

Annual report



International Federation
of Red Cross and Red Crescent Societies

Global Measles and Polio Initiative

MAA00032

13 April 2010

This report covers the period 1 January 2009 to 31
December 2009.



In 2009, a polio outbreak that spread across Africa resulted in an international response that included 15 Red Cross Red Crescent National Societies. The Ethiopian Red Cross Society supported this through participation in the integrated polio and measles vaccination campaign. **Ethiopian Red Cross Society**

In brief

Programme purpose: In support of Global Agenda Goal 2, and the Millennium Development Goal (MDG) 4, liaise with global immunization partners to ensure the continued involvement of the secretariat and Red Cross Red Crescent National Societies in measles and polio supplementary immunization activities (SIAs). This involvement will help increase the uptake of services during both mass vaccination campaigns and routine immunization services, as well as reduce global measles and polio-related morbidity and mortality.

Programme(s) summary:

- During 2009, much effort within the Global Measles and Polio Initiative (GMPI) was attributed to the international wild poliovirus (WPV) outbreak across Africa. As part of the continental response, fifteen (15) Red Cross Red Crescent National Societies participated in their National and Sub-National Immunization Days (NIDs/SNIDs) with resources provided by both the GMPI and the Africa polio outbreak emergency appeal.¹
- In addition to emergency polio response activities across Africa, support was prioritized to Nigeria, the one remaining polio-endemic country on the continent. India, Pakistan and Afghanistan also have wild poliovirus transmissions, i.e. are polio-endemic countries. National Societies in these endemic countries continued to participate in their national eradication activities on a smaller-scale basis.

¹ For more detailed information on the Africa polio outbreak emergency appeal activities, please see: http://www.ifrc.org/cgi/pdf_appeals.pl?09/MDR61004-64005-63002.pdf and related Operations updates.

- Measles SIAs continued in countries with increasing groups of susceptible children. Eleven (11) National Societies supported these campaigns. Within the countries where polio was a threat, oral polio vaccine (OPV) was added to the scheduled measles campaigns drawing synergies among health interventions, as well as maximizing campaign success.
- With the startling re-emergence of WPV across Africa, particularly in certain countries which had not seen a case of WPV in more than a decade, 2009 was a year of renewed demand from polio eradication partners for National Society support to countrywide campaigns. The Red Cross Red Crescent added value in reaching the most vulnerable and ensuring equitable access to vaccination services was recognized as a critical element for interrupting the spread of polio in the areas where it had largely been unseen for many years.
- An independent evaluation of the International Federation of Red Cross and Red Crescent Societies (IFRC's) response to the polio outbreak was commissioned by the secretariat. Four countries were visited, and over 200 people interviewed to assess the performance of the secretariat and the National Societies during the outbreak response. Results were mostly positive, with recommendations made to both the IFRC and GPEI partners for ways to improve their collective work on eradicating polio.
- The announcement of a 78 per cent global measles mortality reduction (from 2000 to 2008) was celebrated by the global community, but outbreaks across many African countries was a sobering reminder that gains are fragile.
- Progress towards the vaccination-related MDGs and the *Global Immunization Vision and Strategy (GIVS)* were highlighted in the 3rd edition of the *State of the World's Vaccines and Immunizations*, launched in October 2009. The announcement that 106 million infants were immunized in 2008, making a major contribution towards reducing under five child mortality, was lauded as one of the many successes of vaccination. However, the 24 million most-at-risk children missed by vaccination services were a reminder that the work is far from complete.

Financial situation: The total 2009 budget is CHF 1,028,659 (USD 991,011 or EUR 691,442), of which CHF 1,015,564 (83 per cent) covered during the reporting period (including opening balance). Overall expenditure during the reporting period was CHF 521,044 (51 per cent) of the budget. Low implementation rate was due to earmarked funds which will be allocated to measles campaigns during the second half of the year and in early 2010.

