polio were adopted and adapted for other programs.

¹³ Average of 4.0 positive effects and 1.3 negative per interview.

As an effect of the social mobilization and IEC acquaintance with the health system was obtained. Mentioned in all countries by EPI, non EPI and NGO informants at all levels.

"Quando a gente faz a vacina, Marcio, a gente sempre, voce aproveita para orientar a mae quanto a higiene, aos cuidados com a crianca, mesmo com o adulto ... entao, eu acho que assim que dentro da imunizacao voce tem como trabalhar quase todas as areas."
Brasil: (BR41106) PAI

"Es, porque nos percebemos que aumenta a demanda, ne? Pro atendimento; no caso, das vacinas. Por exemplo, quando a gente comeca a divulgar, comeca a procura bem maior." Brasil: (BR12014) NO PAI.

"Agora, de uma maneira ou outra, essa mobilizacao da vacinacao, seja campanha o que for, jogou gente pra dentro da Unidade de servico e rendeu a ideia que a saude e competente tambem." Brasil: (BR53118) ONG

Sim, sao abordados outros assuntos, ate discutidos. Olha, nos hoje vamos falar sobre vacina mas sera que e esse o problema, sera que esse tipo de informacao vai contribuir em alguma coisa ou tem alguma coisa que ta deixando voces mais apreensivos, alguma coisa assim, e entao a gente parte para a discussao de outros assuntos..."... "em que o assunto do dia era imunizacao mas em cima disso a gente ja tentava agendar outros assuntos para as proximas reunioes, desde drogas, sexualidade, aleitamento materno"
Brasil: (BR41091) PAI

"Quando a mae vem ganhar o nenem, entao a gente comeca a preparar para que ela, depois dela ganhar o nenem, ela ja sai daqui com a crianca vacinada. Ai ja leva o cartaozinho de vacina, e ai a gente comeca a incentivar a mae, ne, ha necessidade daquele cartao, daquela vacina, e, por aquele cartao, ela faz o acompanhamento, desenvolvimento e crescimento da crianca." Brasil: (BR12025) PAI

"Eu acho que tem ajudado a melhorar a assistencia a saude num modo geral a procura aos servicos de saude." "... voce considerando todas as campanhas que houveram ne, e a divulgacao de rotina tambem" ... "voce acha que essa divulgacao constante trouxe algum efeito positivo ou negativo sobre os outros programas de saude?" ... "Sem duvida" ... "Eu acho que ate a procura da clientela nos postos, nas unidades de saude tem aumentado, depende da epoca como voce coloca, depende da forma como voce esta divulgando e eu acho que isto, ate por curiosidade a populacao acaba procurando as unidades de saude ne, entao eu acho que neste sentido sim, ate para aumentar a questao da demanda,ne. Por exemplo, na questao do programa de gestantes a gente ... faz com que elas tambem procurem a rotina das unidades de saude com relacao aos programas."
Brasil: (BR41091) PAI

"Os materiais e meios de divulgacao do PAI tem servido de modelo para outras atividades de saude."..."esses materiais tem tido afeito nos outros programas de saude,

tem feito alguma coisa nas outras acoes de saude semelhante a essa propaganda comunicacao das campanhas."... So na radio."... em relacoes a quais programas?...atendimento medico dentista" Brasil: (BR31073) PAI

"Por exemplo, com relacao a Aids, que e uma doenca que ta ai, que a gente tem que controlar mesmo, ne. A gente tem feito muita com relacao a Aids, folhetos explicativos, e com uma divulgacao do que e, tambem, a doenca, ne. E, tambem, a colera. A colera veio ai, e a populacao, acho que nem os profissionais conheciam a colera, ne, que teve que ser divulgada, a traves, tambem de folhetos, os agentes de saude participaram muito de perto. de toda essa atividade de informacao, foi, eu acho que, pra quase todas as acoes a gente utiliza os mesmos metodos, de folhetos de cartilha, certo, Eu acho que a campanha influenciou muito as outras, outros tipos de divulgaciou muito as oturas, outros tipos de divulgacao eu acho que sim." Brasil: (BR22049)NOPAI

"A questao de solicitar a divulgacao nos contra-cheques, nas cobranças de cartao, nos bancos, extractos bancarios, isso tudo nasceu com a campanha de para... contra a paralisia infantil e hoje e utilizando largamente pra Campanha de Reidratacao Oral, de acompanhamento de crescimento e desenvolvimento, de aleitamento materno, quer dizer, foi seguido. A questado dos out-door patrocinados por outras instituicoes e firmas particulares, que tambem seguido pelo. Viva Mulher, que vai dar enfase, mais a parte de saude da Mulher." Brasil: (BR23060)ONG

"Este material de educación y comunicación...ha permitido a los otros programas imitar, es decir la iniciativa que tomábamos con el PAI ha sido imitado por muchos otros programas de tal manera que ellos tambien a similitud del PAI, hacían sus programas, por ejemplo con el de rabia, ha hecho movilizaciones tambien con la misma estrategia, y es por eso me ha pedido que yo participe en esa movilización y que yo la organice, juntamente con la responsable de la rabia. Bolivia: (BO21022)PAI

"Cuando se hace educación comunitaria se hace trabajo de cólera, control de crecimiento, atención pre y post-natal." Bolivia (BO11017) PAI

"Yes I am aware that other programs have used the material, the strategies, and have benefitted a great deal by doing so...for example when undertaking the cholera campaign...." (NGO staff member, Bolivia BO13026)

"The community becomes aware of campaigns through the communication and dissemination media, TV, radio, loudspeakers, posters, home visits, interpersonal contact...." (Community member, Brazil)

"The vaccination campaigns carry out other activities during house-to-house vaccination and inform people about prenatal check-ups, AIDS, etc." (Non-EPI staff member, Brazil)

"The IEC materials had effects on other programs and campaigns, such as malaria..." (Non-EPI staff member, Brazil)

"Indeed, they adopted it [IEC] as a strategy for other programs, such as the diarrhea program, including cholera; others were maternal and child health, family planning, and several other programs." (EPI staff member, Mexico ME21031)

"Bueno, por lo general como a veces las pláticas que damos son en lugares lejanos, en lugares donde no tan fácilmente puede ir seguido entonces, se aprovechan y se da otra información ya sea de diarrea, de ira, de materno infantil de Planificación Familiar". México (ME31002) PAI

"Yo creo que ha servido como punta de lanza para que otros programas aprovechen algunas modalidades que se han implantado a través de la campaña de vacunación, ha servido también para penetrar con otros programas como el caso de cólera." México (ME32011) NO PAI

"Los beneficios, pues si nos quedó beneficios positivos, porque hemos visto que antes el médico realizaba muchas visitas domiciliarias para acudir a los programas, he visto ahora que con las simples pláticas ya no hay necesidad tanto, verdad, hacer tantas visitas domiciliarias para que la gente acuda al Centro de Salud". México (ME22022) NO PAI

"Yo creo que sí. Yo creo que en ese sentido si porque uno de los programas que primero empezó a utilizar material educativo a través de medios masivos fue el PAI. Después de eso ya se empezó a utilizar para el nuevo problema de diarrea, para el cólera, y pues actualmente ya se empieza a utilizar para ira también. Guatemala: (GU13004) ONG

El impacto no se ha medido pero se ha ayudado a través de la divulgación que se le da a la gente que se acerca a los Puestos de Salud y allí se les habla de los otros programas que no tienen la promoción y divulgación que tiene el PAI. Guatemala: (GU22009) NOPAI

"Por lo menos en las propagandas cuando las campañas de vacunación contra el sarampión, decían, acérquense al Centro de Salud más cercano, entonces eso atrajo mucha gente que quería conocerlo" Colombia: (CO14015) COMUNIDAD

"La propaganda de la vacunación hace que la gente acuda a los Centros de Salud y que se integre al programa de crecimiento y desarrollo, al control prenatal y sobre todo a SUPERVIVIR" Colombia: (CO12007) NO PAI

"Las jornadas de Vacunación han sido algo tan especial, que los materiales han dado un ejemplo para replicarse en otros programas" Colombia: (CO11014) PAI

"Trabajamos mucho con el niño sano Pitin, inclusive UNICEF lo utilizó internacionalmente y otros países lo copiaron. A raíz del éxito que tuvo, otros programas

como el de Atención Materna y Planificación Familiar lo utilizaron porque era un personaje conocido por los niños y por todo el público" Colombia: (CO12012) NO PAI

"...Se trabaja muy parecido para otros eventos, es un trabajo interinstitucional, como con el Cólera, cuando el líder era el Servicio de Salud y las otras instituciones, han utilizado en sus propias tareas la misma metodología, de pasacalles, volantes y perifoneo directo en los barrios." Colombia (CO23013) ONG

"El PAI nos enseñó, que es definitivamente preferible utilizar mas el radio y la televisión que gastar dinero en pasacalles, chapolas, porque el medio está inundado y nadie lee." Colombia (CO32018)

B) Community Organization *

The space for community participation was widened, the community was empowered, the coordination between community organizations was improved. Existing community organization was strengthened. and besides EPI-Polio it has been utilized for other programs (nutrition, cholera, malaria, sanitation, MCH, leprosy, diarrhea, dengue). This observations were done in all countries, by all types of informants, in all regions and levels.

" Para la Asociación Scout de Colombia a partir del momento en que comenzamos a participar de lleno con la comunidad se nos amplió el horizonte. Es lo mejor que ha hecho la asociación en sus 73 años de historia en este país. Colombia (CO13005) ONG

"Las jornadas han posibilitado otra forma de contacto con la comunidad, con esta participación la Iglesia toca espacios mas reales de la comunidad. Colombia (CO13026) ONG

"El PAI es el pilar fundamental alrededor del cual la comunidad logra integrarse en las actividades propias de su zona.Después del PAI empiezan a ver como entran a trabajar y a colaborar conjuntamente con el Centro de Salud. Son dos cosas simultáneas: la campaña de erradicación de la Polio y la legalización de la participación comunitaria en las acciones de la salud. Colombia (CO11004) PAI

"Han servido de la misma manera que para el cólera, han servido para unificar a la familia y me refiero a la familia de la salud no? porque de esa manera nos hemos conocido con las instituciones privadas, con las ONG, con las clínicas, con las Cajas que siempre andaban divorciadas de nosotros...ha servido mucho, y de esa manera para poder trabajar en otras actividades de salud" Bolivia: (BO22012) NOPAI.

"Estas organizaciones, juntas vecinales, clubes de madres....si han tenido un efecto positivo sobre otros programas de salud. A la gente le ha servido para concientizarse y

recibir un entrenamiento....cuando llegó el cólera ellos ya prácticamente estaban organizados, era tomar y agregar a su experiencia....se concientizó a la gente como deben recurrir en caso de emergencia. Le daría 3 positivo. Bolivia (BO22012) NOPAI

" (La participación) ha tenido un buen efecto. La gente ha participado a través de sus comités de madres y de vacunaciones. En un programa de saneamiento básico, por ejemplo, hemos logrado avanzar en este programa. Guatemala:(GU22006)NO PAI.

" Nao tenho duvida, tambem ta com certeza."Porque todas essas experiencias de campanha de vaccinacao de 1980 pra ca, e ja deixa assim, um grande espelho de como as pessoas podem mobilizar uma grande comunidade...entao isso dai é uma experiencia que voce repassa para todas as coes, super positivo. Brasil:(BR21036)PAI.

"Uma coisa é certa: dentro da Secretaria de Saúde a experiencia de se trabalhar com poliomielite serviu muito como experiencia para o trabalho com os outros, com outras doencas...com outros programas. Brasil:(BR22045) NOPAI.

"Nao existía essa participacao do povoao (antes das campanhas do PAI-Polio), com as campanhas melhorou bastante e eu acredito...porque antes eu achava que a saúde aqui era precaria, nao tinha quasi participacao, hoje em dia nao, aqui nao somos, so aqui no bairro Sao Francisco nos somos 20 lideres, so no Sao Francisco..." Brasil: (BR14022)COMUNIDAD

"Sí, a nivel de comunidad la gente responde bastante bien a todos los programas, en particular al programa de polio. Ya hay una organización dentro de la comuidad que apoya las campañas intensivas, hay comunidades rurales o municipios que tienen comunidades muy pequeñas y que tienen un sistema de trabajo para días nacionales." México: (ME31005)PAI

C) Leader's involvement *

Leader's participation and involvement in the EPI-Polio led to more community participation and to their support to other health programs. This opinion was identified in all countries by all types of interviewees.

"Mire la verdad es que cuando a veces lo alcaldes auxiliares invitan a la comunidad, la comunidad en su mayoría asiste porque, no se, todos somos así somos un poco coaccionados a que si no llega alguien más importante pues uno no acude y la gente si ve que el alcalde auxiliar llega o el maestro manda a decir que hay que vacunar a sus niños entonces mandan a los niños." Guatemala: (GU14029) COMUNIDAD

"En cuanto a efectos positivos, yo diría que para todas las personas que los reconocen como líderes, ellos son una imagen de la sociedad, seria el gran efecto positivo además

de la capacidad que ellos tienen para movilizar todo.

