Towards a polio-free Africa
Reaching the most vulnerable by strengthening community access to health care

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Our strength lies in our volunteer network, our community-based expertise and our independence and neutrality. We work to improve humanitarian standards, as partners in development and in response to disasters. We persuade decision-makers to act at all times in the interests of vulnerable people. The result: we enable healthy and safe communities, reduce vulnerabilities, strengthen resilience and foster a culture of peace around the world.
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Foreword

Eradicating polio through the strengthening of community access to health service: reaching every last child

The eradication of the wild poliovirus remains one of the most pressing health challenges, in Africa and the rest of the world. Although Nigeria reduced its polio caseload by almost 90 per cent in 2014, and the entire continent of Africa has not seen a case since August 2014, Nigeria remains one of the three last countries in the world where polio is still endemic.

The International Federation of Red Cross and Red Crescent Societies (IFRC) and its 189 member National Societies support governments as auxiliaries to public authorities. With more than 17 million active volunteers worldwide, 1.6 million of whom are African, the Red Cross Red Crescent Movement reaches the most remote of communities. Through our global experience in responding to humanitarian crises, and preserving lives through health care programmes, the Red Cross Red Crescent has become an influential voice at the regional, national and global level, advocating on behalf of the communities we serve.

Our added value comes at the grassroots level, where our members and volunteers live and work in the communities which are vulnerable to polio outbreaks, and where they have been supporting access to health care at the community level for decades. Our volunteers are known and trusted, and are therefore successful in making a difference where it matters: at the community level.

This unique, local-to-global network puts the Red Cross Red Crescent Movement in a unique position to support the Global Polio Eradication Initiative’s Strategy 2013 – 2018 to end polio transmissions. We are committed to leveraging our international humanitarian advocacy role and engaging our volunteers to reach the common goal of eradicating polio.

But we also need to go further. IFRC is convinced that greater access to essential life-saving, culturally acceptable health care services through community-led engagement will ensure that the spread of infectious diseases like polio is interrupted. To succeed, Red Cross Red Crescent volunteers must be integrated into national community health care programmes. Only through such action can we ensure that every African child is immunized against this potentially deadly but preventable disease.

Alasan Senghore
IFRC Director, Africa zone
1. Executive summary and call to action

Executing effective health responses to interrupt the transmission of polio in Africa comes with many challenges. While the political will exists, national vaccination programmes often struggle to reach populations which are vulnerable to outbreaks. Many African communities live in remote rural areas or are nomadic pastoralist in nature, which makes them difficult for government-led vaccination campaigns to reach.

The issue of access to vulnerable populations is exacerbated by suspicion and misunderstandings about the nature and purpose of the vaccination. In some countries, conflict and violence, which have a profoundly devastating effect on the infrastructure of health systems, including those supporting vaccinations, leave people even further out of reach. A successful effort to eradicate polio in Africa depends on the collaboration of all stakeholders in supporting governments’ efforts to dramatically increase vaccination coverage in all vulnerable regions of the continent, with a focus on those populations which face barriers in accessing health care, including routine immunization.

Polio eradication forms an integrated element of the broader approach of the International Federation of Red Cross and Red Crescent Societies (IFRC) to strengthen access to health care at the community level, which should include preventive, care, and treatment services. The key to IFRC’s contribution to the eradication of polio is our mission of ensuring equitable access to adequate health services for the most vulnerable and underserved populations through Red Cross Red Crescent volunteers. IFRC will continue investing in community-based health approaches, driven by the community health workforce, including our volunteers, who are essential in bringing integrated health care service, like routine vaccinations, to the doorsteps of those who need it most. Our local to global network will continue to widen the coverage of national vaccination campaigns through social mobilization at the community level, quality control and data mapping.

National Societies in Africa have longstanding experience in supporting their governments during national vaccination campaigns. Red Cross and Red Crescent volunteers are working at the grassroots level to encourage vaccination uptake through the provision of information, referral to vaccination facilities and, in some cases, by providing logistical and human resources support for immunization campaigns. Accurate data is the foundation for informed decision-making, particularly when dealing with health issues in complex settings. Volunteers play an important role in monitoring vaccine coverage by gathering data in real-time, enabling analysis which contributes to making decisions at the right time.

Building on evidence-based data helps address health inequalities and contributes to creating safer, healthier and more resilient communities.

In addition to this grassroots approach, the strengthening of partnerships and alliances cooperating towards polio eradication is essential for addressing this highly infectious disease. IFRC is committed to

“We will finally eradicate polio only with strong community engagement. Prevention, treatment and care need to reach marginalized and isolated people and communities. Trained Red Cross and Red Crescent volunteers, who speak the same language and live in the same communities, can help walk the last mile towards eradication.”

Elhadj As Sy
Secretary General, IFRC
contributing to the Global Polio Eradication Initiative’s Strategic Plan 2013-2018, and intends to play a role in the common goal of polio eradication. More action is needed to bring together those countries which face the challenge of polio. Regional alliances should be formed to collaborate in the containment of the cross border transmission of polio.