[Click here to go directly to the attached financial report.](#)

See also:

Health and Care global Plan 2009-2010 (MAA00001)

Go to: <http://www.ifrc.org/docs/appeals/annual09/MAA0000109p.pdf>

Measles and Polio Initiative Plan 2009-2010 (MAA00032)

Go to: <http://www.ifrc.org/docs/appeals/annual09/MAA0003209p.pdf>

Africa polio outbreak emergency appeal

Go to: http://www.ifrc.org/cgi/pdf_appeals.pl?09/MDR61004-64005-63002.pdf

No. of people we have reached: As a partner of mass polio and measles campaigns organized by the ministries of health, with support from the Global Polio Eradication Initiative (GPEI) and the Measles Initiative (MI), the IFRC has helped to vaccinate approximately 25 million children against polio and 25 million children against measles in 2009.

Our partners: The GPEI and MI are each made up of four and five spearheading partners respectively. Each initiative also includes more than 25 international agencies, government, private sector, NGO and humanitarian actors, of which the IFRC is a key partner. The IFRC's work on measles and polio is primarily supported by the American, Finnish, Norwegian and Swedish Red Cross Societies. During 2009, additional partners, including the American,

Belgium, British, Canadian, Icelandic, Irish, Japanese, Norwegian, and Swedish Red Cross Societies, as well as the anonymous donors supported polio eradication through emergency response activities (the emergency appeal).

The secretariat and the Norwegian Red Cross also participate in the GAVI Alliance civil society constituency to help represent the voice of civil society in strengthening routine immunization. GAVI Alliance partners include UNICEF, The Bill and Melinda Gates Foundation, WHO, The World Bank, developed and recipient governments, research and technical institutes, the vaccine industry and civil society organizations.

Context

The year 2009 proved to be challenging for both polio eradication and measles elimination. Progress was made towards the goals of the respective partnerships, the GPEI and the MI. Yet, substantial outbreaks of polio and measles reminded the global community that in order to realize the benefits of vaccination, the most cost-effective health service, diligent support is required.

In the area of polio eradication, 23 countries reported WPV in 2009, the highest number of countries reporting polio since 2000. Twenty (20) of these twenty-three (23) infected countries were within Africa. On 7 April 2009, the Federation Africa polio outbreak emergency appeal was launched for CHF 2.4 million to cover response activities in 14 countries (later revised to 17 countries with the addition of Guinea, Liberia and Sierra Leone) in order to meet the demand from National Societies to support their national response activities.² To balance these outbreak response activities with the organization's longer-term involvement in polio eradication, the health and social services department's immunization and emergency health focal points were largely involved in the emergency appeal operations. At the time of this publication, many of the re-infected countries within Africa had been taken off the active outbreak list (not having reported a polio case in more than six months).

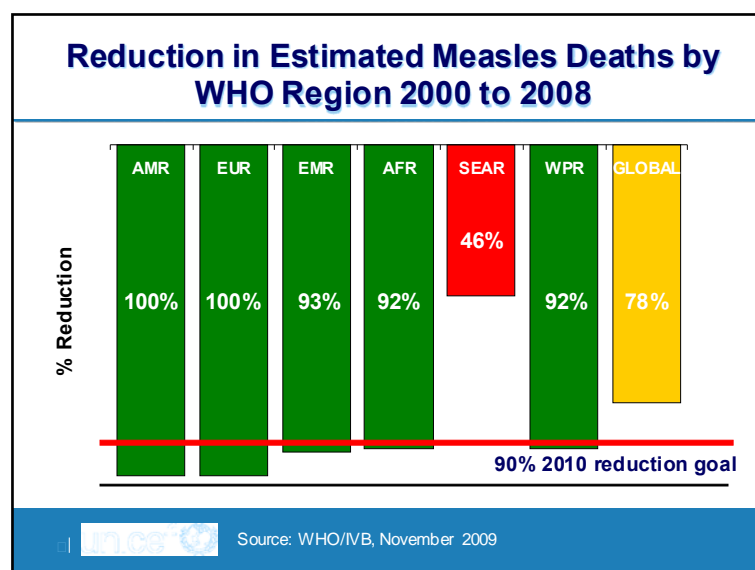
Aside from the polio outbreak, there was significant progress towards further isolating the virus in the remaining four endemic countries which have never interrupted WPV transmission (Nigeria, India, Pakistan and Afghanistan). The total number of cases in endemic countries was lower (1,247 in 2009) than the previous year (1,505 in 2008), as was the overall global case burden (1,597 versus 1,651).³ New technologies (such as bivalent oral polio vaccine – bOPV – which has the ability to immunize against both WPV type-1 and type-3 concurrently with high efficacy), improved communications strategies and enhanced operations supported these gains. Rapid response to the outbreaks across Africa helped to quickly interrupt WPV transmission and steer the GPEI partners back onto the polio eradication course.