El efecto negativo es que el ciudadano comienza a asociar las acciones de salud con el interés político de los gobernantes y de repente cuando se le da por estar en contra de este grupo político también alguna empresa reacciona contra las acciones que ellos han presidido...es un efecto inevitable...de negativo porque el efecto negativo se revierte cuando llegan nuevos líderes políticos que también apoyan." Bolivia: (BO31001)PA

"I believe that there was a need to help the community in the area of disease prevention.... I believe there have been more positive than negative effects...." (EPI staff member, Bolivia BO11021)

"Los líderes han colaborado para el cólera, con la introducción del cólera en el país se han organizado y ha habido reuniones eventos y ha habido una participación así más eventual...Eso fue por un periodo muy corto, cuando tienen 50, 100, 200 casos de cólera había un alboroto... y cuando habían 20 era ya nada se preocupaban de nada."

... acho que tem melhorado a participacao, o envolvimento deles na divulgacao, na mobilizacao da populacao, as vezes ate entrevista sobre alguma doenca principal, agora, Meningite e Colera." Brasil: (BR21032)"PAI

"Podemos citar a questao da campanha de agua, Sanepar, que faz a...a participacao da Emater, que levantou os lugares que poderiam ser instalados esses microsistemas de agua, a secretaria de desenvolvimento urbano, levar agua tratada nas favelas ou na periferia onde nao houvesse uma agua de boa qualidade. Entao houve participacao de varios orgaos...forças politicas atuaram sobre esses orgao ne, logicamente que eles tiveram beneficio politico ou retorno político, mas houve uma melhoria." Brasil: (BR42095)NOPAI

"Esas liderancas, tanto governamentais quanto essa liderancas políticas e as liderancas locais, ele tem colaborando tambem com Goutros programas de saude, nao so com a imunizacao, e tambem con outras dimensoes da crianca, outros componente da crianca?"..."Tem, por exemplo a terapia de rehidratacao oral, ne, foi amplamente trabalhada por todos eles...Chamando a atencao. Nao so pra vacina, mas pra questao da rehidratacao oral e pra questao das infeccoes respiratorias ne." Brasil: (BR23060)ON

"El PAI sirvió como modelo para darnos a conocer con los líderes, con padrino vamos y recogemos para el resto, pero el padrino si fue vacunación". Colombia (CO11036)

"Esta cooperación existía antes de las campañas o es nueva? "Existía aislada, a raíz de las campañas de vacunación del 86 para acá se organiza mejor...lo de las vacunaciones sirvió como base para ver que esos mismos representantes pueden unirse para proporcionar alguna otra intensificación o algún otro programa de salud." México (ME22010)

"Desde los niveles locales o líderes superiores en el caso de las presidencias municipales, pues tenemos el apoyo, de lo que es combustible, vehículos, incluso hasta personal del mismo, trabajadores, vaya de la presidencia municipal como choferes etc...si vamos a hablar por decir en el caso de diarreas, que hemos tenido gran problema de saneamiento básico, si nos apoyan incluso en lo que es, la autoridad por ejemplo para hacer las detecciones por ejemplo de aguas, alimentos, etc, pero si hay mucho apoyo. México (ME21031)

"Bueno, positivo es que en términos de autoridades civiles traducen una voluntad política y eso es un elemento indispensable para cualquier programa de salud...además la voluntad política se expresa en que presidente municipal por ejemplo hace suyos los programas, se da cuenta de que los problemas de salud son también problemas de él y no son de autoridad estatal o federal, sino él como presidente municipal es responsable de la salud de su población. México (ME12020)

"I believe that the most positive thing is that they (the leaders) are receptive to the campaigns because they make possible the economic support needed to carry them out; if there is no interest on the part of a leader in hearing about what the campaign is going to do, one knows ahead of time that it will be difficult to carry out." Colombia: (CO33009) NGO staff member.

"A dynamic has been generated around the vaccination strategy that has made any other type of campaign easy; people become involved because it is something they have begun to internalize." Colombia: (CO33012) NGO staff member.

Negative: Leader's involvement **

There were manifestations of distrust in the use leaders could make, for their own selfish and party interests, of their participation in health programs in Brasil, Bolivia and México.

"E negativo o mal relacionamento de algumas lideranças políticas, e alguns usam as campanhas de vacinação para promoção pessoal." Brasil

"Sim algumas comunidades elas participaram de forma ativa até porque, em algumas comunidades não existe estrutura de saúde. É a própria população que determina que seu "Sr. Fulano" ou "D. fulana" vá funcionar um posto de vacinação "... O efeito negativo é, que toda a sociedade tem as pessoas que se dão, e as que não se dão. E quando você coloca um Posto de saúde na sua casa de alguém, as pessoas que não se dão com aquele alguém, não vão ao Posto de Saúde, porque, está na casa de uma pessoa que ele não se dá. " (BR12004) Brasil: (BR42095) NO PAI

" E nos chegamos assim a deflagrar uma campanha de vacinação por essas reivindicações né, mas a experiência que a gente tem por exemplo em 90, quando a gente estava assim com um pico altíssimo de meningite meningocócica, então antes dos

tecnicos sentirem necessidade de que realmente se deveria fazer uma campanha de vacinacao pra toda a populacao, nos tinhamos pressoes de liderancas politicas" ... "mas isso a gente tem feito discussoes, nao so tecnicas, mas ate as divulgacoes, reunioes com essas liderancas pra tentar esclarecer esse tipo de coisa, entao nao tem acontecido e nunca aconteceu da gente deflagar uma campanha de vacinacao em vista dessas solicitacoes." Brasil: (BR 41091) PAI

"Principalmente no interior, porque o povo do interior sempre diz: Ela sabe quando é o ano de eleicao porque chove medicos, chove vacina naquele ano, pelo menos naqueles meses,e depois realmente nao tem nada.." Brasil: (BR13018) ONG

"If you were to ask me whether this coordinating committee has participated in other actions that are not part of the polio eradication project I would say yes, because other actions are discussed in these same meetings.... And if we look at the efforts this group has made to strengthen the health system, for example, I would say that the whole radio network we have in the country for epidemiologic surveillance has emerged from that group and is of use not only to EPI." Bolivia: (BO31001)EPI staff member.

"La participación de los políticos es un arma de doble filo porque su apoyo a las campañas no es una colaboración desinteresada" Bolivia: (BO11017)PAI

"Negativo en algunos aspectos podremos mencionar el que ha habido algunos lugares en que ya despues el lider busca alguna, algun beneficio individual con la presencia de los servicios de salud y por supuesto con la presencia de los servicios gubernamentales, llamese Delegación política." Mexico: (ME11002)PAI

7.2.2 Management strategies.

Positive: ***

Planning, programming, decentralization, information systems, epidemiologic surveillance, evaluation and manpower development and motivation were perceived as areas where EPI-Polio developed operational systems which worked and contributed to the other programs either sharing them or setting the example and becoming a model to learn from. Planning and programming as used in EPI have been replicated by other programs such as MCH, sanitation, nutrition, diarrhea, with satisfactory results. This was mentioned in Bolivia, Brazil and to a lesser degree in Guatemala. Local diagnosis as used by EPI allows identification of other health problems. The plan of action as done by EPI has been taken as a model by other programs such as MCH, diarrhea, mainly in Bolivia and Brazil.

"Hay un instrumento de programación del PAI muy sencillo que el programa de atención materno infantil lo ha mejorado y lo está utilizando." Bolivia:(BO11001)PAI

"Y estas normas de descentralización se utilizan en otros programas también en salud ahora me imagino que como el cólera?

Si, se utilizan. Es decir que realmente ahorita tenemos que darle mayor énfasis a todo lo preventivo, yo creo que hemos tratado y estamos tratando de cambiar un poco nosotros, a nivel local, de que gente se desplace más a las comunidades no permanezca encerrado en los servicios viviendo la rutina y las mismas caras." Guatemala:(GU11005)PAI

"Eu acho que alem da... do aumento das coberturas vacinais e do impacto sobre as doencas imunopreviniveis, reducao das doencas imunoprevinieveis, eu acho que ele tem servido como exemplo pra outras coordenacoes, outras areas sigam as mesmas estrategias de treinamento, de supervisao, de assessorias, ne? Pra agilizar, tambem, esse programas dentro das secretarias e ate no financiamento." Brasil:(BR51110)PAI

"E dai ate a.. outra coisa, que a propria vacina comecou a descentralizar a vacina na rotina normal, e agora ja vai tambem o profissional que faz o pre-natal la naquele memo local... Ja comeca a se fazer prevencao de cancer, etc... utilizando esses postos que ja existiram. Eu acho que essa coida foi um gancho importante pras outras acoes." Brasil:(BR22057)NOPAI

"...So pra dar um exemplo assim que vai resumir tudo: nos estamos, atraves da Escola de Saude Publica, recentemente criada pelo Governador, nos estamos iniciando o primeiro Curso Regional de Especializacao em Medicina Geral e Comunitaria que ai inclui modulos de Pediatria, de Clinica Medica, Ginecologia e obstetricia, Psiquiatria e Saude Coletiva. Entao sao cinco modulos. Nesses cinco modulos, a elaboracao da programacao e os monitores nao sao apenas profissionais da area de servico da Secretaria de Saude mas ai esta inclusa a Universidade e as Sociedades Medicas. Eu acho que ai, a grande vitoria nossa e que, quando nos trabalhamos essa questao da parceria na divulgacao para a imunizacao, nos conseguimos mostrar que essa parceria e importante, e fundamental. Dai hoje o trabalho totalmente integrado, quer dizer, em todas as linhas de trabalho hoje da Secretaria da saude sao captadas as parcerias, sao formados grupos de trabalho que realmente contribuem de uma forma fundamental, porque ai nos temos toda a classe empresarial trabalhando junto, as Sociedades de Pediatria, mas a Sociedade de Pediatria, mas a Sociedade de Ginecologia e Obstetricia de Cardiologia, de Clinica Medica o Centro Medico Cearense." Brasil: (BR23060)ONG

Planning, programming and decentralization - PPD

"El diagnóstico y la programación nos permiten tomar decisiones adecuadas y analizar nuestra situación real." Bolivia: (BO11005) PAI.

"Yo miro que los aspectos son más positivos que negativos, porque nos permiten a

nosotros trabajar según nuestras necesidades, porque el problema es cuando a nivel de central se nos impone una fecha y que nosotros no consideramos que es correcta pero que la tenemos que acatar porque ya está estipulado, y a veces fracasamos, pero en los últimos años hemos tenido ya más poder de decidir o no en algunas cosas" Guatemala:(GU21018)PAI

"Teve efeito positivo, por causa do envolvimento com outros programas, de outros tecnicos; por exemplo, quem trabalha com o materno-infantil tem que estar envolvido com a polio"... "Entao foi ate otimo, foi ate uma maneira de entrosar com os outros programas". Brasil:(BR11012)PAI

"O programa da comida, como se chamava, ne? Ele se aproveitou bastante (tosse) do programa de imunizacao porque ele so existiu porque a pessoa pegava a alimentacao pra poder ver se o esquema tava completo, quer dizer (interrupcao) o programa foi adiante" Brasil: (BR22044)NOPAI

"Bueno, positivos creo que la programación se hace de una manera más real (si? ya no tan en la altura, sino que conocemos la realidad y la distribución de recursos, se hace mas adecuadamente." Mexico:(ME11002)PAI

Management (GES)

PAI "Eu acho que importantissimo. Eu acredito, pelo menos na minha realidade, apos a implantacao do PAI, apos a prioridade da... do controle da poliomelite, isso trouxe nova perspectivas para os outros programas, baseado no proceso que e feito, pela estrutura montada pela polio e pelo PAI, e pelo programa da polio, por exemplo, chamado GT Polio"... "Hoje, podemos ate chamar hepatite, GT, Hipertensao, Materno-Infantil." Brasil:(BR11011)PAI

"E essa metodologia utilizada nos outros programas de contabilidade de custos tambem?"... "Positivos, so positivos porque voce ve o que voce tem ne, em cima de seu plano de acao como voce pode gastar, como voce direcciona em cima dessa quantia de dinheiro de recursos, ne, as suas acoes." Brasil:(BR12004)NOPAI

"Eu acho que o programa de imunizacao ali, tem uma certa influencia, mas neste sentido mais epidemiologica, a resposta da epidemiologia. Todos os imunobiologicos sao gerenciados pelo Programa de Imunizacao e a vigilancia epidemiologica faz sua avaliacao do comportamento dessas doencas, ta. O que exige imunobiologicos o programa de imunizacao e que gerencia."... "A raiva, agora, hepatite B, Meningite em casos especiais e o que mais...soros..."..Soros em geral e tudo com o Programa de Imunizacao" Brasil:(BR41088)PAI

"E... Por exemplo, armazenamento de insulina, para os diabeticos e tambem as seringas para aplicaco da insulina."

