

Plan 2009-2010



International Federation
of Red Cross and Red Crescent Societies

Measles and Polio Initiative

Executive summary

The International Federation's Global Measles and Polio Initiative aims to support Red Cross Red Crescent National Societies to work with partners and provide community social mobilization before, during and after mass vaccination campaigns to reduce measles and polio morbidity and mortality. With support from the Global Initiative, the International Federation and National Societies will help to ensure that the global targets of 90 per cent measles mortality reduction by 2010 (compared to 2000) and global polio eradication are achieved.

In 2008, twelve National Societies planned participation in measles and polio supplementary immunization activities. Red Cross Red Crescent involvement in social mobilization around mass vaccination activities has been recognized in the global achievements recently celebrated, namely the 2007 announcement that global measles mortality had been reduced by 68 per cent (from an estimated 757,000 deaths in 2000 to 242,000 deaths in 2006), with the largest percentage reduction in estimated measles mortality during this period occurring in the African region (91 per cent).¹

With this visibility has come a renewed demand for National Society support to measles and polio campaigns, particularly within countries where the Red Cross Red Crescent is emerging as a lead social mobilization partner. The challenge now rests in sustaining our long-term commitment to these successful global health partnerships to their target completion dates, and remaining active partners to ensure that the most vulnerable and hard-to-reach have equitable access to vaccination services. The programme will do this by:

- Developing tools and guidelines to support Red Cross Red Crescent involvement in vaccination campaigns.
- Promoting the Red Cross Red Crescent role in mass immunization.
- Supporting National Society capacity building through involvement in all aspects of vaccination campaign preparation, implementation and follow-up.
- Providing vaccination-specific technical support to zonal/regional/country delegation offices and National Societies.
- Providing flexible funds for National Society involvement in 2009-2010 measles and polio campaigns.

The Global Measles and Polio Initiative 2009-2010 will support the continued involvement of the International Federation and Red Cross Red Crescent National Societies in measles and polio supplementary immunization activities to increase uptake of services during both mass vaccination campaigns and routine immunization services. This will be done by working within the International Federation's Secretariat structure (headquarters/zones/regions/country delegations) to support National Societies as leading country-level social mobilization partners and liaise with global measles and polio partners to profile the Red Cross Red Crescent role in these successful inter-agency initiatives. The total 2009-2010 budget is CHF 2,104,813 (USD 1,923,961 or EUR 1,340,645). [Click here to go directly to the summary budget of the plan.](#)

¹ Progress in Global Measles Control and Mortality Reduction, 2000-2006. WHO Weekly Epidemiological Record. No. 48, 2007, 82, 417-424. <http://www.who.int/wer/2007/wer8248.pdf>

Context

Despite the tremendous progress made in measles mortality reduction and towards global polio eradication, measles and polio remain a serious threat to achieving the Global Agenda Goals and reducing childhood morbidity and mortality. Significant resources have been committed to reducing death and disability due to these two vaccine-preventable diseases, with global partnerships such as the Measles Initiative (MI) and Global Polio Eradication Initiative (GPEI) spearheading the effort.² In spite of these achievements and the availability of safe and effective vaccines, both measles and polio remain needless causes of death and disability that affect too many children around the world.

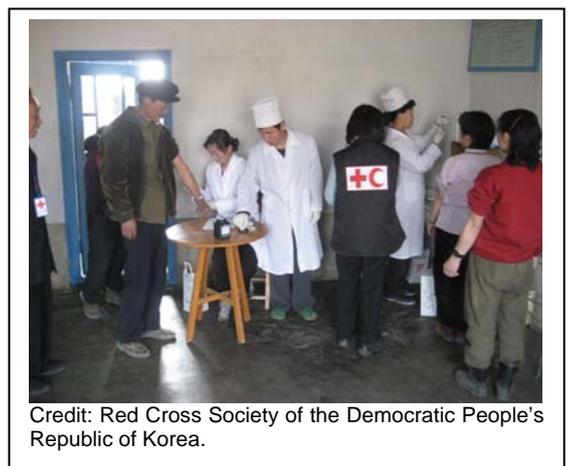
The International Federation has been a key player in both initiatives since their founding, and continues to advocate for the inclusion of Red Cross Red Crescent National Societies in these two global partnerships. Red Cross Red Crescent National Societies have a particular advantage in being able to mobilise vulnerable populations in “hard-to-reach” areas for vaccination. Through social mobilisation and by involving people at community level, the International Federation has proven successful in contributing to high vaccination coverage rates and impact on morbidity and mortality reduction among children living in measles and polio affected countries. The value added of Red Cross Red Crescent National Societies is their ability to quickly mobilise thousands of trained volunteers in a short period of time, and to continue to follow up after large scale interventions. This role helps National Societies to be more active members in country level planning mechanisms, forge closer relationships with their Ministries of Health, and increase the visibility of the Red Cross Red Crescent role in vaccine-preventable childhood mortality reduction.