At the strategic level, IFRC uses humanitarian diplomacy to encourage prioritization of routine vaccinations at every level, from local to regional to global, in order to reach the last mile in the eradication of polio.

But we must go further. IFRC is convinced that greater access to essential life-saving, culturally acceptable health care services through community-led engagement will ensure the spread of polio is halted.

IFRC calls on its membership and all its partners to continue rigorous investment in the community health workforce. We urge governments in Africa to integrate our millions of Red Cross Red Crescent volunteers into national community health care programmes, as a means of achieving universal health coverage which is key to having a healthier population in Africa, and providing communities with the vital life-saving information needed to improve access to polio vaccines, and eradicate the potentially deadly and decapacitating but preventable virus.

2. Polio in Africa

Polio is an incurable disease that can lead to lifelong paralysis, and even death. Although it sometimes affects adults, polio is most dangerous to children under the age of five. In severe cases, the infection can impact the central nervous system within hours, and set off an irreversible process, leading to acute and permanent paralysis. Because the disease is caused by a viral infection, it is preventable through vaccination on an individual level and, when vaccination campaigns reach enough people, outbreaks of the disease are stoppable. Most people who become infected with the polio virus are not aware of it, because they have no symptoms. This allows the virus to spread undetected. The most important step in the eradication of polio is the interruption of virus transmission. To stop undetected transmission of polio, every child should be vaccinated.

One endemic country, dozens of outbreaks

The continent of Africa is home to one of the three last countries in the world where the wild polio virus is endemic, Nigeria. But as it has witnessed in the past, the virus can migrate to other areas of Africa, especially in the so-called “wild polio virus importation

A CALL TO ACTION

Successful eradication of polio in Africa requires strengthening of access to general health coverage where it matters: at the community level.

The IFRC calls upon governments, donors and partners to:

- Go beyond emergency outbreak response to further strengthening sustainable community-based health initiatives, including polio education, referral and vaccination;
- Invest in the capacities and training of grassroots volunteers engaged in the mobilization of communities, providing reliable information on the threat of polio and the need for vaccination;
- Expand mobile mapping of campaign coverage to monitor its success to enhance informed vaccination planning;
- Step up humanitarian diplomacy at the national, regional and continental levels to encourage momentum and priority for coordinated action in Africa; and
- Engage in regional responses to the border-crossing spread of the polio virus.
Towards a polio-free Africa

Polio in Africa

belt”, a band of countries stretching from west to east Africa which are vulnerable to re-infection from the imported polio virus. This importation is possible due to low levels of vaccination coverage in the countries in this belt. Often, vaccination campaigns fail to reach people living in remote and scattered settlements and nomadic pastoralists.

Hence, cases of polio spread like wildfire in 2009, when there were 15 recorded outbreaks of poliomyelitis across the continent, all of which were interrupted by the end of June 2012. However, in 2010 an alarming increase of wild polio virus was witnessed, largely represented by outbreaks in Congo (441 cases), Angola, and Chad. Nigeria also saw a five-fold increase in the number of cases that same year. Most recently, a migration of the virus led to a major outbreak of polio in the Horn of Africa in 2013.

Low vaccination coverage

The main driver of polio outbreaks in Africa remains low levels of vaccination coverage, which lead to a lack of general immunity among the population, leaving them vulnerable to polio infections. Low levels of vaccine uptake amongst African communities can be attributed to weak health systems which struggle with the capacity to meet the needs of the population, which in turn is related to domestic funding gaps, and the battle to reach entire populations through national immunization programmes. National health infrastructure is often too stretched to access dispersed or nomadic populations living in remote or insecure areas. These populations have very limited access to even basic health services, and are often dependent on humanitarian actors like the Red Cross Red Crescent Movement, its local presence, and mobile clinics.

In some at-risk populations, vaccine uptake is also hampered due to persistent myths about the negative side effects of the polio vaccine which convince parents to not have their children vaccinated. These include the belief that the polio vaccine can cause female sterilization; that the polio vaccine has long-term side effects which are as yet unknown; that vaccinations can be fatal and can cause sudden infant death syndrome.

“Poliomyelitis is a contagious disease that paralyzes children for life. From 6 to 8 December 2013, let’s vaccinate all our children from 0-5 years old. It’s free.”

Joint Ministry of Health, WHO, UNICEF and Red Cross
SMS message to the population of Cameroon
“An essential element is dispelling myths about vaccinations, especially the polio vaccine,” said Bello Diram, Secretary General of the Nigerian Red Cross Society. “Rumours spread quickly, leading to fear. And the fear of a mythical side effect can lead people to avoid seeking life-saving services.”

National planning to eradicate polio is also hindered by weak surveillance and data collection on vaccinations, which prevents informed vaccination planning, and inadequate collaboration in response to cross border outbreaks.

**Political commitment**

In August 2011, WHO's regional committee for Africa adopted a resolution that, while recognizing the significant gains that had been made in reducing wild polio virus transmission in Africa, expressed its concern that eradication had not been achieved. The resolution urged all member states where the polio virus continues to circulate, to treat the persistence of polio as a national public health emergency and to systematically engage all leaders – including political, traditional and other community leaders – at national and local levels, to help ensure that all targeted children are reached during vaccination campaigns.