In December 2009, the MI announced that an estimated 12.7 million measles deaths had been averted (from 2000 to 2008) by improved routine immunization and accelerated measles control activities. Combining these approaches, campaigns and strengthening of the routine immunization system, contributed to a 78 per cent global measles mortality reduction – a remarkable achievement. But these landmark achievements were celebrated amidst the warning that measles deaths could easily rise again if strategies are not sustained. A number of measles outbreaks across Africa, including that in Burkina Faso which affected more than 40,000 people, illustrate what happens when poor routine immunization coverage does not support the gains made during mass vaccination campaigns. In order to reach the 2010 goal of a 90 per cent global measles mortality reduction (compared to 2000); and prevent the 450 daily

² Please see the Africa polio outbreak emergency appeal no. MDR61004 (West and Central Africa); MDR64005 (East Africa); and MDR63002 (Southern Africa) launched on 7 April 2009, and related Operations updates.

³ All data are as of 2 February 2010. Go to: <http://www.polioeradication.org/content/general/casecount.pdf>

deaths due to measles, all partners, including donors and countries, will have to increase their commitment to the global goal.



Progress towards outcomes

Outcome(s)

- Development and dissemination of tools and guidelines to support Red Cross Red Crescent National Societies and volunteer involvement in vaccination campaigns.
- Promotion of Red Cross Red Crescent role in mass immunization campaigns and advocacy on behalf of National Societies in global fora.
- Support for National Society capacity building through involvement in all aspects of vaccination campaign preparation, implementation and follow-up.
- Provision of vaccination-specific technical support to zonal/regional/country delegation offices and National Societies for proposal development, campaign planning, implementation and follow-up.
- Mobilization and provision of flexible funds for National Society involvement in the 2009 measles and polio campaigns.

Achievements

In 2009, there were nine National Societies that received direct funding from the GMPI for campaign activities. These included measles, polio, or integrated campaigns in Burkina Faso, Côte d'Ivoire, Liberia, Namibia, Niger, Nigeria, Swaziland, Tajikistan, and Togo.⁴ In addition to the nine National Societies that received campaign social mobilization support, there were at least 17 other National Societies that received funding through other means (mobilizing local resources, bilateral support from a Partner National Society, the polio emergency appeal, etc) to participate in their mass measles and/or polio campaigns. National Societies mobilized approximately 42,000 volunteers in 2009 to contribute to global partnership efforts to reduce measles morbidity and mortality and to move towards polio eradication.

West and Central Africa

Before the launch of the Africa polio outbreak emergency appeal on 7 April 2009, the GMPI provided funding to four West African National Societies (Burkina Faso, Côte d'Ivoire, Niger and

⁴ Polio activities funded by GMPI in Burkina Faso, Côte d'Ivoire, Niger and Togo were subsequently included in the Africa polio outbreak emergency appeal.