The International Federation advocates for the role of National Societies at the global, regional and national levels. At the global level, the Federation Geneva Secretariat participates in the campaign planning bodies through weekly partnership teleconferences and promotes the involvement of National Societies in global forums. As an observer at the annual WHO World Health Assembly (WHA), the International Federation has delivered statements on the Red Cross Red Crescent role in measles and polio efforts in 2004, 2005, 2007 and most recently at the 61st WHA in 2008.

Through their participation in measles and polio activities, Red Cross Red Crescent National Societies are re-energising their volunteer networks for a vital global target to ensure **access, equity and impact** in populations most at risk for measles and polio. National Societies’ visibility and credibility are strengthened and capacities enhanced through their continued involvement. Innovative health interventions have also developed out of these interventions, including integration of measles campaigns with distribution of long lasting insecticidal nets (LLINs) to prevent malaria transmission.

Measles Mortality Reduction – the current situation

Measles remains a leading cause of death among young children, despite the availability of a safe and effective vaccine for the past 40 years. An estimated 242,000 people, the majority of them children, died from measles in 2006 (the latest year for which figures are available).³ Most of these measles deaths occur in the most vulnerable and disadvantaged populations, such as malnourished children, in refugee settings and where regular health services are not available. The high coverage required for measles elimination, and the need to achieve high routine immunisation coverage for every birth cohort are challenging, but promising successes in measles mortality reduction have already been achieved. Consolidated



Credit: Red Cross Society of the Democratic People's Republic of Korea.

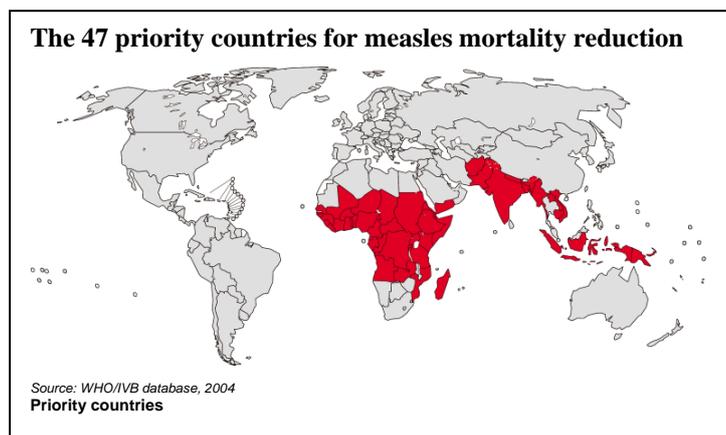
² The Measles Initiative was founded in 2001 by the American Red Cross, United Nations Foundation (UNF), US Centers for Disease Control and Prevention (CDC), WHO and UNICEF. The International Federation was present at the launch and has been a key partner that participates in all global planning and coordination meetings. The Global Polio Eradication Initiative (GPEI), launched in 1988, is spearheaded by WHO, Rotary International, CDC and UNICEF, and is the single-largest, internationally-coordinated public health project to date.

³ Measles Initiative Factsheet, 2008. Available at : <http://www.measlesinitiative.org>

efforts by the Measles Initiative, governments, and the International Federation have helped to exceed the mortality reduction goal set in 2003 and later revised in the 2005 Global Immunization Vision and Strategy (GIVS).⁴ A **68% global reduction in measles deaths and remarkable 91% reduction of measles mortality in Africa** have proven that a coordinated response can deliver compelling results. The GIVS target to reduce global measles mortality by 90% by 2010 (compared to 2000) remains the goal of the International Federation's support to the Measles Initiative.