MG:" Ah! Perfeito. Entao a rede de frios tambem e utilizada para armazenamento de

insulina. E isso e normatizado?"

FR: "Normatizado, controlado"

MG: "Mais alguma coisa alem de insulina?"

FR: " Ten soro antiofidico, tem vacina antirabica, soro antirabico. Os imunobiologicos de uso de rotina sao armazenados todo num local so. Aonde que e feito o controle da qualidade da rede de frio da temperatura da geladeira. Du da camara frigorifica"... "E um efeito positivo porque esta ali a disposicao. Nao precisaria comprar outro equipamento, so par armezear uma quantidade, muitas vezes pequena, para esses imunobiologicos de uso..." Brasil:(BR42095)NOPAI

"Olha, o materno infantil tambem age da mesma forma"... "O programa de imunizacao, a partir das campanhas, ele ganhou enfase e, com isso, ele tambem carreu junto com eles outros programas."...Pois e, entao, eu acho que, assim, que, como o PNI nao esta 100% os outros tambem estao caminhando, mas conseguiram...conseguiram melhorar pelo menos." Brasil:(BR11012)PAI

"Se utiliza esta metodología digamos el plan de acción en otros programas salud? Sí, sí, definitivo, en estos que le he mencionado reiteradamente en diarrea infección respiratorias agudas, lactancia materna, etc. México:(ME11028)PAI

"Se elabora plan de acción para Eda, Cólera, Tuberculosis, Sida y enfermedades de transmisión sexual.Bolivia:(BO21029)PAI:

"Este mismo sistema de Control de Calidad, se está utilizando con resultados positivos en Malaria y Sida." Bolivia:(BO21029)PAI

"Si, que yo sepa por lo menos algunos programas intentan hacer análisis de calidad. Por ejemplo ya no están tan solo midiendo el número de mujeres que están en control sino que con el control del embarazo, se mira por ejemplo cuantos controles han recibido." Bolivia:(BO31001)PAI:

"En tuberculosis, ha sido bastante positivo, porque el hecho de que de poder controlar, de poder tener este control de calidad, sobre todo de las que puedo decir? a nivel laboratorial por ejemplo del mismo, del programa de tuberculosis ha significado poder mejorar la capacitación, darse cuenta de los problemas que existían y hacer una capacitación adecuada, en el personal de salud, en cólera exactamente lo mismo no?o sea el hecho de tener una actividad de control de calidad, de estos programas permite indudablemente, primero tener las un diagnostico de las dificultades y de la falta de capacitación que se tiene en cada uno de ellos, para poder tomar acciones en ese aspecto." Bolivia:(BO21029)PAI

"Yo voy a decir sinceramente que no abarca los otros programas con esa regularidad que lo hace el PAI, por ejemplo, un programa como IRA, no tenemos esa información tan inmediata como la tiene el PAI, por ejemplo un programa como IRA no tenemos esa

información tan inmediata como la tiene el PAI o como tiene el cólera que como un reflejo de todo lo que esta sucediendo en los distintos Distritos tenemos toda la información de lo que está ocurriendo a nivel departamental"

"Sumamente positivo, pues sobre la marcha se pueden correr las deficiencias que las estamos identificando mensualmente." Bolivia:(BO11021)PAI

"En tuberculosis, ha sido bastante positivo, porque el hecho de que de poder controlar, de poder tener este control de calidad, sobre todo de las que puedo decir? a nivel laboratorial por ejemplo del mismo, del programa de tuberculosis ha significado poder mejorar la capacitación, darse cuenta de los problemas que existían y hacer una capacitación adecuada, en el personal de salud, en cólera exactamente lo mismo no?o sea el hecho de tener una actividad de control de calidad, de estos programas permite indudablemente, primero tener las un diagnostico de las dificultades y de la falta de capacitación que se tiene en cada uno de ellos, para poder tomar acciones en ese aspecto." Bolivia:(BO21029)PAI

"Si, que yo sepa por lo menos algunos programas intentan hacer analisis de calidad por ejemplo ya no están tan solo midiendo el numero de mujeres que están en control sino que con el control del embarazo por ejemplo cuantos controles han recibido y cuantas de las que estuvieron se han complicado creo que es un buen intento de hacer analisis de calidad de la prestación de servicios."

"Tal vez en los otros programas que tengan evaluación...que tengan evaluación de resultados por ejemplo en el control del bocio que hacen analisis de la cantidad de yodo en la sal y que han hecho estudios también de la prevalencia de la enfermedad de la población, no recuerdo en estos momentos que otros programas han hecho evaluaciones pero ellos si han hecho yo diría que por los menos es 4 de calificación los resultados positivos". Bolivia:(BO31001)PAI

Human Resources Development

The positive effects due to human resources development pertain to the contribution EPI trained personnel have given to other programs and to the health system operation in general both through skill learning (epidemiology, viral diagnosis, etc)and through motivation and mystique. This mention was done in all countries but Guatemala.

"E para o Programa de Imunizacoes existe tambem, ja tem os modulos, entao eles sao preparados especificamente para atuar, principalmente aqueles tecnicos que atuam na rede de frio. Entao tem capacitacao pra eles.. a caracteristica que a gente sente e que eles ficam mais preparados em abordar a clientela, a dar informacoes, entao isso ele realmente ficam bem preparados..".

CV:"Agora com relacao a outros programas, que efeitos esse treinamento, essa capacitacao teria sobre outros programas?"

LS: " Un efeito realmente satisfatorio" Brasil:(BR12009)NOPAI

"E quais os efeitos para os servicios de saude em geral dessa capacitacao?"... "Tambem positivo. E, com a informacao adequada, as vezes, porque existe uma informacao desatualizada, ne? voce consegue melhorar o servico, com certeza a prestacao del tambem e melhorada." Brasil:(BR11012)PAI

CE: "Sempre quando eu fiz um pela prefeitura de Fortaleza, isso foi na vespera de vir morar aqui, ela foi so sobre imunizacao, o programa era so sobre imunizacao, mas dentro do programas sobre imunizacao, a gente fala em outros, sobre a gestante, E ai vem outras series de coisas tudo que a gente trabalha em posto de saude, sabe".Brasil:(BR22054)NOPAI

"Que outro tipo de treinamento voce teve la, alem de vacinacao, voce teve treinamento para o controle de diareia?"

AM: "Pois e, eu tive a orientacao sobre o soro oral, sobre o soro caseiro, no caso quem nao tem o soro oral fazer o soro caseiro em casa, ne ate chegar no posto de saude e pegar um soro oral, o treinamento foi esse." Brasil:(BR24055)COMUNIDAD

CV: "E pouco, la? Agora, e, voce estava, a gente tinha que ver, voce dar uma nota pra os afeitos positivos, ne? E da criacao de cargos pro programa de imunizacao.

MP: "Que todo mundo sabe que e aquela pessoa pra procurar. Ai, ai, esse que e afeito positivo, quer dizer, tem uma pessoa que sabe, uma pessoa nao, todo mundo sabe que ela e responsavel, então so vai procurar ela, mas isso tambem sobrecarrega muito aquela pessoa.

CV: "Mas pelo fato de ter uma pessoa de referencia..."

PM: "Isso e positivo" Brasil:(BR12013)NOPAI

"E quais os efeitos para os servicios de saude em geral dessa capacitacao?"... "Tambem positivo. E, com a informacao adequada, as vezes, porque existe uma informacao desatualizada, ne? voce consegue melhorar o servico, com certeza a prestacao del tambem e melhorada." Brasil:(BR11012)PAI

CE: "Sempre quando eu fiz um pela prefeitura de Fortaleza, isso foi na vespera de vir morar aqui, ela foi so sobre imunizacao, o programa era so sobre imunizacao, mas dentro do programas sobre imunizacao, a gente fala em outros, sobre a gestante, E ai vem outras series de coisas tudo que a gente trabalha em posto de saude, sabe".Brasil:(BR22054)NOPAI

JF: "Mas mística, un poco mas de dedicación los PAI POLIO, que los otros programas ese sería tal vez."... "Que la capacitación de este recurso utilizado tambien por ejemplo la de estadística, no solamente es del PAI no solo es del Polio sino, sino también lo utilizamos en cólera, ella trabaja en lo que sea, lo que ha aprendido con el PAI con el Polio lo utiliza lo pone al servicio del cólera. Bolivia:(BOL21022)PAI

"Las capacitaciones que se hacen son integrales. Se capacita en EDA, IRA; Tuberculosis.

Not tenemos capacitaciones exclusivas para el PAI sino integrales."
Bolivia:(BO11017)PAI

"Claro, el PAI apoya a los otros programas, les presta recursos, los radios..son recursos compartidos." Bolivia: (BO21021)PAI

"Yo pienso que el recurso humano se ha fortalecido técnicamente, porque en torno a la erradicación de la polio ha habido un programa de capacitación de los funcionarios de Salud que incluye además la cadena de Frío, la Vigilancia Epidemiológica, la administración del programa." Colombia:(CO11001)PAI

"Una singularidad es que nos ponemos metas medibles y planeamos estrategias acordes a la realidad, medimos rendimientos que en otros programas no lo hacemos, estamos seguros del costo real y nos ofrece estructura organizativa." Colombia:(CO21002)PAI

"Lo que pasa es que el funcionario PAI tiene recursos, No es que sea especial, ni más inteligente...antes eran iguales a nosotros pero cuando ingresan al PAI tienen objetivos y metas claras y por eso funcionan" Colombia:(CO12002)PAI

C) Information system

EPI-Polio developed an information system tailored to their needs, but the most important lesson was that, differently from other programs, they utilized the data to make decisions and monitor the program, improving quality and opportunity of data.

"Agora o que a gente utiliza são dados. Eles trabalham muito com a gente com dados, tá entendendo?... "Eu acredito que os outros programas de materno-infantil também, como é que tá a situação (titubeia) do tétano, tá entendendo. Quais são as áreas de risco pra tétano, certo? Essas informações a gente tem e eles recebem da gente"... "Positiva, agora também tem...eu acho que tudo tem que melhorar muito"... "O grau que eu atribuo a essa integração, de um a cinco, com a imunização acho que tem que ser "... "Acho que um três, pra isso." Brasil: (BR22046)NOPAI.

"El mismo procedimiento, siempre tuberculosis lo ha empleado, se está empleando ahora en cólera, diarrea y malaria. Es positivo porque ha permitido tener datos desde todo punto de vista actualizados, emplear y utilizar indicadores que sean realmente necesarios y no tener muchos indicadores." Bolivia (BO21029)

"Existem meios próprios do programa de imunização de coletar informações?"

IS: "Existe"

CV: "E existem os mesmos procedimentos para os outros programas?"

IS: "Existe"

CV: "E quais os resultados que você acha de haver essa colheita de informações específica por programa?"

IS: "Eu acho bom. Eu acho que realmente precisa fazer isso. Porque nós temos um bom retorno com isso." Brasil: (BR12025)

"E voce acha que...quais sao os resultados da utilizacao desses sistemas proprios de informacao pelos outros programas?"..."Voce consegue sistematizar, ne? A informacao. Quando voce busca essa informacao mensalmente, voce sistematiza"..."Que nota voce daria de um a cinco?...Cinco."Brasil (BR11012)PAI

"El mismo procedimiento, siempre tuberculosis que ha empleado, se esta empleando ahora en cólera, diarrea y malaria."

EN: "Cuales han sido los resultados positivos y negativos de esa utilización, por estos programas que me nombra?"

JH: "En realidad por que ha permitido pues tener datos desde todo punto de vista actualizados, emplear y utilizar indicadores que sean realmente necesarios y no tener muchos indicadores, y muchos de ellos inútiles como se los hacía anteriormente, sino tener una determinada cantidad de indicadores que sean precisos y que sean los mas necesarios, que han sido empezados ha emplear por el PAI y que lógicamente se han empezado ha emplear también el resto de los programas, eso ha sido muy positivo, porque en este momento permite tener información actualizada, permite tener constantemente el análisis de esa información y hacer la retroalimentación respectiva no?"

Bolivia:(BO21029)PAI

Evaluation

The effect of EPI evaluation on other programs was mentioned in two senses. One in the sense of the same methodology being replicated by other programs such as MCH, URI (Bolivia, Colombia, México) and other in the sense of doing integrated evaluations with other programs (Brazil, Colombia).

"Siempre hemos realizado las evaluaciones y al realizar la evaluación no nos abocamos únicamente a Polio o al PAI sino también a todos los demás programas, programas de cólera, de tuberculosis, rabia. EN: "O sea que también cuando ustedes evalúan el PAI cuando se evalúa el PAI no es cierto tambien evalúan otros programas de salud?"