Togo) to support their activities in what was then observed as a slowly recurring WPV chain. As the outbreak grew in scale, and emergency multi-country synchronized campaigns were organized across West, Central and the Horn of Africa, the need for a Federation emergency appeal was realized. Subsequent emergency response rounds in these four countries were then included in the emergency appeal.

The **Burkinabe Red Cross Society** mobilized 530 volunteers and supervisors in 22 provincial communities during the March (27 to 30 March) synchronized polio round. Support provided by the GMPI (with the Swedish Red Cross as a back donor) enabled volunteers to reach over 815,000 parents through door-to-door household visits, and to organize more than 6,800 community focus group discussions that sensitized approximately 158,000 people to the importance of vaccinations against polio.

The **Red Cross Society of Côte d'Ivoire** mobilized 330 volunteers and supervisors in each of the February and March synchronized polio rounds. Funds from the GMPI supported the February (27 February to 2 March) activities. Social mobilization activities reached more than 100,000 households in 11 "districts sanitaires." During the February round, 708,871 children ages 0 to 59 months were vaccinated against polio in the 11 districts with Red Cross activity. Volunteers visited an estimated 80 per cent of households within the districts, identifying more than 600,000 eligible children to be vaccinated in each round. Red Cross activities were mentioned in the special national polio bulletin released by the Ministry of Health, along with those of other partners including Rotary, UNICEF and WHO.

The **Liberian Red Cross Society (LRCS)** was an active partner in the tri-country mass yellow fever campaign that was held during the last week of November. The event was the largest-ever yellow fever mass vaccination campaign, targeting 11.9 million people in Benin, Liberia and Sierra Leone. The Liberian Red Cross Society received funds from both the GMPI and WHO to mobilize approximately 600 volunteers in fifteen health districts of three counties (Gran Cape Mount, Gbarpolu, and Bomi). There were 250,000 households reached by LRCS volunteers, and 150 social mobilization meetings organized in the three counties.

The **Red Cross Society of Niger** mobilized 584 volunteers and supervisors in four (of a total eight) regions during the March synchronized polio round. Social mobilization activities were conducted in Zinder, Maradi, Tahoua and Tillabéri, by volunteers trained in behaviour change communication, signs and symptoms of polio infection, and prevention of polio through vaccination. More than 28,000 households were visited, and 350,600 people sensitized to the campaign plans. Support for this activity came from the GMPI (with the Swedish Red Cross as a back donor).

The **Nigerian Red Cross Society (NRCS)** received funds from the GMPI to participate in both the January and May national immunization plus days against polio. Additionally, NRCS mobilized local resources directly from the UNICEF country office to participate in the national round in March. Nigeria, as the only polio endemic country in Africa (i.e. to have never had interrupted WPV transmission), is a priority for polio eradication. With the largest number of polio cases coming from the country, regional efforts to stop transmission will only be successful if Nigeria eradicates the virus. NRCS has been a prime partner in national social mobilization and communication activities to increase the quality and coverage of polio vaccination campaigns. As a member of the Inter-Agency Coordinating Committee and the National Social Mobilization Working Group, the National Society uses its mothers club and school unit strategies to resolve non-compliant cases by disseminating accurate information on safe polio vaccination at the household level.



Nigerian Red Cross volunteers continuously participate in national efforts to “Kick polio out of Africa!” **Nigerian Red Cross Society**

During the January (30 January to 3 February) campaign, NRCS mobilized 1,350 volunteers in eight high-risk states. Over 3,700 households were visited by NRCS volunteers, with more than 27,400 children under five years vaccinated, as a result of the visits. This activity was supported with funds provided by the New Zealand Red Cross and the Swedish Red Cross as back donors to the GMPI.

NRCS's social mobilization activities during the March (28 to 31 March) campaign were funded directly by the UNICEF

country office, and were larger in scale due to the greater availability of resources. By mobilizing 1,650 volunteers, NRCS helped to immunize more than 75,000 children against polio in 22 states.