The International Federation promotes the strategy for reaching the 90% measles mortality reduction goal through:

- *Strong routine immunisation.* The first dose of measles vaccine is given to children at the age of nine months or shortly thereafter through routine immunization services. At least 90% of children should be reached by routine immunization services every year, in every district.
- A *'second opportunity'* for measles immunisation is provided to all children. The second opportunity for measles immunization is given either through routine immunization services or through periodic supplementary immunization activities (SIAs). SIAs target large populations (entire nations or large regions) and aim to vaccinate all children regardless of prior vaccination history.
- *Surveillance* Standard measles surveillance guidelines, a global laboratory network, and national case based surveillance developed and implemented.
- *Improved clinical management of measles cases* including vitamin A supplementation and adequate treatment of complications, if needed, with antibiotics.



In their joint Global Plan for Reducing Measles Mortality, 2006-2010, WHO and UNICEF have identified 47 priority countries to target for implementation of accelerated sustainable measles mortality reduction activities.⁵ These countries account for more than 95% of global measles deaths. The Measles Initiative had vaccinated over 500 million children in more than 60 countries, with significant vaccination coverage achieved with the involvement of Red Cross Red Crescent volunteers. Since 2001, RC/RC volunteers have been active in over 50

national and sub-national campaigns.

Global Poliomyelitis Eradication – the current situation

Despite tremendous progress in reducing the incidence of polio and the high global commitment to its eradication, polio still exists. Polio will continue to threaten children, and even adults, everywhere as long as it exists somewhere. Globally, the number of polio endemic countries decreased dramatically between 1988-2003, from 125 countries to 6 (Nigeria, Niger, Egypt, India, Pakistan, Afghanistan); more than a 99% reduction. However, a major set back occurred in Africa when supplementary immunisation activities (SIA) were suspended in the Northern States of Nigeria for some time in 2003-2004. As a result, Nigeria experienced increased cases of wild poliovirus (WPV) transmission which then spread to other countries. Hence, 18 countries previously polio free reported importations.

⁴ In May 2003, the 56th World Health Assembly unanimously adopted a resolution to reduce measles deaths by 50% by the end of 2005 compared to 1999 levels. This goal was established a year earlier by the United Nations General Assembly Special Session on Children "World Fit for Children". In 2005, the United Nations adopted the Global Immunization Vision and Strategy (GIVS), which aimed to reduce global measles mortality by 90% by 2010 (compared to 2000), among other vaccination goals. <http://www.who.int/immunization/givs/en/>

⁵ WHO/UNICEF Global Plan for Reducing Measles Mortality. Available at : http://www.who.int/vaccines-documents/DocsPDF06/WHO_IVB_05_11.pdf

In 2008, only four countries in the world remained polio endemic – the lowest number in history. These countries are Afghanistan, India, Nigeria and Pakistan. The reduction is the result of the global effort to eradicate the disease, in which Red Cross Red Crescent National Societies have been particularly active.

The International Federation promotes the strategy for eradicating polio through:

- *High infant immunisation coverage* with four doses of OPV in the first year of life
- *Supplementary doses* of OPV to all children under five years of age during SIAs
- *Surveillance* for wild poliovirus through reporting and laboratory testing of all acute flaccid paralysis (AFP) cases among children under fifteen years of age
- *Targeted “mop-up” campaigns* once wild poliovirus transmission is limited to a specific focal area

The International Federation continues to support the GPEI by advocating for the inclusion of the Red Cross Red Crescent in mass vaccination efforts and providing support to national societies. The International Federation will focus on immunization activities in the four endemic and multiple re-importation countries.

Credit: WHO



Partners in the Global Polio Eradication Initiative, including the International Federation, helped to vaccinate 375 million children during 187 immunisation campaigns in 36 countries in 2006. In 2009, rapid interruption of wild poliovirus transmission in the remaining endemic countries and in the newly infected countries, is the most urgent priority for the GPEI and for the International Federation. Intensified supplementary immunisation activities to reach every child under five years of age with multiple doses of OPV, to stop polio transmission, and to ensure that polio transmission is interrupted will be the priority in the coming years. As these campaigns are dynamic with frequently changing dates, the Global Measles and Polio Initiative provides a flexible funding pot to meet National Society social mobilization needs on short notice.

IFRC has been a key member of the two international partnerships supporting measles and polio reduction with mass vaccination campaigns. As the organisation with the largest presence in the community, Red Cross Red Crescent National Societies have an irreplaceable role to play in social mobilisation and awareness raising to achieve high vaccination coverage.