HR: Si pero espccíficamente la hoja que nosotros utilizamos es del PAI y si encontramos algún problema en otros programas pues les comunicamos."Bolivia:(BO21021)PAI

"Hacemos las evaluaciones del PAI con materno infantil...ahí podemos mejorar lo que encontramos con problemas, con dificultades." Colombia: (CO21024)PAI

"...por exemplo, ano passado, nos tivemos uma avalicao de onde vieram tecnicas do Ministerio da Saude, que nos fizemos uma avaliacao aqui no Estado. "...Entao e muito positivo quando ele vem, sabe? Porque ai a gente discute... e ... o que o Ministerio tem condicoes de repassar para a gente, as nossas dificuldades, ne? O porque da gente nao... nao fazer a implantacao ou implementacao dos programas nas unidades de Saude".Brasil: (BR11012)PAI

"Por exemplo, Saude da Mulher e da Crianca, se fazem reunioes, onde participam os tecnicos da area de imunizacao..." "As que estado ocorrendo...Hepatite, meningite, a gente faz uma avaliacao geral."

MG: "Agora como sao feitas as avaliacoes do Programa de imunizacao, se faz tambem, se examina outros programas conjuntamente? FR: "Se faz, todo a nao em conjunto, ha uma participacao total de toda a area de epidemiologia"... "Podemos fazer bom o efeito e positivo, o que nos podemos discutir com o pessoal local e regional sao quais as dificuldades que estao encontrando na avaliacao"... "Ah! Daria 5." Brasil: (BR42095)NOPAI

"Los haría más integrales, al aprovechar la movilización de Polio y PAI, aprovecharía para introducir con otros programas mas, hacerlo mas extenso, o sea una mayor programación conjunta con otras actividades para hacerlo mas efectivo." Bolivia (BOL23027)

"Yo creo que lo que mas haría es la coordinación con otros programas, nosotros por estar ligados a la parte infantil conocemos, pero el resto del personal de la Unida Sanitaria no tiene mucha idea de lo que están haciendo, que esta pasando, quizás si se pudiese lograr coordinar con los otros programas, que se pudiese utilizar ese mismo recurso humano y económico para hacer mas cosas, o sea mas programas".Bolivia:(BOL22009)NOPAI

"Cuando se hace la evaluación a nivel del Distrito rural entonces hacen una evaluación de actividades de salud. Entonces se examinan todos los programas. Bolivia:(BO21001)PAI

"Es bastante motivador. Cuando la evaluación se presentan los problemas y todas esas cosas. Hablan los del PAI y ellos presentan sus datos., Hay transferencia de tecnología, se hace un intercambio de información y se trata de aprovechar al máximo el desarrollo que tiene cada uno de los programas." Bolivia: (BO11005)PAI

D) Epidemiologic surveillance

A well known and established technique, but EPI-Polio put it into operation in the region countries in a real and effective way, setting an example for other programs.

"O metodo era um metodo que ja era conhecido, por conta disso que a Polio usa. Mas a partir do momento que voce usa um determinado metodo, que voce se familiariza con ele. Voce vai usa-lo em outras situacoes com mais facilidade. Entao, eu acho que nisso a investigacao de caso de Polio contribuiu, na investigacao dos casos de cólera" Brasil: (BR22038)NOPAI

"...que tambien trata en un solo dia movilizar la población para que se dan cuenta de que la importancia de notificar, de participar en la búsqueda de enfermos, en la búsqueda de

medidas preventivas"...Entonces, yo pienso que otros programas también están buscando eso que es..."que se tu tienes el programa organizado, tu realmente consigues avanzar" Brasil: (BR53117)ONG

"A vigilância epidemiológica já existia, né. E acredito que os programas da polio só veio colaborar, tá. Porque quando se trabalhava com vigilância das outras doenças também, tá" Brasil:(BR11031)PAI

"... também a questão da investigação, quando faz a investigação de um caso de polio, porque o pessoal daqui, quando faz a investigação é atento para outras doenças e podem diagnosticar outras doenças que não só ocorram no caso de investigação." Brasil:(BR12005)NOPAI

"Pra nós aqui no Paraná, foi muito importante porque nós, de cara com a polio, nós melhoramos toda a vigilância epidemiológica das outras doenças de notificação obrigatória. Assim como veio o sarampo, nós aproveitamos pra melhorar a outra...tudo o serviço de vigilância e a implantação da epidemiológica em todos os municípios do estado." Brasil: (BR41088)PAI

"Mire, es mas, le voy a decir; mientras tuvimos el brote de cólera no había nada de vigilancia epidemiológica de diarrea en niños. Ahí nació la vigilancia, y sabe como se estableció? Con base en la que tenía el PAI, así es la cosa..." Bolivia: (BO22028) NOPAI

Negative: *

"Mientras no haya tanta papelería estaría bien, porque a veces se nos satura de muchísima papelería, de que tenemos que notificar aquí, notificar allá, y el hecho de tener que hacer tantas notificaciones a veces la información le llega tardíamente a quien le corresponde. Pero no creo que hubiera mucho problema siempre y cuando no nos encarguen trabajo estadístico. " México: (ME11022) PAI

"Qual a sua opinião pelo fato de PAI utilizar recursos físicos carros, barcos, etc. de outros programas?"

IM: "Completa desestruturacao deles."

CV: "Voce acha que eles deveriam ter recursos propios?."

IM: "Sem duvida nenhuma." Brasil: (BR11003)PAI.

7.2.3 Changes in the relationship between the community and the health system.

Positive:**

A strong finding throughout countries, informants, levels and regions. It shows an improvement in the relationship between communities and health services through the acquaintance obtained and the relationship built between providers and communities, by the vaccination campaigns. Communities and health providers have changed their perceptions of each other and the former utilize now more the health infrastructure and trust more in the health system. The success of vaccinations in decreasing/eliminating diseases have brought prestige to the health services.

The following are examples of interview responses in this respect:

"Bueno yo diría que el efecto es muy favorable en el sentido de que es uno de los pocos elementos que han logrado acercar mas al personal de salud con la propia comunidad, las otras acciones de salud que se dan, normalmente es en sentido contrario, la población se acerca a la unidad de salud...el programa de vacunación ha logrado un mayor acercamiento de los servicios de salud con la comunidad." México (ME11010)NPAI

"La influencia de las campañas de vacunación en las relaciones entre el personal de salud y la población ha sido excelente, hace un ratito le mencionaba yo a usted el apoyo que nos dan para el transporte de las gentes...una comunicación excelente, es decir, si se hiciera una encuesta nuevamente en la población con fines de preguntar, oiga usted, como vio a los señores de vacunación que vinieron? creo que sacaríamos no cinco sino diez. México (ME1102)PAI

"Definitivamente muy positivas, si al principio en ocasiones nos apedreaban, verdad, o nos bloqueaban el acceso a las comunidades, todavía no hace muchos años, quizá seis o siete, recuerdo alguna comunidad en que con sandías nos impedían llegar a la comunidad; a la fecha esa relación con la población ha sido muy afectuosa, complementaria, una participación organizada." México: (ME22032) NOPAI

" Ha sido muy positivo ese interrelacionamiento del personal de salud con la Comunidad... el personal de salud puede comprender más los problemas que vive la comunidad y a la inversa la Comunidad sabe cuales son las dificultades que tiene el personal de salud."

Bolivia: (BO12003) NO PAI

"Actualmente aquí al Centro ya las madres vienen voluntariamente, lo que antes teníamos que ir casa por casa...Hemos visto con una esperanza bastante que la gente viene, se preocupa por su salud y más que todo por las vacunas." Bolivia: (BO23024) ONG

"Hay mayor acercamiento ya que este personal ya tiene conocimiento de la Comunidad y la Comunidad del Personal de salud."Guatemala: (GU21013)PAI

"Eu acredito que as campanhas aproximaram as pessoas, a comunidade, aproximaram, digamos assim, a populacao e o servico de saúde, ta." Brasil: (BR11031) PAI

"Como o programa do PNI, no caso, e um programa que vem funcionando bem e o fruto esta ai, entao isso cria dentro da comunidade uma credibilidade aos outros programas." Brasil: (BR13010)ONG

"As campanhas provocaram alguma coisa, as campanhas melhoraram ou pioraram essas relacoes entre comunidades e posto? A vacinacao melhorou, piorou?" "Ah, essa gente nao tinha muito conhecimento do pessoal do posto, nao sabia dar muita importancia pra vacina, ai depois com a gente... com as campanha ne, a gente comecou a ficar amigo, e aonde que a comunidade ajuda o pessoal do posto e o posto ajuda o pessoal da comunidade..." "E, comecaram a participar mais do posto." Brasil: (BR44096) Comunidad.

"Ha sido supremamente enriquecedor, lo malo es que los trabajadores de la salud no hemos sido educados para trabajar con la comunidad. Desde el desdén, de la ignorancia, los únicos que sabemos somos nosotros, ahora hemos llevado conocimientos técnicos comprobados y a su vez ella (la comunidad) nos ha enseñado ese saber popular, nos ha enseñado a escuchar".

Colombia: (CO31003) MÉDICO PAI

"Ha permitido que la comunidad califique a los de Salud, los ha puesto a su nivel. Todo es ganancia inclusive con riesgos pues hay gente que habla de politización, la salud se ha vuelto humana. Colombia: (CO12016) NOPAI

"Ha cambiado pero en lo positivo, se han armado unas ideas, se han establecido algunos conceptos, hay como más acercamiento entre la Secretaría de Salud y la Comunidad" Colombia: (CO34005) COMUNIDAD

"Sí, si han cambiado, ya no miran a esas personas (de Salud) como un enemigo, si no que es la persona que va a llevarles Salud preventiva a los niños. Los mismos niños cuando veían una enfermera se metían debajo de la cama, ya no. Son como amigos, ya hablan, preguntan".

Colombia: (CO34026) COMUNIDAD

"...el vuelco ha sido por lo menos de 180 grados, se han dado cuenta que la información y el conocimiento que han recibido repercute en su beneficio. Pero a veces resulta que es mas difícil cambiarle la actitud a los funcionarios que a la comunidad" Colombia (CO32018) MÉDICO NO PAI

"...vienen mas niños, llegan de todas partes, le dicen a uno por lo menos donde viven, entonces uno va a este sector y canaliza bien, ve que pasa..." Colombia (CO11018) VACUNADORA PAI

"Si yo creo que si (ha habido cambios) porque si no no traerían a sus hijos a vacunar" Colombia: (CO14008) COMUNIDAD

"Ha cambiado porque antes en el Centro de Salud nos decían venga tal día y no más, ahora ya le explican a uno que es la enfermedad ... uno esta mas consciente ... uno no se hacia vacunar porque no sabia, ahora ya viendo que uno le puede evitar al niño ... si uno no se afana por los hijos ... " Colombia: (CO 14022) COM NO ORGANIZADA

"... eso es un punto muy positivo a nivel de los médicos y enfermeras porque ellos antes solamente se dedicaban a la parte curativa, en cambio hoy en día se han concientizado mucho y le hablan mas que todo a la mamá y le explican; entonces la señora se convierte en vocera le explica a otra y la otra esta pendiente de los síntomas de su hija." Colombia:(CO34033)COMUNIDAD ORGANIZADA

"La comunidad adquirió más seguridad para exigir servicios. En los trabajadores de la Salud, se rompió con un esquema intramural, se demostró que lo más importante no es lo que se hace adentro sino lo que se genera afuera". Colombia: (CO12002)

(*)

It was also mentioned by some informants that there still were providers not willing to relate differently to the community and to take their time to educate it.

7.2.4 Inter-agency, interinstitutional, and intersectoral cooperation

Positive: *

(COP), which also has precedents in other health programs, was reorganized and applied on a much broader scale. Formation of the Inter-agency Coordination Committee in Washington was followed by similar entities in the countries, and was translated into specific commitments by the various members. In the countries cooperation of other sectors was encouraged, a precedent was established, and a lesson was learned. This lesson has since been applied in other health programs, particularly cholera, maternal and child health care, and control of diarrheal diseases. These opinions were given in all countries and by all informants, especially EPI and non EPI.