The challenge remains how to implement this commitment. Polio is but one of a cluster of health related issues which African authorities are facing, and it has not always been the priority. Yet without implementation of coordinated and well funded vaccination plans, this incurable but preventable virus will continue to cause acute paralysis and death in hundreds of children in Africa.

It is imperative that all partners, including the Red Cross Red Crescent Movement, step up their coordination and support to strengthen national health systems. It is only through joint and collaborative efforts that we can ensure the most remote and hardest to access communities are reached. The time to act is now.

“We are committed to eradicating polio and we will eradicate it.”

Goodluck Jonathan, President of the Federal Republic of Nigeria

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**Did you know that:**

- Polio is spread through person-to-person contact. The virus enters the body through the mouth and multiplies in the intestine. It is then shed into the environment through feces where it can spread rapidly, especially in situations of poor hygiene and sanitation;

- Most people who become infected with the polio virus do not have any symptoms of infection. Those who are infected may spread the disease, even if no symptoms are present, for up to six weeks;

- If the polio virus invades the central nervous system, it can lead to acute and irreversible paralysis within hours. This happens in 1 in 200 cases. Among those paralyzed, 5 to 10 per cent die when the breathing muscles are affected;

- There is no cure for polio, making prevention through vaccination the only way to prevent acute paralysis;

- Because polio is so highly infectious, the World Health Organization (WHO) considers a single confirmed case of polio paralysis to be evidence of an outbreak; and

- There are three serotypes of wild poliovirus – type 1, type 2, and type 3. In this final stage of polio eradication, only type 1 and type 3 wild polio virus remain in endemic areas. In 2014, three countries (Afghanistan, Nigeria and Pakistan) remained polio-endemic, down from more than 125 countries in 1988.


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1. Poliomyelitis Eradication in the African Region, (Document AFR/RS1/11)
The Global Polio Eradication Initiative Strategic Plan

The quest to eradicate polio has seen as many victories as it has challenges. The year 2012 was marked, globally, as having the lowest cases in the fewest countries ever recorded. This constituted an all-time low in the history of polio and was heralded as the kick-off of the last push towards eradication of the virus. In 2013, however, there was an increase in cases, the majority of which occurred in Africa, indicating that, although we are on the right track, more has to be done to contain the spread of this terrible disease.

Stopping polio transmission has been pursued since the development of the Oral Polio Vaccine by Albert Sabin in the 1950s, and has been propelled forward by the establishment in 1988 of the Global Polio Eradication Initiative (GPEI), a partnership led by national governments and spearheaded by the World Health Organization, Rotary International, the US Centers for Disease Control and Prevention, and the United Nations Children Fund. After more than two decades of GPEI’s continuous efforts and strategic planning, the number of polio cases has dropped from an annual figure of 350,000 in 1988, to 223 in 2012. In 2013, this number shot up to 416, with 53 cases in Nigeria, and a staggering 194 in Somalia.

To seize the momentum of the all-time low in polio transmissions in 2012, the GPEI launched what should be the final round in the battle against the disease: the Strategic Plan 2013-2018. This plan sets out to contain polio transmissions by 2018, and to certify containment through independent monitoring of the interruption of transmissions. Through the strengthening of healthcare infrastructure for immunization systems, and a global shift from oral vaccines, which contain a minimal dose of the live virus, to the injected inactivated vaccines, the GPEI and its members are aiming to detect and interrupt all polio virus transmission worldwide. The GPEI will capture lessons learned from the anticipated success of this strategic plan and potentially serve as a model for the elimination of other contagious diseases.

<table>
<thead>
<tr>
<th>Routine immunization</th>
<th>Places an urgent emphasis on strengthening routine immunization to boost immunity and aid in the introduction of new vaccines, including polio vaccines.</th>
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<tbody>
<tr>
<td>Vaccine switch</td>
<td>Addresses both wild and vaccine-derived poliovirus (VDPV) using a global vaccine to switch to manage long-term poliovirus risks and potentially accelerate wild poliovirus eradication.</td>
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<tr>
<td>Risk mitigation</td>
<td>Anticipates and prepares for potential changes, particularly insecurity, to enable rapid responses to obstacles and avoid delays.</td>
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<tr>
<td>Concrete timeline</td>
<td>Employs rigorous data analysis of recent progress to project a concrete, realistic timeline and budget to reach eradication.</td>
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<tr>
<td>Lessons learned</td>
<td>Builds upon recent successes in India and endemic countries and provides strategies for overcoming potential obstacles.</td>
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<tr>
<td>Legacy planning</td>
<td>Prepares to transfer the polio program’s knowledge, assets and infrastructure to benefit other health initiatives.</td>
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Source: GPEI Polio Eradication and Endgame Strategic Plan 2013-2018
3. Red Cross Red Crescent approach to polio in Africa: towards universal health coverage

"In terms of bringing the benefits of global initiatives to bear on vulnerable populations, (Red Cross Red Crescent) volunteers not only reach every household, moving door to door, but you reach them in the right way."

