Appeal 2005

International Federation
of Red Cross and Red Crescent Societies

# POLIO AND MEASLES

**Appeal no. 05AA089**
**Appeal target: CHF 3,502,674**[1]

The International Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. The Federation is the world's largest humanitarian organization, and its millions of volunteers are active in over 180 countries. All international assistance to support vulnerable communities seeks to adhere to the Code of Conduct and the Humanitarian Charter and Minimum Standards in Disaster Response, according to the SPHERE Project.

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For information on programmes in other countries and regions please access the Federation website at http://www.ifrc.org

***Click on figures below to go to the detailed budget***

| Programme title | 2005 |
|---|---|
| Health and care | 3,502,674 |
| **Total** | **3,502,674** |

## Regional Context

This appeal aims to support increased participation of national societies in community mobilization for immunization services, and a gradual transition from accelerated disease control initiatives in selected countries (measles mortality reduction and polio eradication) towards supporting sustainable routine immunization programmes, through the participation of national societies and the Federation as partners in the work of the Global Alliance on Vaccines and Immunization (GAVI).

According to the World Health Organization African Regional Office (WHO-AFRO), approximately 370,000 children died of measles in 2002, and measles remains the primary cause of vaccine-preventable deaths among children under 5 years of age in Africa. Low vaccination coverage, vaccine failure due to persistence of maternal antibodies, high contagion, infection at a very young age, malnutrition and Vitamin A deficiency, and limited

[1] **USD 3,005, or EUR 2,307,281**

[3] The **Measles Initiative** is a long-term commitment to control measles deaths in Africa by vaccinating 200 million children, preventing 1.2 million deaths over five years. Leading this effort is the American Red Cross, United Nations Foundation, Centers for Disease Control and Prevention, World Health Organization, and United Nations Children's Fund and other key players.

access to health care: all contribute to the incidence and severity of measles and its complications. In addition, measles is a significant cause of blindness, brain damage, and susceptibility to secondary infections such as diarrhoea and pneumonia.

This global measles death and disease burden is unacceptable, since a safe and effective vaccine has been available for over 40 years, at a cost of CHF 1.30 per child. Proven strategies to achieve reduction in measles deaths include high vaccination coverage of infants by routine immunization services in every district, plus periodic Supplementary Immunization Activities (SIAs) to achieve and maintain population immunity and low measles virus transmission. SIAs consist of additional campaigns, whereby every 3 to 4 years every child from nine months to 5 years is immunized over a one to two week period. WHO and UNICEF have articulated these strategies in a joint Global Measles Strategic Plan, which has been endorsed by representatives from 45 high-burden countries who met in Cape Town, South Africa in October, 2003.

Cases of poliomyelitis have fallen globally from an estimated 350,000 annually in 1988, to fewer than 700 in 2003. Progress towards interruption of poliovirus transmission continued in 2004 in Asia (India, Pakistan, Afghanistan) and in North Africa (Egypt), while major setbacks in Northern Nigeria are causing an explosive outbreak of virus transmission in West and Central Africa, threatening the achievement of global eradication. Massive immunization efforts are planned in late-2004 and in 2005 to overcome this situation, and National Societies have an important role to play towards ensuring public support and high coverage, through volunteer participation and community mobilization, especially in areas where access is a significant obstacle.

As of 15 September 2004, a global total of 690 confirmed polio cases have been reported to WHO in 16 countries, compared with 342 cases in 8 countries in 2003. India accounts for 54 cases in 2004, compared with 127 in 2003, reflecting an unprecedented decrease in polio cases following renewed efforts and higher quality of immunization campaigns. Similarly, Pakistan (25 cases), Afghanistan (3 cases) and Egypt (2 cases) are on track to stop poliovirus transmission by the end of 2004.