During the May (30 May to 2 June) campaign, NRCS received support from the GMPI (Norwegian Red Cross as the back donor) and regional health funds (Swedish Red Cross) to mobilize volunteers in 15 states. Over 14,000 children were vaccinated against polio through door-to-door visits conducted by 630 volunteers. Recognizing the excellent work of NRCS volunteers, WHO increased the number of mothers club members working in one local government authority. With NRCS's ability to reach the most remote and traditionally non-compliant areas through their volunteer networks, sustainable funding should be secured to ensure their continued involvement in each campaign round.

Sierra Leone Red Cross Society (SLRCS) joined its sister National Society in Liberia to mobilize volunteers during the integrated yellow fever and measles campaign in November 2009. Yellow fever vaccine was integrated into five (of the total 14) districts, while the measles campaign targeted children ages nine to 59 months nationwide. With funds received from other programmes, SLRCS mobilized 300 volunteers in 13 branches during the campaign. Volunteers visited 3,120 households and reached 132 hard-to-reach communities.



A trained SLRCS volunteer prepares to vaccinate someone against yellow fever during the November 2009 campaign. **Sierra Leone Red Cross Society**

The **Togolese Red Cross** mobilized 630 volunteers, 20 supervisors and three local coaches in four (of the 30 total) districts (Tandjouaré, Oti, Kpendjal, Tône) during the March synchronized polio round. Over 605,000 people were sensitized to the campaign information through community activities and visits to more than 91,000 households. Despite the overall national campaign coverage of approximately 86 per cent, vaccination coverage in the Savanes areas where Togolese Red Cross volunteers were active was 100 per cent.

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East Africa

The **Burundi Red Cross**, with funds from the malaria programme, participated in the integrated campaign from 22 to 26 June, which distributed long-lasting insecticide-treated bed nets, de-worming and anti-schistosomiasis medicine and vitamin A supplementation, and provided vaccination against measles. Over 2,400 volunteers were mobilized during the campaign, with plans to visit communities to ensure that bed nets were hung before the rainy season.

The **Kenya Red Cross Society (KRCS)** mobilized over 5,800 volunteers with bilateral support from the American Red Cross during the 19 to 25 September measles, polio and Vitamin A campaign. KRCS was also active during the various polio sub-national immunization days after an outbreak was detected in early 2009. With emergency response funding, KRCS played a significant role in the polio outbreak by providing volunteer power and logistics support.

The **Rwanda Red Cross** received bilateral American Red Cross support to participate in the 6 to 10 October national measles campaign. RRCS mobilized nearly 2,000 volunteers to support the effort.

The **Uganda Red Cross Society (URCS)** mobilized over 2,000 volunteers for the integrated campaign from 6 to 8 June, which vaccinated children against measles and polio and distributed de-worming medicine and vitamin A supplementation. In select districts, women of childbearing age were vaccinated against tetanus, and long-lasting insecticide-treated bed nets distributed. With bilateral support from the American Red Cross, and supplementary funding from the polio emergency appeal, URCS mobilized volunteers in 15 districts. National campaign coverage for measles vaccination was 90 per cent, and approximately 92 per cent for polio.

Southern Africa

The **Namibia Red Cross** mobilized 210 volunteers in five regions (Komas, Oshikoto, Otjozondjupa, Ohangwena, Kunene) during the 14 to 16 June measles campaign. The population of these five regions was more than 292,000 eligible children. Volunteers working in the National Society's HIV and AIDS home-based care programme were trained on key messages to promote measles vaccination and routine immunization. Support for this activity came from the GMPI (with the American Red Cross as a back donor).

The **Baphalali Swaziland Red Cross Society (BSRCS)** participated in the 13 to 17 July measles campaign by mobilizing 240 volunteers in five divisions. Training for volunteers included information on the campaign, key messages on vaccine-preventable diseases and other child survival information. BSRCS's involvement in the campaign built upon its recently concluded Community-based Health and First Aid (CBHFA) master facilitators workshop, and the National Society's plans to roll out CBHFA. The National Society received significant media coverage as a key campaign partner; a video of the campaign is available. Support for this activity came from the GMPI (with the Finnish Red Cross as a back donor).