Priorities and current work with partners

In 2009 and 2010 there are **45 countries** tentatively planning mass measles campaigns that target almost **350 million** people with measles vaccination. Intensified polio eradication efforts continue in the **remaining four endemic** (Afghanistan, India, Nigeria and Pakistan) **and re-infected countries**. The International Federation, in maintaining a high profile of involvement with global measles and polio activities, will prioritise support to countries which are planning mass interventions, for example within the 47 priority measles countries and remaining 4 endemic polio countries, as well as re-importation countries.

At the global, regional and national levels, there have been increased requests for the Red Cross Red Crescent to intensify its involvement in campaign activities, particularly in the realm of polio eradication. The Global Measles and Polio Initiative and will continue to rely on resources and support provided by partners to fulfil its role as a leading national social mobilization player. With a dynamic campaign schedule which is often prone to date changes, the International Federation measles and polio programme provides a flexible pool of resources that can be accessed at short notice. To meet variable measles and polio campaign schedules, National Societies have relied upon this funding to conduct social mobilization activities as requested by Ministry of Health and other partners.

A core group of donors has enabled the International Federation to support National Societies for their participation in mass immunization campaigns, and assisted the International Federation in continuing to raise the profile of the Red Cross Red Crescent as a key partner in campaign social mobilization. These are namely the American, Finnish, New Zealand, Norwegian and Swedish Red Cross Societies.

Additionally, the International Federation has liaised with partner agency headquarters to advocate on behalf of National Societies for country level resourcing. The sustained involvement of National Societies has been recognized in the global achievements recently celebrated, namely the 2007 announcement that global measles mortality had been reduced by 68 per cent (from an estimated 757,000 deaths in 2000 to 242,000 deaths in 2006), with the largest percentage reduction in estimated measles mortality during this period occurring in the African region (91 per cent).⁶ In announcing this success, the role of Red Cross Red Crescent volunteers has been continually highlighted:

“Through the tireless efforts of millions of health workers and volunteers from our Red Cross and Red Crescent family...we literally go door-to-door informing, educating and motivating mothers and caregivers about the critical need to vaccinate their children. These mobilization efforts are essential for our success, helping us consistently reach more than 95 percent of the vulnerable population and saving countless lives.”⁷

The platform for the International Federation’s involvement in measles and polio campaigns is through our partnership with the highly successful Measles Initiative and Global Polio Eradication Initiative, thus ensuring consistency with global standards. Campaign schedules are set by partners based upon epidemiological needs, available resources and Ministry of Health multi-year strategic plans. The Measles Initiative and Global Polio Eradication Initiative are each made up of five and four spearheading partners, respectively. Each initiative also includes more than 25 international agency, government, private, non-governmental organizations (NGO) and humanitarian actors, of which the International Federation is a key partner. Weekly global conference calls are the principal means for coordinating, collaborating, sharing resources and planning national efforts.

Secretariat programme in 2009-2010

Health and care/Measles and polio initiative

a) The purpose and components of the programme

Programme purpose
In support of Global Agenda Goal 2: to reduce the number of deaths, illnesses and impact from diseases and public health emergencies, and Millennium Development Goal #4: a two-thirds reduction in child mortality between 1990 and 2015, liaise with global immunization partners to ensure the continued involvement of the International Federation and Red Cross Red Crescent National Societies in measles and polio supplementary immunization activities to increase uptake of services during both mass vaccination campaigns and routine immunization services and reduce global measles and polio morbidity and mortality.

The programme budget is CHF 2,104, 812 (USD 1,923,960 or EUR 1,340,646).

Programme component
Outcome 1: Development and dissemination of tools and guidelines to support Red Cross Red Crescent National Society and volunteer involvement in vaccination campaigns.

Activities under component 1:

- Develop and disseminate proposal and reporting templates for use in campaign planning, implementation and reporting
- Develop and support the use of reporting and evaluation tools for improved information on the scope and impact of Red Cross Red Crescent involvement in mass vaccination campaigns

⁶ Progress in Global Measles Control and Mortality Reduction, 2000-2006. WHO Weekly Epidemiological Record. No. 48, 2007, 82, 417-424. <http://www.who.int/wer/2007/wer8248.pdf>

⁷ Measles deaths in Africa plunge by 91 percent: Africa leads strong decline in global measles deaths. American Red Cross Press Release. 29th November 2007. http://www.redcross.org/pressrelease/0,1077,0_314_7319,00.html

- Support the continued integration of mass vaccination campaigns into ongoing community-based programming (CBFA *in Action*)

Outcome 2: Promotion of Red Cross Red Crescent role in mass immunization campaigns and advocacy on behalf of National Societies in global fora.