"... essa participacao dessas entidades existia antes da campanha?" "Nao, nao existia, com certeza nao existia" ... " Por exemplo, na epoca do auge da colera, as Forcas Armadas participaram macicamente, nao so as Forcas Armadas como os varios segmentos da sociedade." Brasil:(BR11012)PAI

"... Entao eu posso citar sim, a mobilizacao para o controle da Colera. Eu acho que teve uma boa repercussao, certo. Eu acho que a comunidade ja esta, por exemplo os grupos, as escolas, os lideres comunitarios ja estao mobilizados ha tempos ne. Nas campanhas e o mesmo grupo certo, ja mobilizou-se para o controle das diarreias ne, por causa do Colera." Brasil:(BR22046)NOPAI

"Agora no Brasil, já se pode falar de outras atividades que tomarán um pouco o exemplo da vacinação, como os cuidados com a diarreia infantil, que tem dado, no nosso entender, na avaliação que a UNICEF faz, na contribuição muito forte, na redução da mortalidade infantil por diarreia em todos os Estados do Brasil. A través de um esforço combinado de comunicação de massa e ação de líderes comunitários, sobretudo a Pastoral da Criança, ficou, ficaram mais incorporados no saber popular." Brasil (BR23035)ONG

"Que a gente fica perguntando se teve disenteria, e tudo, pesando, aí as crianças estão atualizadas a vacina, e quando não está, que está marcado, ela diz "olha, tal dia já é o dia do retorno", "sim eu vou levar". Então está indo tudo bem. Olha, eu acho que isso aqui valeu muito. a Pastoral está ajudando bastante." Brasil:(BR14022)COMUNIDAD

"...aquí en Quibdó hemos trabajado en cooperación para el Paludismo y el Cólera, que son las epidemias que han aparecido en los últimos tiempos" Colombia:(CO23011)ONG

"Ha habido mucha ayuda en las emergencias, hemos utilizado la experiencia del PAI Polio" Colombia:(CO31025) PAI

"Si estamos trabajando en Supervivir y no solamente la parte de salud, también en la Prevención de Desastres y ahora el Plan Nacional de Acción en Favor de la Infancia igualmente lo estamos trabajando todas las instituciones" Colombia:(CO13005)ONG

"...es una relación como cualquiera otra que crece en confianza, en seguridad al saber como se trabaja coordinadamente. Cooperar no es fácil, es muy complicado convivir y trabajar junto con instituciones que a veces tienen prioridades y objetivos diferentes" Colombia:(33032)ONG

"...las Campañas de Vacunación realmente han servido para que ese acercamiento interinstitucional que lidera Salud se haga efectivo, yo creo que esa ha sido la piedra angular de sus relaciones interinstitucionales, más que todo".Colombia: (CO23013)ONG

"...a través de los Rotarios hemos hecho seminarios y hemos invitado a líderes comunales, han sido bastante interesantes porque ellos han expuesto sus inquietudes y el deseo de más colaboración por parte de las instituciones" Colombia:(CO13011)ONG

"Lo positivo es que llegamos a la gente con la misma cantidad de recursos, desde que se planifique se tiene más contacto con la Comunidad y da mas resultados si dejamos de ser egoístas y compartimos todo" Colombia:(CO22002)NOPAI

"Los resultados de esta cooperación han sido buenos, yo creo sin esos apoyos el problema que se tiene aquí en la jurisdicción de accesibilidad de la promoción a los servicios de salud, no se tuvieran algunos programas con los que se tiene de cobertura.México:(ME21026)PAI

"Efectos positivos es que se le está dando por primera vez a la iniciativa privada a sectores no gubernamentales la posibilidad de demostrar que son capaces administrar recursos y hacer actividades acciones en salud, mejor o igual que el IGSS, sin quererlos menospreciar pero la eficiencia y la eficacia que se exige al sector privado, no lo tiene el sector gubernamental, en el cual no existe buenos programas de evaluación de funcionamiento de sus programas, entonces esto es bien conocido ya, según los dos últimos años de trabajo y que actualmente OPS puede dar fe al respecto de lo que hemos hecho en conjunto, y como el hecho de asociarse con la iniciativa privada le da más vitalidad, y un mayor impulso al funcionamiento al MSP. y al IGSS. Guatemala: (GU23026)ONG

"Se ha utilizado la cooperación como modelo para colaborar en otros programas como tétano, sarampión, cólera, rabia, vitamina A, Malaria y Atención Materno Infantil." Bolivia:(BO11031)PAI

"La única que podríamos decir que ha participado bastante: no a la altura de lo que participan el PAI, ha sido en el cólera, no?, en cólera han participado bastante estas organizaciones que le acabo de nombrar, pero a otro nivel de información, de inclusive de dar charlas, ellos mismos daban charlas a distintas instituciones, concientizaban a la gente. Un aspecto un poco que no se notaba mucho pero que si lo han realizado. ah! el magisterio también ha participado mucho a nivel de los profesores mas que todo. Bolivia:(BO22012)NOPAI

"Como cooperación yo creo que han sido buenos, pero talvez el problema está en que pueden un poco desinsentivar el interés nacional de aportar, talvez no es tanto culpa de ellos. Aunque si sabemos que el tesoro nacional de la nación a partir de determinado año, en este momento no lo podría precisar, sí empezó a erogar dineros para el PAI y para el cólera, pero solo en 2 actividades, lo no suficiente, por ejemplo adquisición de vacunas imposible, pero si ha habido ciertos gastos que antes no existían. Entonces la cooperación, después llena esos tremendos vacíos que existen." Bolivia:(BO12029)NOPAI

"Antes el tema de salud era netamente atribuido al Estado, ahora no...ahora se coopera en todos los proyectos que signifiquen mejorar la salud." Bolivia (11001)PAI

"Ahora hay cooperación permanente de las organizaciones no gubernamentales, a veces no con la regularidad que uno esperaba, pero es buena..." Bolivia:(BO12020) NO PAI

Negative:*

Only mentioned in Guatemala was the program dependency on international cooperation without an adequate economic counterpart from government. Once the international fund decreased the program started having financial problems.

" En determinado momento se ha introducido una fuerte dependencia, sobretodo al momento en que la cooperación financiaba gastos operativos a los Servicios de Salud." Guatemala

7.2.5 Physical Resource Development *

It was considered positive that EPI-Polio had physical resources that they shared with other programs, but it was also resented that in some instances they used other program's (not so well financed)resources.

"Pues ayuda definitivamente, por ejemplo como te digo una refrigeradora fue dada a un lugar donde no había fue dada por el PAI y esa refrigeradora va a servir para mantener biológicos definitivamente, puede tener algún epidemiológico del PAI, puede tener vacuna antirrábica o lubolinos entonces es bastante beneficioso, para poner alguna muestra o algo"... "Es un cuatro"
Guatemala:(GU11028)PAI

" Claro, el PAI apoya a los otros programas, les presta recursos, los radios...son recursos compartidos." Bolivia: (BO21021) PAI.

"...compartiendo la misma nevera (con saneamiento) lo primero que nos damos cuenta es de la calidad de la vacuna que se brinda a la comunidad en el programa de rabia..."
Colombia: (CO12007) NOPAI.

"...Yo creo que el efecto (de usar los recursos físicos en otros programas) fue muy favorable dado que un recurso que no existía permitió mucho favorecer la supervisión y vigilancia de otros programas." México: (ME11010) PAI.

7.2.6 Targeting and priority setting.

Targeting was considered by the interviewees as an strategy used before by other programs (smallpox, malaria) and now by EPI-Polio, to reach goals and specific objectives; it has allowed a rational use of resources, improving coverage. This opinion was shared in all countries, but this variable was also the only one in which positive and negative opinions were balanced. The negative comments referred to competition for scarce resources and neglect of other important programs and activities. The vaccination campaigns were resented because everything else had to be stopped while they were done.

Positive:*

It was seen as positive since it helps solve problems in a more efficient way by concentrating in one of them and concentrating resources and actions.

"Entonces eso propició una concentración de esfuerzos que no sólo contemplo la polio pero contempló un crecimiento integral del programa, del programa de inmunizaciones. Se dio una utilización de esto para el cólera y de la diarrea es un buen ejemplo."
Guatemala:(GU11020)PAI

"Si uno tiene un objetivo definido es decir un sólo objetivo definido es decir un sólo objetivo pues trabaja con la mente fija en cumplir ese objetivo y el esfuerzo que se hace. En cambio si son varios a veces uno no distribuye bien el esfuerzo entre unos y otros y la efectividad es menor." Guatemala:(GU12004)NOPAI

"Yo considero que toda actividad, todo programa en el Ministerio a nivel local pero si es de salud si existen problemas por la falta de apoyo que se tiene de recurso tanto financiero como de recurso humano y material, entonces todo programa es muy difícil, yo trabajé a nivel local nos pedían tal información de tal situación y no teníamos carro para desplazarnos, no teníamos combustible, el personal estaba ocupado en la atención no podía desplazarse fuera. con los problemas de polio podría ser que al inicio que nosotros estuvimos exigiendo muestras de eso, vacunaciones bloqueo ante la presencia de un caso, se pensase que hubo cierto descuido de los servicios de salud. Por ejemplo en un puesto de salud trabaja un enfermero auxiliar, a este señor se le decía mire un caso de parálisis en tal lugar, tiene que ir a verlo y el señor iba, se desplazaba a ese lugar y posiblemente el puesto de salud se quedaba cerrado y llegaban cuatro o cinco personas o diez personas más y no eran atendidas. Entonces nosotros vimos ese proyecto que podía ser problema por la escasez de recurso humano sin embargo esta persona cuando iba a ver un caso de parálisis a la vez llevaba su termo, se le indicó que llevara su termo llevaba sus sales de rehidratación oral" Guatemala:(GU11028)PAI

"Lo positivo de la focalización lo muestran las coberturas del PAI que son las más amplias de los últimos años." Bolivia:(BO11021)PAI

"Es positivo tener un objetivo definido, pues se trabaja con la mente fija en eso, en cumplir ese objetivo y el esfuerzo que se hace. Si son varios objetivos uno no distribuye bien el esfuerzo que se hace y la efectividad es menor".Bolivia:(12004)NOPAI

"En los programas que usted ha dirigido y ha habido concentración de esfuerzos y recursos que efectos negativos y positivos destacaría usted como resultado de la aplicación de esta estrategia? puede calificarlos?

JO: "Yo creo que positivos especialmente en la cuestión Materno infantil con el programa este de Atención Precoz del Cáncer que tenemos muy buena respuesta. en la cuestión del programa de rabia también muy buena respuesta." Bolivia:(BO12020)NOPAI

"Bueno obviamente que le decía sobre el hecho de concentrar los esfuerzos nos ha permitido desarrollar una serie de acciones de obras además participar sectorialmente, no solamente en sector salud y creo que eso ha de beneficiar si es que han sido adecuadamente realizados en los niveles de vida de la población no es verdad, creo que eso es lo positivo se ha hecho se ha mejorado la calidad del agua de Cochabamba." Bolivia:(BO23011)ONG

"Se nos tivessesmos no momento, hoje, de recomecar a vacinacao no estado, a vacina da febre amarela tem que ficar com o PNI porque com o PNI, e nas areas em que nao eram

prioritarias, nos conseguimos aumentar o número de pessoas vacinadas no estado. Esse ano, com a introdução do PNI". Brasil:(BR12030)NOPAI

"Agora, no Programa de Imunização, eu já coloquei ne, a estratégia utilizada. Na sua opinião, se utiliza essa estratégia em outros programas de saúde? Existem outros programas que tem uma em outros programas de saúde? Existem outros programas que tem uma estrutura mais ou menos parecida?"

EL: "Programa da Aids, Colera, Hepatite"

MG: "O da Teniase voce também considera um programa vertical?"

EL: "Oarese que funciona a nível vertical, mas o pelo que tenho entendido..."

MG: "Neste outros programas de saúde que voce citou, como a teniase, a meningite, o colera a Aids, voce acha que tem atrapalhado, que tem sido bom, que tem sido ruim?"

EL: "Nao, tem sido bom. Tem sido bom". Brasil:(BR43102)ONG

"Acho que a credibilidade do serviço que em contrapartida voce consegue cativar o crédito da população, tanto que hoje ela demanda espontaneamente ao serviço." (em referencia ao emprego de estratégia de verticalidade)... "Essa reunião de estorcos tem que acontecer pra dar resultados, sem isso não dá resultados..." ..Com essa concentração de esforços, aonde tem em todas as áreas participação da comunidade, todos os segmentos da sociedade..." "aproveitar essa estratégia pra melhorar não só a Polio, mas a vigilância da Polio, a erradicação da Polio como também outros serviços e uma ótima oportunidade..." Brasil: (BR41088)PAI

"...e que a gente aproveita muita carona da Sabin, e a ...(titubeio), a carona da Polio, e a carona do Sarampo, e se faz alguma coisa não. Não só das imunopreveníveis, não..." "E quando nós começamos o controle do Sarampo...veja bem (titubeio): se vai para um município fazer um controle do sarampo, chega lá, e o povo fala assim: eu não tenho sarampo, mas eu tenho hepatite. E o que a gente tá sempre vendo aqui chegando...:Eu não tenho hepatite, mas tenho Malaria. O que eu faço? E ali, vai uma coisa puxando a outra, e voce Malaria. O que eu faço? E ali, vai uma coisa puxando a outra, e voce vai desencadeando.." "O desdobramento de ações".Brasil: (BR31065)PAI

"Pues ahora se está haciendo (la focalización) con el sarampión, se esta tratando también de erradicar y se están haciendo operaciones barrido y todo eso..." Colombia:(CO11037)PAI

"Pues si porque por ejemplo en el caso de Enfermedad Diarréica Aguda, conformamos grupos en los barrios a trabajar únicamente contra el cólera, entonces nos sirvió de mucho (la focalización)".Colombia:(CO21015)PAI

"Porque al menos se termina la enfermedad, o sea que la combatimos, entonces ya estamos listos para prevenir, prevenimos a la población para que no se vuelva a suceder" Colombia:(CO21014)PAI

"A mi me parece una muy buena estrategia, el de concentrar recursos y enfocar todos los recursos que se tengan hacia un solo objetivo, eso da un mejor resultado, que si tuviéramos varios objetivos a cumplir, y que los recursos que pudiéramos tener se fueran a diluir en el cumplimiento de diversos objetivos." México:(ME21004)PAI

Negative: ****

Negative effects had to do with competition for scarce physical, economic and human resources in detriment of other important programs. Vaccination campaigns were resented because everything else had to be interrupted in order to carry them out.