Middle East and North Africa (MENA)

The **Iraqi Red Crescent Society** participated in the 2009 measles campaign by providing independent campaign monitors in the high-risk areas to help report upon campaign outcomes. Activities were conducted over five days in all of the governorates. The National Society mobilized its own resources for this activity.

Europe

The **Red Crescent Society of Tajikistan (RCST)** was a significant partner in the 28 September to 12 October national measles and rubella campaign that targeted 2.3 million children ages one

to 14 years. RCST mobilized 800 volunteers in six districts, helping to successfully reach over 97 per cent of the target group with vaccination. Many of the nurses and doctors working in the campaign, who were cited in a post-campaign survey as a main source of campaign information, were volunteers with the National Society. The second phase for the campaign, targeting women of childbearing age, was scheduled to take place in 2010.



During the national measles/rubella campaign held in Tajikistan in September 2009, over 800 volunteers were mobilized. **IFRC/K. Elder**

South-East Asia

The **Timor Leste Red Cross Society (CVTL)** received funding directly from the WHO country office to participate in its national measles campaign. CVTL mobilized 135 volunteers in three districts (Baucau, Bobonaro, and Dili) during the multi-phase campaign which ran from May to July 2009. As this was the first large-scale social mobilization activity conducted by the National Society, the opportunity to partner with new organizations, recruit volunteers and participate in a noteworthy national activity was considered a good capacity-building experience.

For information on other National Societies that participated in 2009 vaccination campaigns, please see the Africa polio outbreak emergency appeal reports (that details information on 15 National Society activities in 27 polio vaccination rounds), as well as country reports posted on the MI website.

Constraints or Challenges

A challenge for the IFRC's Global Measles and Polio Initiative has been mobilizing local resources to support National Society activities, such as through UNICEF country offices or other partners. With the limited predictability of campaigns (due to a variety of influencing factors), last minute confirmation of campaign dates has posed a challenge to National Societies for timely resource mobilization. There has been some preliminary success, however, in countries where campaign organizers are looking for new partners (such as in Timor Leste), or in areas where the National Society can fill an operational gap (such as in campaign monitoring, or disease surveillance).

The timely availability of unearmarked funding to make firm advance commitments to National Societies has been a continued constraint. Ongoing advocacy at the global and regional levels and demonstrated effectiveness by National Societies in their campaigns is necessary if this is to

be realized. The IFRC must maintain its visibility as a key contributor to GIVS goals, and to the child survival-related MDGs, if external resources will be generated.

Availability of sufficient technical assistance to support National Society planning for campaigns is a continuous challenge. The IFRC continues to try and draw upon in-country partner human resources to support planning processes which include National Societies. However, adequate internal assistance must be available in order for campaign planning to be comprehensive and timely.

Working in partnership

- At the global level, the highly successful Measles Initiative, founded by the American Red Cross, the US Centers for Disease Control and Prevention (CDC), the United Nations Foundation, UNICEF and WHO has been a model for other public health partnerships. There are more than 25 other global partners (not including individual National Societies) participating in the MI. The IFRC has been a key partner since its founding in 2001. In 2009, the Measles Initiative announced a historic 78 per cent global reduction in measles deaths (compared to 2000). Coordination and planning is done through weekly teleconferences and annual management meetings.
- The Global Polio Eradication Initiative, the largest public health initiative in history, is spearheaded by WHO, UNICEF, Rotary International and the CDC. The IFRC has been a partner since its founding in 1988. Coordination and planning is done through weekly country support team meetings at the WHO headquarters.
- The GAVI Alliance is a public-private partnership that aims to create greater access to the benefits of immunization through the provision of long-term financial and material support to the world's poorest countries. In 2005, the GAVI Alliance founded a civil society organization task team (CSO TT) to help strengthen the role of civil society in routine immunization.
- At the national level, National Societies work in partnership with country-level planning committees, including the Inter-Agency Coordinating Committees and the National Social Mobilization Working Groups. These are convened by the Ministry of Health, and typically include the National Society as a key partner, particularly in social mobilization.