## Red Cross and Red Crescent Priorities

**National Societies Strategy:**
The supplemental immunization campaigns, supported by the Measles Initiative, will serve as a platform for engaging Red Cross and Red Crescent community volunteers in ongoing immunization and disease prevention activities. Funds from this appeal will be used to strengthen national society capacities for social mobilization in support of measles and polio campaigns. National societies will be expected to develop follow-on plans to continue to support routine immunization as well as other priority health needs.

Ideally, the focus of these community interventions will be in the districts where national societies participated in the campaign. For example, resources provided for the campaign (coordinators, coaches, volunteer networks, training, etc.) will be redirected to enhance community demand for immunization services. These activities will be coordinated with partners through the ongoing presence of national societies in existing Interagency Coordination Committees (ICC). Funds from the Appeal are provided to the national society to support the social mobilization that complements national efforts.

**Movement Context:**
The Federation and its member national societies, through the Measles Initiative, can address one of the ARCHI 2010 goals: reduce childhood deaths due to vaccine-preventable diseases. ARCHI 2010 aims at achieving long-term and large-scale impact on morbidity and mortality by mobilizing networks of volunteers to work in their own communities to implement interventions with sustained support to the volunteers and to branches for coaching, supervision and volunteer management.

This appeal aims at providing support to at least half of the eligible countries targeted for activities in 2005. The Federation, as part of the Measles Initiative[3], takes part in its global coordination mechanism. Since 2001, the Federation has facilitated technical support to national societies to engage with key in-country partners (Ministry of Health, WHO, UNICEF) and become formal members in their respective in-country ICC, under the authority of the Ministry of Health. Participation of the national societies in the campaigns enhances their presence as active members in the ICC, raising their visibility and recognition as important partners.

The Federation and WHO signed a partnership agreement in November 2000, to meet the WHO objective of eradicating polio by the year 2005. Earlier Appeals for polio eradication had anticipated that 2003 would be the end of Federation involvement in the partnership; however, members of the polio partnership have highlighted the need for national society participation in the final push in the remaining polio-endemic countries. In particular, extraordinary efforts are needed in late-2004 and in 2005, to curtail the recent resurgence of polio following re-introduction from Nigeria into 10 previously polio-free countries in West and Central Africa.

In 2002-2004, the Federation provided financial support and technical assistance to the national societies through the Regional Delegations. Funding was provided to support national and regional partnerships, volunteer management and planning and monitoring of campaign activities. Specifically, the national societies developed social mobilization and operational support plans for the measles campaigns; these were then submitted through WHO or UNICEF country offices for funding. From 2003 onwards, through the Annual Appeal process, the Federation continued to provide funding through the Federation Regional Delegations to support additional countries, to continue developing national societies' capacities to participate as partners in this important initiative. Funding for this effort is required at least three to six months prior to the start of measles campaigns to allow for coordination and plan development.

Similar to previous operations, the Federation will provide support to countries where wild poliovirus still exists in 2004 and where access to the population is difficult. Likely countries for Federation support in 2005 would primarily include Nigeria, and other newly infected West and Central Africa countries to be prioritized through ongoing consultation with WHO.

National societies will actively participate in their respective Interagency Coordinating Committees (Ministries of Health, WHO, UNICEF; Rotary International, and other partners) in joint planning and monitoring of the activities for both measles and polio.

Funding from this appeal will be used to support the mobilization of volunteer networks including training, materials, coaching, incentives and transport.

## Measles Mortality Reduction in Africa

**Background and Achievements:**
According to the World Health Organization Africa Regional Office (WHO-AFRO), approximately 370,000 children died from measles in 2002 and measles remains the primary cause of vaccine-preventable deaths among children under 5 years of age in Africa. Low vaccination coverage, vaccine failure due to persistence of maternal antibodies, high contagion, infection at a very young age, malnutrition and vitamin A deficiency, and limited access to health care: all contribute to the incidence and severity of measles and its complications. In addition, measles is a significant cause of blindness, brain damage, and susceptibility to secondary infections such as diarrhoea and pneumonia.