Activities under component 2:

- Participate in global planning and coordination activities (e.g. weekly teleconferences, management meetings, advocacy meetings) to promote involvement of National Societies in mass immunization campaigns
- Collate results and experience of Red Cross Red Crescent for communicating to global immunization partners (Partnering for Impact publication, lessons learned documents, etc)
- Advocate for National Society involvement in national coordination bodies (e.g. Interagency Coordinating Committees, social mobilisation sub-committees)
- Develop research opportunities to demonstrate effectiveness of Red Cross Red Crescent National Society and volunteer added value in increasing vaccination coverage during campaigns

Outcome 3: Support for National Society capacity building through involvement in all aspects of vaccination campaign preparation, implementation and follow-up.

Activities under component 3:

- Support Red Cross Red Crescent participation in regional network meetings and exchange visits
- Promote exchange visits between National Societies to ensure best practices in planning and implementation of activities
- Conduct an annual planning meeting with Red Cross Red Crescent partners for information exchange and joint planning
- Document experiences of increased partnerships and capacity building attributable to vaccination campaign involvement

Outcome 4: Provision of vaccination-specific technical support to zonal/regional/country delegation offices and National Societies for proposal development, campaign planning, implementation and follow-up.

Activities under component 4:

- Disseminate campaign preparation and planning information to zonal/regional/country delegation offices for proposal preparation
- Coordinate technical support for proposal development, pre- and post-campaign activities
- Liaise with respective initiative partners and provide technical support for National Societies involvement in post-campaign surveillance activities

Outcome 5: Mobilisation and provision of flexible funds for National Society involvement in 2009-2010 measles and polio campaigns.

Activities under component 5:

- Mobilise resources through continued participation in global planning forums and promotion of Red Cross Red Crescent added value in campaigns to meet dynamic resource needs
- Liaise with global partners to promote country level funding allocations to National Societies
- Based upon flexible campaign schedules and inline with priority countries, support National Society proposals for both planned and emergency measles and polio campaigns

In line with the officially adopted strategies of both the Measles Initiative and Global Polio Eradication Initiative (as outlined above), the International Federation Global Measles and Polio Initiative will support the sustained and expanded involvement of National Societies in global efforts to reduce measles morbidity and mortality and eradicate polio.

b) Profile of target audience and final beneficiaries

Since 2001, the Measles Initiative has supported the vaccination of more than 500 million children in over 50 countries. Between 2001 and 2006, approximately 314 million children were vaccinated against measles in the WHO Africa region alone. In addition, from 2000 to 2006, global routine measles immunization coverage reached an estimated 80 per cent for the first time, up from 72 per cent in 2000.

In the area of polio vaccination, more than 400 million children under the age of five were vaccinated multiple times against polio in 2007 in 27 countries. In total, more than 2.2 billion doses of oral polio vaccine (OPV) were administered during 164 vaccination campaigns, primarily in the remaining endemic countries (Afghanistan, India, Nigeria and Pakistan), in re-infected countries and in high-risk areas.

The 2009-2010 Global Measles and Polio Initiative continues to target National Societies for their sustained involvement in mass vaccination campaigns and the beneficiaries of these campaigns. In 2008, National Societies in Benin, Central Africa Republic, Côte d'Ivoire, Georgia, Malawi, Mozambique, Nepal, Nigeria, Pakistan and Tanzania, provided social mobilization for campaigns that targeted over 50 million children for measles vaccination.⁸ In 2009 it is estimated that over 160 million beneficiaries will be reached with measles vaccination in 25 countries.