Dr Margaret Chan, WHO Director-General, IFRC Global Health Forum, 2008

Ensuring universal health coverage at the community level

The eradication of polio cannot be approached as a separate issue; it forms an integrated part of the broader package of preventative community health, which involves, amongst others, routine immunization. The Red Cross Red Crescent Movement brings a combination of services to people’s doorsteps to bridge the health divide for people with little or no access to health care and information. Polio vaccination needs to be integrated in those approaches.

The Red Cross Red Crescent focuses on opening the door to adequate health care through our especially trained volunteers, utilizing innovative and culturally appropriate approaches. IFRC has long supported its membership in the strengthening of national health care services through its community-based health approach. It is comprised of a comprehensive method to strengthen primary health care, first aid and emergency health preparedness at village and settlement levels through community-based volunteers. African National Red Cross Red Crescent Societies have been playing a key role in the increase of access to basic health care at the community level, building a sustainable basis for the interruption of polio virus transmissions.
In Africa, one of the main challenges is access to vaccination, both physically and from a mental point of view. Many African communities live in remote areas or have a migrating lifestyle. Health care infrastructure is not geared to render extended services to these communities. In some countries, such as Nigeria and Somalia, access to health services is hampered by strife and violence. Negative messaging and illiteracy often feed suspicions on the part of parents as to the nature and safety of the vaccine. All of these factors contribute to the challenges of ensuring children who are at risk of contracting poliomyelitis have access to the vaccine. At the Red Cross and Red Crescent Movement, our main aim is to overcome these barriers where they matter most: at the community level.”

Dr Adinoyi Ben Adeiza, IFRC health and care coordinator, Africa
Over the years, IFRC and its partners have facilitated funding as well as technical support for National Society action in response to outbreaks. IFRC is supported by several partner National Societies with whom it collaborates in community health projects across the continent, many of which contain support for polio vaccination campaigns.

**Already on the ground: polio vaccination in existing community-based health projects**

One of the strengths of National Societies, and usually one of their primary roles, is raising awareness to facilitate the success of national immunization campaigns. With an existing corps of volunteers across the country, including the more remote areas, mobilizing of communities is done by specially trained volunteers who are living in the communities themselves. This means volunteers have a relationship with their neighbours, friends and relatives that is based on trust and familiarity. They know the local culture, including possible suspicions about vaccination, and are fluent in the local language. Not only are these volunteers embedded in their environment, as members of the Red Cross Red Crescent Movement, they are also experienced and well trained. Preparing and mobilizing communities through networks such as this, enable national vaccination campaigns to access many more vulnerable households, and are especially important for the GPEI 2013-2018 strategic shift from the oral to the injected polio vaccines, which will require enhanced sensitization efforts with beneficiaries.

African National Red Cross Red Crescent Societies mobilize communities using simple tools, adapted to local contexts, to address the priority health needs of a community, such as routine immunization, so as to increase their resilience to contagious diseases like polio and measles. Specific elements of a local programme vary per context and needs, but may include mother and child care, hygiene promotion, water and sanitation support, mobile clinics or referral to health facilities. This community-powered strategy to create healthy and resilient communities includes activities to enhance understanding of and access to immunization, including polio vaccination. In this way, National Societies have built a reputable role in health care at the community level, paving the way to encourage polio vaccine uptake.

Existing community health programmes may also form channels of action for governments and humanitarian partners. The Red Cross Red Crescent, which aligns its interventions with national plans, can be the channel to ensure all partners speak with one voice through our network of trusted volunteers who are already on the ground. Our 1.6 million volunteers in Africa have the greatest access and largest potential to operationalize a wide array of health and care activities as they live and work in the communities they serve. Governments and GPEI partners in many African countries, including Kenya and Nigeria, are realizing the added value of integrating Red Cross Red Crescent volunteers into their health plans.

The Red Cross Red Crescent calls on all African governments to follow Kenya and Nigeria’s example and take this next step of fully engaging Red Cross Red Crescent volunteers in a bid to eradicate polio from the continent once and for all.
Reaching the most vulnerable: Kenyan community health workforce

The polio virus, because it is highly contagious, can lead to explosive outbreaks in any situation. However, refugee camps and camps for internally displaced persons, with their high concentration of occupants and minimal hygiene facilities, create an environment in which the disease is even more likely to infect many children, with a high risk of spill over into surrounding areas.

When two children were diagnosed with polio in the Hagadera refugee camp in northern Kenya in May 2013, an urgent response was warranted. Supported by the IFRC Disaster Relief Emergency Fund and the Danish Red Cross Society, the Kenya Red Cross Society set out to immediately contain the epidemic through social mobilization and pre-registration of all targeted children to ensure optimum vaccination with the goal of reaching the necessary immunity for polio within the population.

For the Kenya Red Cross Society, involvement in the emergency vaccination campaign was not the end of the trajectory. In the wake of the outbreak, the National Society supported the Ministry of Health in the much wider goal of nation-wide polio vaccinations. Over the years, the Ministry of Health has run an expanded immunization programme with good results. By 2013, Kenya had reached a national coverage of 83 per cent for the fully immunized child. The Government of Kenya is currently working with stakeholders to reach the 17 per cent who remain unvaccinated. The country has also been conducting active case-based surveillance for polio, measles and neonatal tetanus.