This global disease and death burden is unacceptable since a safe and effective vaccination against measles is available at a cost of CHF 1.30 per child. Proven strategies to achieve reduction in measles deaths include high vaccination coverage of infants by routine immunization services, plus periodic supplementary immunization activities to achieve and maintain population immunity and low measles virus transmission. WHO and UNICEF have articulated these strategies in a joint Global Measles Strategic Plan.

In January 2001, the American Red Cross convened a meeting of global health partners sharing this concern, including the WHO, UNICEF, the U.S. CDC, the UN Foundation, and the Federation. The resulting Measles Initiative is a long-term commitment to reduce measles mortality in Africa by vaccinating more than 200 million children through supplemental measles vaccination activities in up to 36 Sub-Saharan countries. By the year 2005, through this initiative, it is estimated that up to 1.2 million deaths will have been prevented, bringing the measles deaths in Africa to the lowest levels ever documented for the continent. Other important objectives of this initiative are to improve safe injection practices and the safe disposal of medical waste (injection supplies) in the participating countries and to look for opportunities to integrate other priority health interventions (malaria, de-worming, etc.).

By the end of 2004, accelerated measles control efforts with nationwide "catch-up" campaigns targeting children 9 months to 14 years will have been conducted in 32 countries, including 10 countries that have had additional follow-up campaigns

targeting under five year old children. Of the projected 200 million children to be reached, more than 150 million will have been vaccinated.

Although definitive surveillance data are still forthcoming, early estimates of the impact of these campaigns are dramatic, with an estimated 35% reduction in measles deaths in Africa between 1999 and 2002, and greater decreases projected in 2003-2004. With support from the Canadian Red Cross, following the pilot integrated campaign conducted in Zambia in 2003, a similar nationwide campaign will be held in December 2004 in Togo, combining the distribution of measles vaccine to children ages 9 months to 5 years, with the distribution of long-lasting insecticide-treated mosquito bed nets (LLITN) to mothers and pregnant women, Vitamin A and de-worming treatment. This first nationwide distribution of nets, combined with careful evaluation of its cost and impact, is expected to provide strong evidence for significant malaria control and child mortality reduction interventions.

The proposed operation for 2005 utilizes the same strategy employed in the 2003-2004 efforts. Priority countries for participation in the Measles Initiative are selected annually by partners reviewing information on epidemiology of measles, history of vaccination coverage and previous campaigns, status of measles surveillance, status of strategic planning and political commitment, funding, vaccine availability and the status of polio eradication.

**Objective: For 2005, it is expected that at least 13 countries and 35 million children will be targeted for measles vaccination campaigns.**

**Expected results:**

- Federation delegations and national Red Cross and Red Crescent societies are actively participating in existing ICC and coordination mechanisms for other health initiatives.
- every child aged 9 months to 14 years will have received at least one dose of measles vaccine.
- 12 million measles-related deaths prevented in Africa over the next five years
- national societies will advance ARCHI 2010 goals, through community level social mobilization.
- surveillance will show a decrease in measles cases and deaths.

## Polio Eradication in Remaining Endemic Countries

**Background and Achievements:**
The global total of 690 cases, Nigeria accounts for 526 confirmed polio cases in 2004, compared with 143 cases in 2003. This resurgence in poliovirus transmission affects Northern Nigeria, following the interruption of immunization activities in Kano and other Northern states, due to opposition by local authorities and underlying religious and political tensions. Cases are on the rise in neighbouring Niger (19 cases), and international spread with 61 cases in 10 countries of West and Central Africa that had been previously polio-free, after virus is re-introduced in countries where immunization coverage had been decreasing – including Sudan, CAR, Côte d'Ivoire, Chad, Cameroon, Guinea, Benin, Mali, Burkina Faso, and Botswana.

In 2004, support was provided to national societies in six countries, for their participation in National immunization Days (NID).