Contributing to longer-term impact

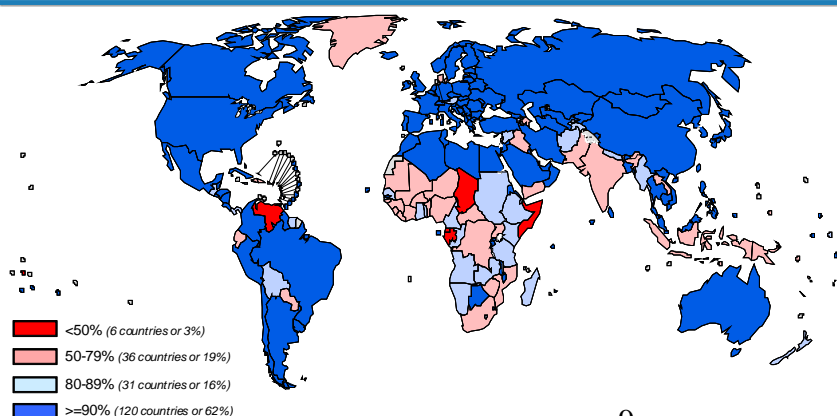
Vaccination is the most cost-effective health intervention, with the opportunity to prevent up to 25 per cent of childhood mortality, if fully utilized. Supplementary immunization activities increase vaccination coverage in areas where routine immunization levels are below recommended thresholds, but should also serve to strengthen the uptake of routine immunization services. The goal is to have all children fully vaccinated per their national routine immunization schedule by

their first birthday.

There are still, however, almost 24 million children who are not reached by essential vaccination services each year. These represent the most vulnerable and marginalized, and should be the priority of Federation vaccination activities.

The impact of vaccination will only be achieved with the sustained support of civil

Immunization coverage with DTP3 vaccines in infants, 2008



society partners such as National Societies. Through involvement in social mobilization activities to increase mass vaccination

coverage, Red Cross Red Crescent volunteers are contributing to the success of these campaigns and maximizing the number of beneficiaries. With support to the Measles Initiative, the IFRC is helping to reach the 90 per cent reduction goal in measles deaths by 2010 (compared to 2000), and with the organization's involvement in the Global Polio Eradication Initiative, it remains committed to the final steps towards polio eradication. These globally agreed upon targets are set out in GIVS and in the health-related Millennium Development Goals. In the area of routine and supplemental immunization, the Red Cross Red Crescent has an immense role to play in reaching these global goals.

Looking ahead

With the successful Federation performance during the 2009 polio outbreak and continued requests from National Societies for sustained support to immunization, proposals are expected for a number of campaigns in 2010. Funds have already been allocated to a national measles campaign in Bangladesh, with other proposals for polio campaign support already received by 13 National Societies.

Upcoming measles and polio vaccination campaigns are an opportunity to continue supporting this important community-based work, and can serve as an entry point for other health interventions. The IFRC will therefore continue to actively participate in these successful global partnerships to help reach their critical goals.

How we work	
<p>The IFRC's activities are aligned with its Global Agenda, which sets out four broad goals to meet the IFRC's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".</p>	<p>Global Agenda Goals:</p> <ul style="list-style-type: none"> • 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	
<p>For further information specifically related to this report, please contact:</p>	
<ul style="list-style-type: none"> • Kate Elder, Senior Health Officer, Health and Care department, Geneva; email: kate.elder@ifrc.org; phone: +41 22 730 4323; and fax: +41 22 733 0395. 	