The Kenya Red Cross Society, as a long standing partner of the Kenya government, is a regular attendant of national working groups on social mobilization and disease surveillance. As such, it has activated its community health workers in regions susceptible to outbreaks, including around Nairobi and in the Wadera and Turkana regions. These community-based volunteers, trained by the government to administer the oral polio vaccine, are able to extend government reach to nomadic populations and the less easily travelled north-eastern region of Kenya.

“The added benefit of working with community health workers is that they have a familiarity with their environment, and parents have already engaged with them for other health related services,” said Sylvia Khamati, health coordinator, Kenya Red Cross Society. “The goal to interrupt polio transmission in the country is a logical component of improving community health in general. These community-based health workers are an essential link in the process of ensuring that every single Kenyan child is vaccinated against polio.”
Ethiopia: spreading the word on foot in the Somali region

Ethiopia had been free of wild polio since 2009, however, in 2013, during an outbreak that affected several countries, there were six confirmed cases in its Somali region.

The Ethiopian Red Cross Society, a partner in Ethiopia’s National Polio Task Force, was requested to assist the Ministry of Health’s emergency vaccination rounds in response to the outbreak. “With funding from IFRC’s Disaster Relief Emergency Fund, we activated 800 volunteers to conduct visits in the remote areas of the region to access people at risk, explaining to them what polio is and why they should get their children vaccinated,” said Gashaw Dagnie, head of health and care at the Ethiopian Red Cross Society. “One of the main problems here is physically reaching the people at risk of contracting polio, and our local volunteers travel on foot from settlement to settlement to do their work. Also, being locals themselves, they are fluent in the language and customs, which makes it easier to get the message across.”

Increasing vaccination uptake through social mobilization

During government vaccination campaigns, well trained volunteers should be engaged in making house-to-house visits to explain the polio outbreak, what it means for children, and how lifelong paralysis can be avoided by vaccination. “In Cameroon, we continue to see small outbreaks of polio every couple of years,” said Viviane Nzuesseu, IFRC’s regional health delegate for central Africa. “Initially, many people declined to have their children vaccinated. They were worried that it didn’t follow their religious principles or that the vaccine may cause diseases. We support the National Society to give information about polio and its prevention, to make sure that as few children as possible are denied the vaccine. In this way, the vaccination campaigns conducted by the Ministry of Health and its partners like WHO and UNICEF reach a much higher level of coverage, hence there is much less chance of an outbreak recurring in the future.”

Another important element of community mobilization is the integration of educational messages in media that are easily accessible for the population at risk, such as radio talk shows, SMS service and even, as is done in the Gambia for example, village plays and storytelling sessions.

Mobilizing communities to get vaccinated makes a definite difference. After an independent monitoring team assessed the success of the national vaccination campaign in Burkina Faso, it found that the number of children who were not vaccinated and still susceptible to contract polio, was significantly lower in areas where the Burkinabe Red Cross Society had been conducting social mobilization activities.

Providing health care in fragile states

A significant barrier to access to health care in general, and vaccination against polio specifically, is violence and high levels of insecurity. Today, the countries where polio is still endemic, Afghanistan, Nigeria and Pakistan, are among the most insecure. Recent outbreaks in Africa have occurred in countries affected by conflict, or in locations where refugees and displaced people are seeking security in...
crowded camps with little hygiene facilities. These circumstances not only exacerbate the risk of polio outbreaks, but violence also poses barriers to accessing medical and health facilities. In an extreme case, this resulted in violence against health care workers, as was seen in Pakistan, when three polio vaccinators where shot dead in January 2014. Similar attacks have occurred in Nigeria, where the polio vaccination campaign was slowed drastically after the killing of nine vaccinators in Kano in February 2013, and in Somalia, where insecurity forms a significant barrier to humanitarian assistance.

The International Red Cross and Red Crescent Movement strictly operates in a neutral, independent and impartial manner to respond to humanitarian needs and to provide support to anyone affected by violence, in compliance with international humanitarian law. Its legal mandate to provide humanitarian support during armed conflict is recognized all over the world and is based on the Geneva Conventions and international humanitarian law. As part of this mandate, National Societies in Africa are often in a position to continue their humanitarian activities, even in the most difficult of circumstances. When an outbreak of polio occurred in the Dadaab refugee camp in Kenya in 2013, a camp in which health care workers had previously been threatened, the Kenya Red Cross Society was initially the only actor in a position to move in and start the vaccination process.

When vaccination campaigns are hampered by insecurity, especially in the case of fast spreading viruses like polio outbreaks, this role of the Red Cross and Red Crescent Movement is invaluable.
Nigerian Red Cross Society: tackling polio at the source

Nigeria’s northern states are the last reservoir of naturally occurring wild polio virus. At especially high risk are the states of Borno, Adamawa, Yobe, Kaduna, Kano and Katsina. Due to the transient nature of populations affected by polio, the entire country, and indeed all of its neighbours, are vulnerable to outbreaks of polio. For that reason, Nigeria is a key country in the strategic plan to eradicate polio.