**Achievements:**

- community volunteers engaged in national and international health priority;
- joint Ministry of Health (MoH) and national society micro-planning with strengthened partnerships with MoH, UN and others;
- increased national society visibility and credibility;
- national societies increasingly participating in country ICCs;
- community involvement and communities helping themselves;
- improved volunteer management and other NS capacity trickling-down to other programs;
- selected districts with RC capacity, emphasizing quality over quantity.

Completely eradicating polio goes beyond just the one disease; it impacts the collective ability of the world to set a shared goal, to work over many years, to set aside political, religious and other differences, and to realize this shared goal. National societies and volunteers have already played a significant role in this global partnership.

**Polio and Measles; Annual Appeal no. 05AA089**

Extraordinary actions are needed now to ensure that our collective investment is protected, and to set the stage for the world to tackle other important health and development initiatives.

**Objective: support national societies' involvement in community mobilization for supplemental immunization activities, to contribute towards the achievement of the highest-possible coverage, reaching the most vulnerable and difficult-to-access children.**

**Expected results:**

- children in hard-to-reach areas are vaccinated.
- wild poliovirus transmission is interrupted by end-2005.
- national societies are actively participating in the Interagency Coordination Committees.
- national society capacity in volunteer management and as a partner for other health initiatives is enhanced.

***Please find detailed budget below; click here to return to the title page and contact details***

# BUDGET 2005

## PROGRAMME BUDGETS SUMMARY

**Appeal no.:** 05AA089

**Name:** POLIO & MEASLES

| PROGRAMME: | Health & Care CHF | Disaster Management CHF | Humanitarian Values CHF | Organisational Development CHF | Coordination & Implementation CHF | Emergency CHF | Total CHF |
|---|---|---|---|---|---|---|---|
| Shelter & contruction | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Clothing & textiles | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Food | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Seeds & plants | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Water &Sanitation | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Medical & first aid | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Teaching materials | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Utensils & tools | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other relief supplies | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **SUPPLIES** | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Land & Buildings | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Vehicles | 100,000 | 0 | 0 | 0 | 0 | 0 | 100,000 |
| Computers & telecom | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Medical equipment | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other capital exp. | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **CAPITAL EXPENSES** | 100,000 | 0 | 0 | 0 | 0 | 0 | 100,000 |
| Warehouse & Distribution | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Transport & Vehicules | 500,000 | 0 | 0 | 0 | 0 | 0 | 500,000 |
| **TRANSPORT & STORAGE** | 500,000 | 0 | 0 | 0 | 0 | 0 | 500,000 |
| Programme Support | 227,673 | 0 | 0 | 0 | 0 | 0 | 227,673 |
| **PROGRAMME SUPPORT** | 227,673 | 0 | 0 | 0 | 0 | 0 | 227,673 |
| Personnel-delegates | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Personnel-national staff | 1,600,000 | 0 | 0 | 0 | 0 | 0 | 1,600,000 |
| Consultants | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **PERSONNEL** | 1,600,000 | 0 | 0 | 0 | 0 | 0 | 1,600,000 |
| W/shops & Training | 425,000 | 0 | 0 | 0 | 0 | 0 | 425,000 |
| **WORKSHOPS & TRAINING** | 425,000 | 0 | 0 | 0 | 0 | 0 | 425,000 |
| Travel & related expenses | 350,000 | 0 | 0 | 0 | 0 | 0 | 350,000 |
| Information | 100,000 | 0 | 0 | 0 | 0 | 0 | 100,000 |
| Other General costs | 200,000 | 0 | 0 | 0 | 0 | 0 | 200,000 |
| **GENERAL EXPENSES** | 650,000 | 0 | 0 | 0 | 0 | 0 | 650,000 |
| **TOTAL BUDGET:** | 3,502,673 | 0 | 0 | 0 | 0 | 0 | 3,502,673 |