In the area of polio eradication, target beneficiaries include the un- and under-immunized in the four endemic countries (Afghanistan, India, Nigeria and Pakistan) and countries re-infected with polio. Intensified immunization activities, particularly in Nigeria where more than a fifth of children continue to be missed during vaccination activities, will require the support of National Societies and the International Federation.⁹

Beneficiaries of the Global Measles and Polio Initiative also include National Societies themselves which build upon their capacities and strengthen their volunteer networks with each mass campaign activity. Red Cross Red Crescent National Societies have increased their visibility as credible campaign partners as evidenced by the increasing request for social mobilization during mass vaccination campaigns.

c) Potential risks and challenges

Potential risks and challenges to the Global Measles and Polio Initiative include unpredictable and insufficient funding to make firm commitments to National Societies. Increasing effort is being made to link National Societies to local level funding mechanisms (for example through UNICEF and WHO country offices), which has been gradually more successful due to the heightened Red Cross Red Crescent profile in mass immunization. National Societies are frequently called upon by their Ministries of Health to provide social mobilization to maximize campaign coverage levels and reach the most vulnerable target populations. Strong technical support for proposal development, campaign implementation, reporting and follow-up is needed if the programme is to realize its full potential.

Additionally, the International Federation is consistently asked to communicate its contribution to the Global Immunization Vision and Strategy (GIVS) goals, and to the child survival-related Millennium Development Goals. Without an adequately resourced and supported plan, the International Federation and its National Societies will not be able to fulfil their role to support and contribute to the success of measles and polio vaccination campaigns, and reach globally agreed upon targets. As the GIVS 2010 measles goal approaches and partners near closer to polio eradication, it is critical that the significant role of the International Federation and National Societies be recognized when the global community celebrates its success.

⁸ Information as of August 2008.

⁹ Projections for polio target beneficiaries vary according to campaign plans and percentage of targeted eligible population. In the endemic countries, the eligible populations are estimated at: India 172 million; Nigeria 42 million; Pakistan 35 million; Afghanistan 6 million. The tentative 2009 activity plan can be viewed at: http://www.polioeradication.org/content/general/SIA_May08.pdf

Role of the Secretariat

a) Technical programme support

In coordination with International Federation zonal and regional offices, the Global Measles and Polio Initiative will coordinate technical support provision to National Societies by liaising with campaign partners and donors. Partnering National Societies with technical support capacities will be tapped to meet National Society needs at all stages of the campaign planning, implementation and follow-up. Further effort will be made to share experience and capacities across sister National Societies by supporting cross-country missions and skills building workshops. Campaign tools which are built upon National Society needs will continue to be developed and refined (outlined in programme component outcome 1 and 4).

b) Partnership development and coordination

As part of campaign social mobilization planning, all National Society proposals must be approved by the country Inter-Agency Coordinating Committee (ICC), helping to ensure that proposed activities fit within national frameworks and are consistent with partnership goals. National Society involvement in country level planning bodies such as the ICC will help improve accountability and build long term partnership between the Red Cross Red Crescent, Ministries of Health and national measles and polio partners.

The platform for the International Federation's involvement in measles and polio campaigns is through our partnership with the Measles Initiative and Global Polio Eradication Initiative, thus ensuring consistency with global standards. Campaign schedules are set by partners based upon epidemiological needs, available resources and Ministry of Health multi-year strategic plans. As part of the global Measles and Polio Initiative, and inline with the Global Health and Care Strategy, partnership between National Societies and national immunization partners and the International Federation and global immunization partners will be supported. The Geneva Secretariat will help to coordinate and sustain the existing partnership between the International Federation and global measles and polio partners, and will continue to use global planning fora (including weekly coordination teleconferences and global management meetings) as an opportunity to link National Societies with country agencies.

c) Representation and advocacy

The scope of the International Federation's support to measles and polio activities from 2000-2007 has been published in the 2nd edition of *Partnering for Community Impact*, and the contribution of the Red Cross Red Crescent was most recently noted at the 2008 World Health Organization (WHO) World Health Assembly.^{10 11} Through participation in global planning fora (such as the annual Measles Initiative Advocacy Meeting, Global Measles Management Meeting, Polio Country Support Team meetings, etc) the Geneva Secretariat will advocate for Red Cross Red Crescent inclusion in all supplementary immunization activities (outlined in programme component outcome 2). Funds from the Initiative will enable National Societies to attend regional and global meetings to discuss their vaccination activities. Sister National Society exchange visits will also be supported and expanded in 2009.

Promoting gender equity and diversity

Involvement of Red Cross Red Crescent volunteers in mass vaccination campaigns helps to increase immunisation coverage among those typically not reached during campaigns. Helping to reach the most vulnerable and hard to reach is the value added of National Societies, and a critical component of ensuring equity among vaccination beneficiaries. National Society proposals will be evaluated with a specific focus on proposed activities for targeting the hard to reach, and helping to increase vaccination coverage among the social excluded and most vulnerable.