The Nigerian government treats the eradication of polio as a matter of great urgency. A presidential taskforce was established, as well as a national Polio Eradication Emergency Operational Centre, to operationalize annual national emergency action plans. The Nigerian Red Cross Society is a partner in both. Despite a recent setback in polio immunization in the northern part of the country due to insurgent violence, ongoing efforts to eradicate polio in Nigeria have been yielding success. In 2013, a total of 53 cases were confirmed, which constituted a 50 per cent drop from 2012. In 2014, the case count had further dropped to six.

Particularly vulnerable areas of Nigeria suffer serious challenges in the eradication of the virus. In those states, routine immunization coverage is low, partly due to insecurity, but also because the population at risk does not feel encouraged to vaccinate their children. This is due to persistent myths and rumours about negative effects of the polio vaccine, and in some cases because other health issues, like malaria and HIV take precedence in an already stretched health environment.

In addition, local health facilities are sometimes hard to reach for scattered communities, and have capacity challenges when it comes to cold storage for the vaccines, and availability of trained staff. One of the strategies to address these challenges is to increase understanding of the benefits of vaccination at the grassroots level so as to encourage vaccine uptake, while at the same time strengthening the health infrastructure.

The Nigerian Red Cross Society has been stepping up its efforts for years, especially within communities in the northern states, and continues to support the government’s national Polio Emergency Plan. “Polio prevention, vaccination, and care activities are integrated in our Maternal, Newborn and Child Health programme, seen as children under five are most vulnerable to the disease. We also carry out ad hoc polio activities during routine immunization campaigns as well as national vaccination days dedicated to polio,” said Dr Uche Ogba, head of health and care at the Nigerian Red Cross Society.

The National Society is currently active in 11 states, with 2,000 volunteers committed to extending vaccination facilities to the most hard to reach areas, and changing minds and attitudes to increase vaccine uptake. As auxiliary to the government in matters of health, the Nigerian Red Cross Society has implemented social mobilization activities for routine immunization, including polio vaccination, through its mothers club, school units, and health action team.

“Our strength lies in our excellent network of volunteers on the ground,” added Dr Ogba. According to reports from the state Ministry of Health, there was an increase to 80 per cent of immunization coverage in areas where Nigerian Red Cross Society volunteers carried out their activities in Kaduna state.”

Towards a polio-free Africa
Red Cross Red Crescent approach to polio in Africa: towards universal health coverage

Mapping vaccination coverage using mobile technology

Successful polio campaign programming requires complete, accurate and reliable information on how many children require vaccination in each specific location. Accurate information on households, and remote or nomadic population groups who are not included in census data, is essential to establish whether enough children are vaccinated to reach effective overall immunity levels against the polio virus. Once a campaign is completed, it is crucial to monitor its success in covering all identified beneficiaries. This is necessary not only to contain ongoing outbreaks, but also to prevent any further outbreaks.

The use of mobile information technology can facilitate real-time data collection on campaign progress and coverage to inform decision making. GPS, demographic and household information is collected using a standardized electronic questionnaire. Because of the nature of the Movement’s grassroots network, local language translations are able to be provided within the questionnaire. The Red Cross Red Crescent’s unique network of trusted community-based volunteers allows them to gain access to communities and, thereby, gather this data with a great advantage that is, at times, not afforded to other organizations.

Working on the frontlines in Somalia

Due to the general state of insecurity in Somalia, access to basic health care is severely restricted. As a result, its vulnerable regions have extremely low immunization rates, creating an environment for the polio virus to spread fast and wide.

Somalia had been free of polio outbreaks for six years, until May 2013, when a re-established transmission of the wild polio virus was detected in the Banadir region of Mogadishu. The virus spread like wildfire, to a total of 190 cases. Fears of a regional outbreak were confirmed when, after 14 cases were detected at the Dadaab refugee camp in northeastern Kenya, the outbreak extended to Ethiopia. Somali authorities immediately planned and implemented several emergency polio vaccination campaigns, with the active support of WHO and UNICEF, as well as the Somali Red Crescent Society.

The Somali Red Crescent Society, as an auxiliary to national authorities, supports the development of basic health services throughout all 19 regions of the country. The focus of the Somali Red Crescent Society’s Integrated Community Health Programme is on women and children, with routine immunization a key component. The Somali Red Crescent Society manages 62 Maternal and Child Health clinics as well as 26 mobile health clinics. Vital services being provided by the mobile clinics include routine immunization in remote rural areas and nomadic communities.

As a longstanding partner of the government, the Somali Red Crescent Society has been involved in all national immunization days in Puntland and Somaliland. With support from IFRC, the National Society provided the campaigns with vaccinators, while volunteers conducted social mobilization activities. Somali Red Crescent Society’s mobile clinics vaccinated 3,450 of children in Somaliland, 140 of whom had not received vaccinations in previous rounds.