" Vem cá, voce acredita que essa iniciativa do Programa de Imunizacao, essa iniciativa da erradicacao da polio, com essa estrategia de Campanhas tem afetado negativamente alguma atividade, algum Programa de Saude?

NN: Tem porque para a "luta", né? O pessoal para de fazer outro tipo de coisa e vai se envolver na campanha de vacina. Muita coisa...

EM: " As outras atividades param de se realizar?"

NN: "Param porque no interior o numero de profissionais e pequeno e não... então tem que envolver todo mundo, voce tem que descer a zona rural. Voce para realmente."

Brasil:(BR22061)NOPAI

" Tem, tem, porque voce de alguma maneira ou outra, a, a, a coisa, vamos dizer assim, o serviço normal tem que parar ou tem que, que diminuir o seu ritmo pra poder atender isso. Brasil: (BR53118)ONG

"Voce acredita que um programa de imunizacao e essa estrategia de campanha afetou de alguma forma, negativamente algum outro programa de saude no Estado?"

EZ: " Talvez sim, na area da crianca, eu creio que sim. Brasil: (BR23035)ONG

Mas quando ha Campanha ele interfere, porque, nos fomos na SESAU varias vezes, tentando resolver nosso problema, ninguem podia resolver, porque tinha Campanha sabado, então só depois da Campanha, quer dizer semana passada ninguem adoeceu, nem morreu de Tuberculose." Brasil:(BR12005)NOPAI

" Investiu tudo na campanha, conseguiu seus objetivos mas em detrimento de todo o resto, e e excelente porque voce conseguiu dentro da quantidade, volumen de recursos que foi excelente e em detrimento das áreas de saude. Brasil:(BR32063)NOPAI

"que o trabalho do Programa tem exercido junto a Instituicao, mas que, as vezes, isso claro que e em detrimento de outras...de outras actividades, de outros programas. tá? Porque até quando existe uma...falta de recursos, tem aquela historia, né? Quem gritar mais alto, quem chorar, mais, leva. E, nesse ponto, o Programa de Imunizacoes aprendeu muito, né? Então, tá sempre chorando e gritando sempre alto, e tem, pelo menos dessa forma a gente tem conseguido. Mas eu sei, eu sei que, as vezes, isso até em detrimento de outras areas. E". Brasil:(BR51110)PAI

" Olha, a gente trabalha, por exemplo, com o grupo menor de zero a cinco anos, voce tem o materno-infantile, voce tem, dentro do materno-infantil, voce tem o IRA, TRO (e isso?) a imunizacao, mas cada um trabalha distintamente. Eu acho o seguinte, que isso dai tem um lado negativo porque, embora voce aborde, digamos assim, quando a crianca chega para vacinar, se voce detectar alguma coisa, voce sai orientando, encaminha, mas ainda nao esta como deveria ser; eu acho que deveria haver um entrosamento mior. Se eu trabalho com a crianca de zero a cinco anos, eu acho que os programa tambem deveriam estar mais entrosados para que a gente nao perdesse nada daquela crianca." Brasil:(BR11012)PAI

"Mas em termos de malária depois que nos comecemos a operar juntos, que houve a juncao das duas instituicoes, o ano passado, tambem, nos tivemos que dar prioridades mais as campanhas da multi-vacinacao porque tinha que fazer a vacinacao, e foi liberada verba especifica para fazer a campanha, entao, a gente nao poderia dizer que nao ia fazer. Entao, nesse periodo, a gente estava envolvido directamente na campanha da multivacinacao, que foi feita a nivel do Estado, a gente parou um pouco com as atividades na area da malária e isso tambem repercutiu para aumentar mais o pico da malária." Brasil:(BR12020)NOPAI

" Em relacao a educacao comunitaria, existe alguma atividade em relacao a comunidade de educacao do programa de imunizacoes, nao em campanhas, na rotina?."

WA: "Que eu recorde, acho que praticamente nenhuma"

CV: "Entao nao ha tambem integracao com outros programas em atividades de educacao e saude, nao e?"

WA: E dificil porque o que se passa na realidade, e esse e o grande defeito da verticalizacao é esse."..entao acho que esse tipo de treinamento especifico, sem alargamento dos horizontes, ele termina conferindo a pessoas no local onde ela vive..., como efeito negativo, 4." Brasil:(BR12007)NOPAI

" Bueno, pues se ataca el problema a fondo y con toda intensidad, no? Pero también se descuidan otros programas. En salud todo es importante, no? Bolivia:(BO22020)NoPAI

"Entonces quedamos, si se pierde algo porque todo el personal esta saliendo a vacunación, entonces aunque no quisieramos si se pierde,.. - Si, si se están perdiendo hasta los pacientes por lo que a veces los pacientes no quieren venir, es que hubo un ano en que la clinica se saturó, Si y la clinica era lo más importante." México:(ME14016)COMUNIDAD

"Ya en forma permanente si se ha afectado los programas por que nosotros como jefes de enfermeras y recalco por que está usted grabando, hemos tenido que desproteger la clinica para intensificar el trabajo en campo, entonces si se han desprotegido los

programas de atención médica. México:(ME14016)COMUNIDAD.

"Entonces quedamos, si se pierde algo porque todo el personal esta saliendo a vacunación, entonces aunque no quisiéramos si se pierde,... - Si, si se están perdiendo hasta los pacientes por lo que a veces los pacientes no quieren venir, es que hubo un año en que la clinica se saturó, Si y la clinica era lo más importante." México:(ME14016)COMUNIDAD.

"Yo ninguno, es decir, yo diría que no beneficio, yo diría que desventaja porque entonces si todo el esfuerzo, si todo el recurso, si todo el tiempo esta focalizada en un aspecto descuidamos lo demás entonces cuando venimos a sentir hay un problema de diarrea muy alto, un problema de sida que va para arriba en adolescentes problema de tuberculosis en algunas areas muy serias, el problema de malaria, yo le traslado a usted la inquietud de mucho personal de salud y cuando ahora dicen otra vez jornada, esto debería ser horizontal permanente y que permanentemente nos deberían dar el apoyo para que los servicios organizaran el programa de inmunizaciones horizontal-permanente." Guatemala:(GU12027)NOPAI.

" Lo que sucede con la focalización es que aún se muere un niño por desnutrición pero tiene el esquema de vacunas completo." Bolivia:(BO12028)NOPAI

" No solamente es el gasto de esfuerzo físico y humano sino de recursos económicos con la limitación que tenemos. Si podemos atender un caso,

7.2.7. Changes in knowledge, attitudes and practices related with prevention and health in general.

Positive:*

A moderate finding in Bolivia, Brazil, Colombia, and Mexico. Because of the vaccination campaigns and the use of IEC people have learned about other health aspects, have developed some health "awareness" and have started to develop some "preventive" mentality or attitude.

"Como o programa do PNI, no caso, e um programa que vem funcionando bem e o fruto esta ai, entao isso cria dentro da comunidade uma credibilidade aos outros programas." Brasil (BR13010)Funcionario PAI

"Yo por la información que dan en los centros, también por la televisión. Antes pensaba, para que voy a hacerme el papanicolau? digamos. Para que me voy a enterar que tengo cáncer? Mejor me muero y ya; no voy a estar pensando, ahí voy a tener cáncer. Ahora no, porque ya sé que si vengo a tiempo, hay algo que me lo puede detener." México (ME14005)COMUNIDAD

"...la gente está ahorita consciente de que bueno, tengo mi hijo y que tiene su cartilla y tiene que acudir al centro de salud y por eso el hecho de que si hay buena relación, digamos porque si ya no continúan las campañas la gente creo también va a entrar en duda. La gente ya se acostumbró mas que nada a esto de las campañas de vacunación y ya no es raro aquí, de que se escuche esto ya la gente sabe que debe de acudir al centro de salud por eso pienso que ha habido buena relación, ha mejorado la relación si se quiere así porque anteriormente creo que la gente no acudía a los centros de salud como sucede actualmente por ejemplo con eso de la planificación familiar. México:(ME34016)COMUNIDAD

"...pues sí, como hemos escuchado un poco de las pláticas, nos han indicado que nos pueden tocar otras enfermedades. Nos puede causar enfermedad si no tenemos la higiene, de ahí empieza la enfermedad cuando a veces los niños se enferman o si no las personas grandes se enferman porque puede ser contagiado, si nosotros no tenemos la higiene en la casa. Hay que tener separados si somos amas de casa si tenemos pollitos, marrano, perro; no es necesario que todos nos metamos a vivir juntos, hay que dividir para que no haya contagio..." México (ME34013) COMUNIDAD

"Si. Ya está mas preparada la comunidad para... -de hecho acuden mas a la clínica del centro de salud... -sobre todo por la cartilla, no? que especifica ahí a que edades, si ellos ya saben, muchos se quedan sin el refuerzo de los 4 años porque terminan después, por enfermedad ó por algo no van con la edad, pero ellos ya saben cual les toca... -cual les corresponde." México (ME14016) COMUNIDAD

"Porque cuando se les habla de salud, se les habla de la parte, qué se yo, de otros temas no siempre de vacunas. Te empiezan a preguntar si existen vacunas para prevención de pulmonía te dicen vacunas para gripe etc. no?. Entonces vemos que ya ha incidido bastante en la parte preventiva." Bolivia: (BO23019)ONG

"Sí, nosotras tenemos suero oral y pequeños conocimientos que hemos adquirido a través de ser madres comunitarias, porque nos dictan charlas sobre salud de los niños, muy poquitas, por eso queremos que se hagan más. Colombia (SIN CODIGO) MADRE COMUNITARIA

"...antes la gente era muy renuente a hacer vacunar los niños y los métodos de Planificación Familiar. Ahorita con la educación que nosotras damos ya se ve que ha mejorado, ha disminuido la EDA, la IRA, siempre se encuentran casos, pero ya no es como antes..." Colombia: (CO12040)PROMOTORA SOCIAL

"La gente oye por el radio que hiervan el agua, que laven bien los alimentos agua hervida, entonces esto impulsa a la gente que ve que es así. Entonces como ve anteriormente es mejor prevenir que curar" Colombia

"...muchas madres de familia le tenían miedo a que les aplicaran la vacuna, porque si

le mando a aplicar la vacuna el niño se me enferma. A raíz de estas conferencias en el Centro de Higiene ellas han aceptado, que realmente ésta protege a su niño. Ha cambiado en el sentido de prever antes de enfermarse porque ahora, enfermarse cuesta mucho." Colombia (CO34031)

Negative

Negative:(****)

Not really a negative effect, but a very important problem not being appropriately approached. There still are population subgroups not adequately targeted by the vaccination programs, because they have different languages or cultures and the IEC development and health providers' training have not taken this into account. This observation was specially done in the Amazon region in Brazil, the Pacific region in Colombia and Oaxaca in Mexico and Llanos and Valle in Bolivia.

"A nivel rural si deberían seguir las campañas de vacunación, porque la comunidad rural no confía en sus servicios de salud, porque el personal médico les trata mal, barrera del idioma, falta de respeto y de conocimiento de las creencias, costumbres de la comunidad respecto a salud." Bolivia: (BO23027) ONG

"El material de IEC ni viene en idiomas nativos aymara o quechua, desafortunadamente..." Bolivia: (BO12020) NO PAI

"Aun es difícil motivar la participación de la gente ... son como indiferentes." Bolivia: (BO22012) NO PAI

"El aspecto negativo sería el rechazo de algunas familias que tenemos todavía, que no quieren hacerse preguntas, no son accesibles a la salud, dicen qué me interesa a mí... nosotros podemos vivir como sea, somos pobres." Bolivia: (BO23015) ONG

"Ellos (los Guambianos) como ya tienen un poquito mas de experiencia sobre las vacunas, sobre la viruela, sobre el sarampión, cosas así. Entonces ellos ya como que se concientizan un poco mas en las vacunas que en las otras enfermedades." Colombia: (CO24032) COMUNIDAD

"...pero en el área rural hay unos que si francamente no se puede, porque uno les dice y les explica antes de poner la vacuna, después va al mes o dos meses y no dejan vacunar a su hijo... entonces uno tiene que volver a educar a las personas..." Colombia: (CO21018) VACUNADORA PAI

"...en algunos lugares la gente no se deja vacunar, porque hubo problemas pasados, entonces ha habido cierta resistencia, uno tiene que explicarles mas y mas, sin embargo la gente no deja, entonces uno dice, bueno tengo una área de riesgo aquí..."