¹⁰ Global immunisation strategy statement by Kate Elder, International Federation health and care department, to committee A of the World Health Assembly, in Geneva. 21st May 2008. <http://www.ifrc.org/docs/news/speech08/ke210508.asp>

¹¹ Partnering for Community Impact. International Federation. <http://www.ifrc.org/Docs/pubs/health/measle-polio-final-report.pdf>

Quality, accountability and learning

In contribution to the continued effort to eradicate polio and reach a 90% reduction in global measles mortality by 2010, the Global Measles and Polio Initiative will support National Society participation in supplemental immunisation activities to help reach the highest possible vaccination coverage and most hard-to-reach children.

Special emphasis is being placed on improved monitoring and reporting tools for National Societies and building a more robust evidence base on the added value of Red Cross Red Crescent activity in immunization. A process for confirming that all plans have been approved by country level partners ensures that the Red Cross Red Crescent is a credible and accountable immunization partner. Frequent reviews at lessons learned workshops will help to document and disseminate good practices in social mobilization.

Based upon the Ministry of Health Plan of Action, National Societies can develop proposals for social mobilisation activities to help support high vaccination coverage levels and progress towards national health objectives. All proposals should be approved by the country ICC, helping to ensure that National Society activities fit within national frameworks and are consistent with partnership goals. Active involvement in country level planning bodies will also help improve accountability and relevancy of National Society contributions to measles and polio campaigns.

Tentative vaccination schedules are currently available for 2009-2010. Target populations are only estimates and thus not included in this table. Campaign schedules are subject to change.

Country	2009 Measles	2010 Measles	2009 Polio
Afghanistan	X		X
Angola	X		
Bangladesh	X		X
Benin			X
Burkina Faso		X	
Burundi	X		
Cambodia		X	
Cameroon	X		X
Central African Republic		X	X
Chad		X	X
Comoros		X	
Congo, Dem. Rep.	X	X	
Congo, Rep.		X	
Eritrea	X		
Ethiopia		X	
Ghana		X	
Guinea	X		
Guinea-Bissau	X		
Haiti		X	
India	X	X	X
Indonesia	X	X	
Kenya	X		
Kiribati	X		
Lao PDR	X		
Lesotho		X	
Liberia		X	

Madagascar		X	
Mali		X	
Mauritania		X	
Myanmar		X	X
Nepal			X
Niger	X		X
Nigeria		X	X
Pakistan		X	X
Papua New Guinea		X	
Rwanda	X		
Senegal	X		
Sierra Leone	X		
Solomon Islands	X		
Somalia	X	X	X
Sudan	X	X	
Tajikistan	X		
Togo		X	
Uganda	X		
Yemen, Rep.	X		
Zambia		X	
Zimbabwe	X		

For more detailed information on measles and polio, go to:

Appeal 2008-2009: <http://www.ifrc.org/docs/appeals/annual08/appGA2.pdf>
Plan 2008-2009: <http://www.ifrc.org/docs/appeals/annual08/MAA00032pln.pdf>, for Global Measles and Polio Initiative

Programme Update 2008:
<http://www.ifrc.org/docs/appeals/annual08/MAA0003208pu1.pdf>

Report 2006-2007:
http://www.ifrc.org/cgi/pdf_appeals.pl?annual06/MAA60004r0607.pdf, for Malaria, Measles and Polio (Integration of the Malaria, Measles and Polio programmes)

Appeal 2006-2007:
<http://www.ifrc.org/docs/appeals/annual06/MAA60004.pdf>, for Malaria, Measles and Polio (Integration of the Malaria, Measles and Polio programmes)

Programme Update no. 1: <http://www.ifrc.org/docs/appeals/annual06/MAA6000101.pdf> for Measles and Polio

Annual Report:
http://www.ifrc.org/cgi/pdf_appeals.pl?annual06/MAA60001Measles&PolioRep0607.pdf, for Measles and Polio

More info is also available at:
<http://www.ifrc.org/what/health/diseases/measles/index.asp>
<http://www.ifrc.org/what/health/diseases/polio/index.asp>
<http://www.measlesinitiative.org/index3.asp>
<http://www.polioeradication.org/nid.asp>

How we work

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Contact information

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