Working on the frontlines in Somalia

Due to the general state of insecurity in Somalia, access to basic health care is severely restricted. As a result, its vulnerable regions have extremely low immunization rates, creating an environment for the polio virus to spread fast and wide.

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for example, engage trained volunteers to support national independent monitoring teams after the vaccination campaign is completed. They conduct house-to-house visits, assessing the number of children reached by the vaccination team. If it is found that more than five children have not been vaccinated in a certain region, the Ministry of Health will return.

In 2013, IFRC supported the National Societies of South Sudan and Ethiopia in the training of volunteers to collect such data in remote areas in a much more sophisticated way than had been used before: through mobile technology, which is an essential tool to enhance access to and use of reliable data on the success and coverage of national vaccination days. In addition, this type of mapping is cost efficient: the cost of IFRC-supported mapping in South Sudan amounted to 0.04 US dollars per child reached.

Humanitarian diplomacy: advocating for the prioritization of routine immunization

Polio outbreaks do not stop at national borders, and therefore require a multilateral or regional response. To successfully interrupt polio transmissions in Africa, national and regional bodies need to prioritize coordinated and well-funded vaccination campaigns. The Red Cross Red Crescent Movement is in a good position to persist on keeping polio eradication on the agenda of relevant stakeholders. While IFRC engages in continued diplomacy with international bodies to prevent and alleviate suffering wherever it may be found, National Societies maintain strong relations with their governments, as the primary partner in all humanitarian matters. This existing apparatus for humanitarian diplomacy is well geared to raising awareness of the gaps in addressing the challenge of eradicating polio at the domestic and regional levels in Africa.

The Red Cross Red Crescent Movement unites National Societies of all countries, and therefore has the capacity to engage in collective action in the
South Sudan: innovative monitoring support

In South Sudan, as in many other countries in the Horn of Africa, access to remote areas poses a challenge, and impedes vaccination rounds. When the wild polio virus returned to neighbouring countries of Ethiopia, Kenya and Somalia in 2013, the South Sudanese Ministry of Health recognized that the virus could potentially spread to South Sudan. After an initial outbreak scare that was later retracted, it proactively launched a vaccination campaign that aimed to immunize more than 500,000 children in the West, Central and Eastern Equatoria states. The South Sudan Red Cross, as a member of the Ministry’s National Polio Task Force, was called on to mobilize communities at risk in remote areas, and monitoring the coverage of the vaccination campaign.

“I would not have known of the dangers of polio if the volunteers did not visit my home. I had heard about polio but not about how it affects children,” said Rose Mande, a mother of two who lives in Lainya County. “I encouraged other mothers to keep their children at home during the polio vaccination campaign so that they too could be immunized.” It is small incidences such as this that sow the seeds for community awareness that eventually makes the prevention of polio transmission possible.

With the support of IFRC, the South Sudan Red Cross embarked on a social mobilization and mapping campaign during the first two national rounds of emergency immunization. Over the course of three months, social mobilizers visited an estimated 252,078 households, sharing information about the risks of polio and the benefits of vaccination. Simultaneously, Red Cross supervisors conducted household surveys to map immunization coverage and identify areas not included in prior vaccination campaigns. A total of 4,415 children under five, 2,850 households and 56 payams (the second lowest administrative entity in South Sudan) were included in this mapping exercise.

Data on people reached (and missed) was collected on pre-programmed mobile phones and collected in a database by a specially trained supervisor. This data was then shared with government health authorities, detailing the exact location of missed households through the use of GPS, and indicating the number still to be vaccinated. Using this method of data collection, health workers were able to determine that overall immunization coverage was 83 per cent prior to the campaign, and that children were more likely to be vaccinated if there had been prior knowledge of the campaign. There was a disadvantage in knowledge of the campaign in the poorest households, and they were also less likely to access vaccination than less poor families. This level of information is essential to monitoring the success of the campaign and helps inform the planning for the next round of national vaccinations.

3. For more details, see the report South Sudan Polio Campaign as prepared by the IFRC and the South Sudan Red Cross in January 2013, available at www.ifrc.org
case of border crossing threats. In October 2013, IFRC convened a regional polio planning meeting in east Africa to address the ongoing outbreak in the Horn of Africa. At this event, national health authorities, international partners (including GPEI members), and National Societies from the region deliberated how to cooperate efficiently during polio operations. At the strategic level, IFRC’s humanitarian diplomacy office in Addis Ababa maintains strong relations with the African Union and regional economic communities, making the case for humanitarian priorities in policy, planning and budgets.

Learning from India: the importance of coordination

One of the biggest victories in the global eradication of polio has been India’s removal from the WHO’s list of polio endemic countries, a considerable achievement for a country that reported almost half of all polio cases in the world in 2009. India’s example demonstrates the feasibility of stopping polio, even in the most challenging of circumstances. But what are the lessons learned from this success?