Colombia:(CO22002)MEDICO VETERINARIO NO PAI

"...Si ha habido cambios, se ha logrado conscientizar que la vacuna no es peligrosa, a pesar de que todavía quedan personas que siguen con estos métodos antiguos, que la vacuna es perjudicial, todavía falta camino por recorrer". Colombia:(CO13039)ONG

"No desde mi punto de vista, no han cambiado las actitudes y los conocimientos, es un porcentaje muy mínimo; los papás que llevan a vacunar a los niños lo hacen porque uno está sobre ellos y ya no tienen chance de escaparse, pero de resto que la acepten y la busquen, no" Colombia:(CO23025)MIEMBRO CCI

"Nosotros aquí tenemos problemas de educación, aquí es costoso enseñarle a la gente ciertos comportamientos y cambiarles ciertas creencias. Entonces a veces es mejor en vez de llegar a quitar de un tajo una costumbre, pues mostrar con un ejemplo y no importa que yo me demore, pero yo se que después la gente va a responder y no va a tener ese problema" Colombia:(CO22022) MEDICO VETERINARIO NO PAI

"Hay unos que hasta todavía tienen miedo de que los vacunen estaban acostumbrados a que los chuzaran, ahora es solamente una gótica que hay que echarles, como que les llamó mas la atención." Colombia:(CO24031)COMUNIDAD

"...de pronto se les ha enfermado un niño de otras cosas y coincide con las vacunas y no hay quien les quite esa mentalidad y eso hace que tengan un comportamiento negativo ante una Jornada de Vacunación." Colombia:(CO12028)ENFERMERA NOPAI

"...se encuentran personas que no la aceptan y son personas que son madres primerizas, que tienen su primer hijo y ahora sí que por malas interpretaciones de sus mamás ó de sus abuelos, ellas creen que la vacuna es mala porque se enferma mas el niño principalmente con la DP, que les da fiebre.. , entonces ellas dicen que no, porque se va a enfermar y eso es lo que ponen de pretexto y no dejan" México:(ME31014), PAI

Negative:*

On the negative side there were mentioned two important aspects: On one hand the program's "**paternalism**" when it takes vaccination house-to-house without developing a sense of responsibility and initiative whereby people might take their children to the health entities for vaccination, and on the other hand, a **fatigue effect** was mentioned both by communities and providers, because of the insistence with vaccinations. This effect was particularly observed in one large city in Colombia where some communities already have repelled the vaccinators, and also in México, Brazil and Guatemala.

Some examples are:

"La gente ya está confiada en que uno va a llevarle, como que es obligación de el personal de enfermería de todo el personal, de llevar la vacuna lo mas cerca posible a esa personas, ya se acostumbraron a que les lleve uno directamente a la puerta de casa. México:(ME22018)NO PAI.

Yes, in principle yes, we were well-accepted, later two or even three visits were made, so that's where people began to protest, to conjure up their defense mechanism; they said, 'but if you've already been by,' and they would receive us with ill will..., they would slam the door on us..., so the people get tired too. The thing is also that the strategy of building a fence, perhaps if the strategy were to change people would not be so negative...." México: (ME14016)Community member.

.. si bien se les acercaron los recursos, nunca se pretendió que esos recursos fuesen a sus domicilios, que es uno de los defectos que se tienen en vacunación universal, que para alcanzar las metas tuvimos que acudir casa por casa y que desgraciadamente tuvimos que volver a acudir casa por casa, porque, el efecto fue negativo. México:(ME22001)NO PAI

"Lo que tal vez con el tiempo nos afecta ésta buena relación es el estar haciendo de manera continua campañas, porque la gente se cansa, tambien no puede dedicarse todo el tiempo a una misma actividad, entonces hemos visto que tanto nuestro personal se cansa de hacer campañas, de estar haciendo siempre este trabajo tan intenso, como la gente también llega a cansarse de estar inclusive donando por ejemplo desayunos, o donando materiales,etc. México (ME11007) NO PAI

".. Si (ha cambiado el conocimiento y la actitud de la población acerca de las vacunas), pero negativamente, ya lo expresaba desde es principio. Antes la gente se hacía conciencia para que fuera a los centros de salud y ahora esperan a que lleguen a su casa a ser vacunados." México:(ME32031)NO PAI

"... no estamos dejando memoria en la población. Bueno, esto enfocaba a que hay que estar insistiendo constantemente en las comunidades. Si no hace uno las acciones la gente no participa; creo que ahí ha sido la falla en cuanto a la técnica del programa, de las actividades. Así es la gente todavía no tiene la idea de ir por sí mismo a vacunarse o a tomar el sobre de hidratación oral, sino que necesita uno que estar recordando sobre esas actividades para..." México:(ME32011) NO PAI

"Yes, unfortunately I have found a negative effect due to the repetition, the constancy with which it is done. I wouldn't say all, but a significant group of families tends to reject the visit at this time.... Often people no longer want to welcome the health staffer who knocks on the door, and often they close the door in his/her face, saying things such as: 'Oh, it's you again....." (Guatemala)

"Nosotros los estamos haciendo a ellos dependientes, ellos esperan que alguien llegue a poner vacunas, pero no los hemos enseñado a demandar esas vacunas. Si a usted como padre le dicen todos los porque es importante vacunar a su niño, ya no va a esperar a que se le llegue a vacunar, sino va a usted a vacunarlos." Guatemala: (GU13004)ONG

7.3 Effect of Integration

Integration effects, that is, instances in which activities to promote vaccination were utilized at the same time for all other health programs, or incorporated in other types of health activities were identified in all countries and for all the variables studied (social mobilization, planning, programming and decentralization, manpower development, etc.).

The programs which were mentioned frequently as benefiting from integration were MCH, Cholera, Acute diarrheal diseases, Family planning, Sanitation, Malaria, Growth and development, promotion, and Prenatal care, but at least 5 other programs were mentioned (AIDS, TB, Tetanus, Measles etc.)

Some examples are:

"La capacitación que se hace es integral. Se capacita para el PAI, para EDA IRA, para todas las inmunoprevenibles....se integra todos los programas. " Bolivia (BO 11 O17) PAI.

"El sistema de información se usa también en el SVEN en el control de niños sanos. " Bolivia: (B012004) No. PAI.

-Siempre que los hemos involucrado (a los vacunadores) en la actividad de vacunación, les decimos que ellos actúan como agentes de salud y pueden dar recomendaciones en otros programas y hacer promoción de otras enfermedades, dar educación de acuerdo con las características que encuentren en la visita que realizan de casa en casa. Colombia: (CO31001) PAI.

"Cuando se va a hacer una Jornada, una operación barrido o cualquier otra estrategia que se vaya a utilizar, ahí mismo se tiene que aprovechar para buscar los niños que no están inscritos en crecimiento y desarrollo, las prenatales que no han sido atendidas..." Colombia: (CO31020) PAI.

"El PAI cuenta con un resumen mensual de actividades que es el reflejo de lo que se hace a nivel de la comunidad por mes. Nosotros acá hemos adelantado un poquito más y se ha unido el PAI a Materno Infantil, hacemos evaluaciones trimestrales y ubicamos las oportunidades perdidas que en un momento tenga el PAI o el programa de crecimiento Y desarrollo. " Colombia: (CO32006) No. PAI

"... Nosotros citábamos a determinado grupo de personas en un área y nos decían, mire, cuando venga a platicar de Polio- PAI será que nos dan una hora para platicar de diarrea, o una hora para platicar de rehidratación oral o de tuberculosis..." Guatemala.

Si hay problemas de EDA los vacunadores llevan sobres de salas rehidratantes, dan orientación sobre buenos hábitos de higiene..." Guatemala.

-Oiga bien, el año pasado y hasta Junio de este año yo viví a costas del Programa de Inmunizaciones. Yo no tenía dinero para alcohol, ni para jeringas y a veces ni para papel para fotocopias y el Programa de Inmunizaciones me los suministró. Ellos han ayudado bastante al programa de tuberculosis." Brasil: (BR12005) No PAI.

" L"las evaluaciones son conjuntas . Hay una participación total del personal de epidemiología...Podemos discutir con el personal local y regional cuales son las dificultades que se están encontrando en la evaluación" Brasil: (BR42095) No PAI.

"...Nosotros aprovechamos (que la gente venga a vacunar a los niños) para difusión de los demás programas. Estamos trabajando con todos los programas. No nada mas vacunamos a los niños contra Polio sino que hacemos detecciones de diabetes, de hipertensión, repartimos sobres de rehidratación oral, damos tratamientos antiparasitarios, etc."México:(ME21028) PAI.

" ...En primera instancia les damos información según la campaña, en este caso sobre Polio, pero también se les informa de todas las inmunizaciones y de los demás programas que nosotros manejamos, ya sea platicas enfocadas a nutrición, a crecimiento y desarrollo, a control prenatal, a planificación familiar etc. "México (ME11022) PAI.

8. Conclusions:

It is apparent that the Expanded Program on Immunization and the polio eradication campaign have made successful use of a series of strategies that not only have facilitated attainment of their objectives, but which in addition have spawned a series of by-products that have benefitted other health programs and health services in general. Perhaps the most important is helping to foster a new awareness of vaccines (a culture of immunization) and greater communication between health services staff and communities, reducing distrust and building bridges of communication. But EPI/Polio has also been useful for its demonstration effect, which encourages other programs to adopt its inter-agency and intersectoral cooperation strategies, media strategies, information systems, epidemiological surveillance, and evaluation, etc. It is very likely that the health systems of the Americas would not have had the capability to respond as they did to the cholera epidemic without the EPI/Polio experience.

While the number and quality of the positive effects identified outweigh by far the negative effects, the latter raise problems that should be carefully considered as part of an effort to seek appropriate and timely solutions.

Of particular concern is the reiterated mention of a fatigue effect on communities and staff with the insistent emphasis placed on vaccinations. Recent cases in which vaccinators were rejected by the community members were described. Further research is needed on this aspect to identify appropriate solutions. Also worthy of close study is the negative effect related to distrust on the part of communities and staff of the use that politicians make of their involvement in vaccination efforts for their personal advance or as part of partisan politics. Likewise, the possible counter-productive effect that could be brought about by the insistence on house-to-house vaccination needs to be analyzed in detail to identify satisfactory responses.

Targeting a problem and targeting of resources to seek a solution have always caused apprehension over the apparent or real competition with programs to address problems accorded less priority. Guidelines for integration must be fully explicit.