One factor that determined the outcome of eradication in India was the nationwide coordination of efforts. The Government of India, supported by WHO, Rotary International and the U.S. Centers for Disease Control and Prevention, launched a national polio surveillance project in 1997. “Eradication of polio is an outstanding achievement. This was possible due to the organized, sustained and committed work of all different actors to get the country polio free. It gives me immense pleasure and pride to say that the Indian Red Cross Society has constantly been advocating and supporting the cause through local administration”, says Dr S.P. Agarwal, Secretary General, Indian Red Cross Society.

Another crucial factor was the scale of the vaccination campaigns. In 2009, 741 cases of polio were reported in India. In response to this, immunization campaigns were organized in 2010 and 2011, bringing the number of infections down to 42. By way of example of the magnitude of the effort, in 2011 India conducted two national immunization days, each of which involved 2.5 million polio vaccinators reaching approximately 172 million children. An operation of this scale and coordination can only be successful with the backing of a strong national government commitment and a simple yet continuous vaccination programme across the country involving solid coordination of multiple stakeholders.

While it is evident that well coordinated efforts and large scale immunization campaigns yield success, innovative approaches also contributed to the eradication of polio in India. Health workers, including those from the Indian Red Cross Society, reached out to mobile families at transport hubs, and set out on foot and motorbike to reach those in remote areas who could not make it to health facilities. Cooperation was sought with traditional and religious leaders to encourage vaccine uptake, and in high risk areas of Bihar and Uttar Pradesh, polio vaccination was integrated with a broader set of health activities. Finally, controlling the quality of vaccination activities and proactive tracking of the virus in sewage samples allowed the Government of India to monitor the level of immunity in the population and therefore successfully interrupt the transmission and reoccurrence of the virus in the country as a whole.4

4. Stepping up Red Cross Red Crescent action

As the quest to eliminate polio reaches its final stages, IFRC is committed to contributing where its strengths lie: through its membership of National Red Cross Red Crescent Societies and their volunteers. Supported by IFRC and partners, African National Red Cross Red Crescent Societies play a key role in the enhancement of access to health services at the community level, as they are often the only entities capable of reaching populations which are vulnerable to outbreaks of polio.

Red Cross Red Crescent commitment

Up until now, the Red Cross Red Crescent contribution to the eradication of polio in Africa has been through action triggered directly by outbreaks, taking the form of an emergency response, as an extension of our continuing community health programming. In the next five years, IFRC is planning a more sustainable approach to the fight against polio by investing further in our volunteer network that facilitates the reach of health service into communities. To continue its support to African National Societies, IFRC will be stepping up its efforts in areas where it has been successful in the past.
First and foremost, this implies a more structural and constant investment into the strengthening of access to health services at the community level. Both general basic health care facilities, as well as routine immunization in particular, should be brought within the reach of those who are dispersed, displaced and underserved. To achieve this type of universal health coverage, IFRC will invest in the training and sustainability of Red Cross Red Crescent volunteers already engaging in health education, referral and administration in communities all over Africa.

Secondly, there is a need for increased polio vaccine uptake in African communities, which can be encouraged by providing reliable information to communities at risk of contracting and transmitting the polio virus.

Thirdly, IFRC intends to expand the use of mobile technology for the mapping of data relevant to vaccination campaign planning and evaluation. Finally, IFRC intends to leverage its position of a global lead and local reach by promoting the prioritization of routine immunization of children through its existing diplomatic ties with the African Union and regional economic communities. It will also support National Societies to do the same at the national level.

The way forward

A sustainable response to the last vestiges of polio is embedded in the GPEI’s Strategic Plan 2013-2018, and is dependent on the commitment of humanitarian and government stakeholders alike. IFRC is committed to achieving the key outcomes of this strategy, and urges all stakeholders to continue their concerted efforts to strengthen universal access to integrated, culturally acceptable health care services that reach all communities, by investing in the community health workforce, including our volunteer health workers.

But coordination should not end at the national level. Regional allegiances should be formed to collaborate in the containment of border-crossing transmission of polio. This collective response requires the commitment of national governments, regional economic communities and the African Union. Only through well-coordinated and sustainable border-crossing strategies, can the spread of the polio virus come to a final halt.
The Fundamental Principles of the International Red Cross and Red Crescent Movement

**Humanity** The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

**Impartiality** It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

**Neutrality** In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

**Independence** The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

**Voluntary service** It is a voluntary relief movement not prompted in any manner by desire for gain.

**Unity** There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

**Universality** The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.
The eradication of the wild poliovirus remains one of the most pressing health challenges in Africa. The continent witnessed the majority of polio cases in 2013, and is home to one of the three last countries in the world where polio is still endemic.

The Red Cross Red Crescent Movement, with its unique network of community-based volunteers, is well placed to support global initiatives to end polio transmissions.

The International Federation of Red Cross and Red Crescent Societies is convinced that universal access to essential life-saving, culturally acceptable health-care services through community-led engagement will ensure that the spread of polio is interrupted.

“Towards a polio free Africa: Reaching the most vulnerable by strengthening community access to health care” explores initiatives currently underway in Africa to eradicate polio, the role technology can play in evidence-based data collection on polio vaccine up-take, and a call to action for governments to recognize the crucial role of the community health work force, including Red Cross Red Crescent volunteers, in eradicating polio.

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