ANNEX I

COMPLEMENTARY DATA

ANNEX I

Table 6

Evaluation of the positive and negative effects of EPI/Polio
on the health systems of the Americas

Total positive and negative effects, by country

1993

COUNTRY	POSITIVE EFFECTS				TOTAL	NEGATIVE EFFECTS				TOTAL
	EPI	NON-EPI	NGO	COM	PEF	EPI	NON-EPI	NGO	COM	NEF
BOLIVIA	194	150	81	19	444	85	88	28	9	210
BRAZIL	105	234	28	36	403	19	28	2	8	57
COLOMBIA	191	116	40	26	373	84	52	9	6	151
GUATEMALA	55	50	18	11	134	8	9	6	--	23
MEXICO	321	195	18	59	593	94	84	7	19	204
PARAGUAY					0					0
TOTAL	866	745	185	151	1947	290	261	52	42	645
%	44	38	10	8	100%	45	40	8	7	100%

Table 7

Evaluation of the positive and negative effects of EPI/Polio
on the health systems of the Americas

**Total positive effects, by country and variable.
1993**

COUNTRY	MOVI	COP	TGT	PPD	MNGMT.	HRD	PRD	INF.SYS.	EPID.S.	EVAL.	TOTAL
GUATEMALA	70	20	1	11	1	5	13	3	6	4	134
BOLIVIA	169	37	46	19	26	32	29	14	4	12	388
COLOMBIA	192	32	27	11	13	35	43	5	7	8	373
MEXICO	194	47	48	55	70	40	29	38	32	40	593
BRAZIL	213	31	34	20	5	27	21	15	20	17	403
PARAGUAY											0
TOTAL	838	167	156	116	115	139	135	75	69	81	1891
%	44	9	8	6	6	7	7	4	4	4	100%

Table 8

Evaluation of the positive and negative effects of EPI/Polio
on the health systems of the Americas

**Total negative effects, by country and variable.
1993**

PAIS	MOVI	COP	TGT	PPD	MNGMT.	HRD	PRD	INF.SYS.	EPID.S.	EVAL.	TOTAL
GUATEMALA	8	3	5	--	--	3	1	2	--	1	23
BRAZIL	13	--	24	3	--	4	1	2	2	8	57
MEXICO	48	8	43	26	14	25	23	11	2	4	204
BOLIVIA	74	14	35	10	11	23	11	4	4	3	189
COLOMBIA	75	12	18	2	3	14	23	2	--	3	152
PARAGUAY											0
TOTAL	218	37	125	41	28	69	59	21	8	19	625
%	35	6	20	7	4	11	9	3	1	3	100%

Table 9

Evaluation of the positive and negative effects of EPI/Polio on the health systems of the Americas

Positive and negative effects of social mobilization by indicator and country 1993

COUNTRY	POSITIVE EFFECTS						NEGATIVE EFFECTS						TOTAL	
	IEC	ComOrg	ComResp	ComRel	PolWill	Not spec'd	PEF	IEC	ComOrg	ComResp	ComRel	PolWill	Not spec'd	NEF
BOLIVIA	59	47	2	24	34	3	169	20	17	0	12	25	0	74
BRAZIL	52	13	34	36	12	0	147	2	1	0	4	1	0	8
COLOMBIA	65	37	4	59	26	1	192	18	16	2	23	16	--	75
GUATEMALA	37	21	--	10	2	--	70	3	--	--	2	2	--	7
MEXICO	63	41	8	48	34	--	194	4	9	7	13	15	--	48
PARAGUAY							0							0
TOTAL	276	159	48	177	108	4	772	47	43	9	54	59	0	212
%	36	21	6	23	14	1	100%	22	21	1	25	28	0	100%

■ = NEW PERCENTAGES ARE NEEDED HERE

TABLE 10
Evaluation of the positive and negative effects of EPI/Polio
in the health systems of the Americas

Positive effects of integration, total by country and variable

Country	Mobilization	Cooperation	PPD	Management	Epid. Surv.	Evaluation	No Info.	HRD	DPR	Targ.	TOTAL	%
Bolivia	74	-	3	-	-	19	19	16	1	--	132	7
Brazil	130	201	14	1	57	12	2	13	55	220	705	39
Colombia	120	2	-	-	3	35	1	14	-	--	175	10
Guatemala	125	45	24	3	21	17	9	27	17		288	16
Mexico	248	21	40	7	25	34	32	52	34	22	515	28
Paraguay												
TOTAL												
%	38	15	4	1	6	6	3	7	6	13	100	
TOTAL	697	269	81	11	106	117	63	122	107	242	1815	100

TABLE 11
Evaluation of the positive and negative effects of EPI/Polio
on the health systems of the Americas
Positive effects of integration, by country and tracer

1993

Tracer/Country	Bolivia	Brazil	Colombia	Guatemala	Mexico	Paraguay	Total
Maternal & Childhealth	11	102	19	21	47		200
Monit. growth & dev.	14	12	9	5	36		76
Survival	--	--	1	--	--		1
ADD	13	35	18	44	102		212
ARI	9	--	13	22	10		54
FP	1	--	10	9	47		67
APP	4	8	9	4	12		37
Cervical Cancer	--		7	2	21		30
Sanitation	5		14	21	23		63
Measles	1		4	--	--		5
Hypertension	--		2	--	1		3
Dengue	1	30	6	8	2		47
Cholera	16	99	8	63	48		234
Malaria	3	54	5	20	6		88
TAB	9	59	6	17	9		100
Epid. Surv.							0
Leishmaniasis							0
Hepatitis		40	1	--			41
Rabies	2	24	2	6	13		47
Health serv.	33	33	4	13	27		110
Tetanus	--	2	1	3	6		12
STDs	--	--	1	1	--		2
AIDS	2	33	2	5	9		51
Dentistry							0
No tracer							0
Others	8	207	14	33	96		358
TOTAL	132	738	156	297	515	0	1838

ANNEX II

METHODOLOGY

METHODOLOGY

To attain the aforementioned objectives a descriptive study was proposed using a qualitative assessment methodology based on rapid assessment procedures (RAP) and elements of health services research using in-depth interviews, individual and group interviews, focus groups, direct observation, and gathering and analysis of documents in an effort to determine the effects of EPI and the polio eradication campaign focused on a few variables and issue areas that were to be monitored by EPI and the campaign at certain delivery points or tracers in the health services.

Both the variables and the tracers were used to target the research work and avoid scattering, but they were not proposed as exclusive of the recording of other findings considered important yet not falling within the predetermined framework.

IIa. DEFINITIONS

A. EFFECT (POSITIVE OR NEGATIVE):

Any change or modification resulting from implementation of the EPI/Polio campaign in health systems and programs in terms of:

- The positive or negative impact of each component of the campaign on health programs (tracers).
- Integration of activities and services generated by implementation of the EPI/Polio campaign to other health programs.
- The possible points of resistance created or competition for resources that has occurred as a result of implementation of the campaign.
- Drawing on or not drawing on the opportunities generated by EPI/Polio to carry out other health activities.

B. VARIABLES AND INDICATORS:

i. Social mobilization:

The process geared to generating interest, commitment, and appropriation of knowledge and actions directed at health and disease in communities working towards common social goals, their organizational forms, the leaders, and health workers.

Information/education/communication: (IEC) Set of activities and materials geared to transfer knowledge, reconcile health-related attitudes and practices, and improve knowledge and health, and identification by the community of health and disease and the proper conduct (alarm signals, vaccination schedules, counterindications,

case referral, etc.).

Participation. The community activities geared to supporting health actions.

Relations between health staff and the community: Ties established between health system staff and users with a view to joint work to determine the status of and improve community health conditions.

Political will: Expression of the commitment on the part of different types of leaders through legislative action, calling meetings, remaining involved, allocating resources, etc.

ii. Cooperation:

Set of relations, formal or informal, created by fixing common objectives or goals for carrying out programs and actions. Among institutions or agencies, among sectors, and involving:

Actions
Coordination
Advisory services
Resources

iii. Targeting:

Strategy that involves identifying a problem and targeting actions on solving it on a priority basis.

Emphasis on a problem: Identifying a health problem and the political decision to act on it as a priority matter.

Identifying goals: Defining measurable achievements to be attained over time.

Allocation of resources: Earmarking resources required to attain the goals.

Targeting actions: Undertaking activities with the intensity and quantity needed to attain the goals in the established time frame.

iv. Planning, Programming, Decentralization:

Planning:

The process of assessment, analysis, setting priorities, identifying resources, determining goals, and decision-making.

Assessment: The process of gathering, processing, and analyzing information on the health conditions of a given population and characteristics of the health services.

Setting priorities: Matching up problems and resources so as to determine the most important and relevant actions.

Decision-making: Allocation of resources, in order of importance, to carry out the actions most relevant for obtaining certain goals.

Programming:

Identifying and organizing activities and resources to attain certain goals in a given time frame.

Activities: Actions required, in quality and quantity, to attain a goal.

Resources: Requirements or inputs needed to develop certain activities.

Timeline: Distribution of the activities over time.

Decentralization:

Local autonomy to identify problems, prepare actions, and dedicate resources to the needs identified.

Personnel: Appointment and removal of personnel.

Financial: Preparation of budget and its implementation.

v. Management:

Organization and use of certain resources to obtain the optimal result at the least cost with the best quality.

- **Plan of action:** The resources needed to respond to the problem indicated and the responsibility of each actor are spelled out.

- **Cost system:** Costs are calculated and controlled (cost accounting).

- **Effectiveness:** Achievements are compared to goals.

- **Quality:** There is a quality control system, standard procedures and techniques are defined.

vi. Human Resource Development:

Process of growth/improvement of human resources as the result of formal learning and/or participation in actions of the polio campaign.

Training: Educational plans, programs, and actions to help make possible development of the actions needed to attain the goals.

Qualification: Adaptation of the knowledge and abilities of staff to perform in a given program or activity.

Motivation: Interest and enthusiasm for the work they carry out.

Uniqueness: Peculiarity, special characteristics of EPI/Polio staff.

vii. Development of Physical Resources:

Process of installing and adapting the technological capability to administer the vaccines and undertake epidemiologic surveillance. (Means of transportation, radio communication, cold chain, network of laboratories, etc.).

viii. Information Systems, Epidemiologic Surveillance, and Evaluation:

Instruments for gathering, recording, and processing the information needed to design indicators that facilitate analysis for decision-making and routine identification and characterization of groups at risk, active search, information, recording, and case referral, in order to further control and/or eradication actions.

Information Systems

Feedback: Process by which information flows.

Horizontal: When information flows at the same level or to the community and participating institutions.

Vertical: When the information flows from the higher levels to the lower levels, and vice versa.

Epidemiologic Surveillance

Search: Research Investigation of suspected cases.

Recording: Registering the information relevant to the cases.

Information: Report of the case data to pre-determined levels, persons, and institutions.

Referral: Refer the cases and samples for confirmation and processing when necessary.

Verification: The process of verifying the assessment.

Evaluation:

Periodic and routine assessments using pre-determined processes and procedures to condition the conduct and results of the program.

ix. Integration:

The opportunity to study, analyze, and develop other health programs and actions by drawing on EPI/Polio resources and vice versa.

II b. TRACERS

Health programs that may have felt an impact from the EPI/Polio campaign.

1. Maternal and Child Health Program (MCH)
 - 1.1 Prenatal and postnatal care.
 - 1.2 Monitoring of Growth and Development
 - 1.3 Monitoring for cervical cancer.
 - 1.4 Family planning.
2. Acute respiratory infection (ARI)
3. Malaria
4. Cholera
5. Acute Diarrheal Disease (ADD)
6. Sanitation
7. Rabies
8. AIDS
9. Goiter
10. Hypertension
11. Hepatitis
12. Health services
13. Nutrition
14. Tetanus
15. Measles
16. Survival
17. Others

IIC. INSTRUMENTS

Interview guides were prepared for the different types of informants; they were applied in each country by a team of national researchers. These guides were structured so as to cover the ten variables, one after another. In principle, the proposed order was to be followed, but the exact formulation of the questions was left up to the researcher, who was to adapt them to the local lexicon. Key informants from NGOs and communities were administered a questionnaire with less variables, considering that they were less familiar with a series of technical aspects of EPI and the polio eradication campaign. The following table shows coverage of the respective guides by type of informant and variable.

VARIABLE	TYPE OF INFORMANT			
	EPI	NON-EPI	NGO	COMMUNITY
MOBILIZATION				
COOPERATION				
TARGETING				
PLANNING, PROGRAMMING, DESC.				
MANAGEMENT				
HUMAN RESOURCE DEVELOPMENT				
DEVELOPMENT OF PHYSICAL RESOURCES				
INFORMATION SYSTEM				
EPIDEMIOLOGICAL SURVEILLANCE				
EVALUATION				
INTEGRATION				
INNOVATION				
KAPs				

SUMMARY OF VARIABLES AND INDICATORS

VARIABLES	INDICATORS
1. <u>SOCIAL MOBILIZATION</u>	1.1. INFORMATION, COMMUNICATION, AND EDUCATION 1.2. PARTICIPATION 1.3. HEALTH ORGANIZATION - COMMUNITY RELATIONS 1.4. POLITICAL WILL
2. <u>COOPERATION</u> INTERINSTITUTIONAL INTERSECTORAL	2.1. ACTIONS 2.2. COORDINATION 2.3. ADVISORY SERVICES 2.4. RESOURCES
3. <u>TARGETING</u>	3.1. QUANTIFIED AND VIABLE GOALS SET 3.2. ALLOCATION OF RESOURCES 3.3. TARGETING OF ACTIONS
4. <u>PLANNING</u> <u>PROGRAMMING</u> <u>DECENTRALIZATION</u>	4.1. ASSESSMENT 4.2. ACTIVITIES 4.3. RESOURCES 4.4. PERSONNEL 4.5. FINANCIAL
5. <u>MANAGEMENT</u>	5.1. PLAN OF ACTION 5.2. COSTS 5.3. EFFECTIVENESS 5.4. QUALITY
6. <u>HUMAN RESOURCE</u> <u>DEVELOPMENT</u>	6.1. TRAINING 6.2. QUALIFICATION 6.3. MOTIVATION 6.4. UNIQUENESS
7. <u>DEVELOPMENT OF HUMAN</u> <u>RESOURCES</u>	7.1. CURRENT USE
8. <u>INFORMATION SYSTEMS,</u> <u>Epidemiologic</u> <u>SURVEILLANCE,</u> <u>AND</u> <u>EVALUATION</u>	8.1. FEEDBACK • HORIZONTAL • VERTICAL
9. <u>INTEGRATION</u>	9.1. COMPLEMENTARY OPPORTUNITY

