

Mid-Year report



International Federation
of Red Cross and Red Crescent Societies

Global Measles & Polio Initiative

Appeal No. MAA00032

9 August 2010

This report covers the period 1 January to 30 June 2010.



Volunteers from the Bangladesh Red Crescent Society promote the February 2010 national measles campaign.
IFRC

In brief

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

Programme(s) summary:

- During the first half of 2010, IFRC continued to build its profile as a key partner in polio eradication. Intensified demand for national and global involvement in the Global Polio Eradication Initiative (GPEI) saw extended requests to the IFRC for additional support in a number of areas, including operationally through National Society support to national immunization days (NIDs), e.g. polio campaigns, and globally through heightened involvement in advocacy for polio eradication.
- From January to June 2010, the concentration of the Global Measles & Polio Initiative has been on supporting National Societies to meet the requests of their Ministries of Health (MoH) and other polio eradication partners of providing supplementary social mobilization support during polio vaccination rounds.
- Thirteen (13) National Societies were supported with funds from the Global Measles & Polio Initiative to participate in seventeen (17) national polio vaccination rounds, mobilizing approximately 9,000 volunteers.
- To work towards the 2010 global measles mortality reduction goal (as outlined in the *Global Immunization Vision and Strategy, GIVS*), the IFRC continued to support the Measles Initiative (MI) by raising awareness of MI's severe funding shortage, and the

importance of continued support to this highly successful initiative. The critical funding shortage was ongoing during the time of this update, and had already resulted in the postponement of a number of measles campaigns.

- As of 16 June, there were more than twenty (20) countries in Africa experiencing active measles outbreaks, with approximately 1,300 deaths reported thus far. In Eastern and Southern Africa, the resurgence of measles had affected 47,907 children in fourteen (14) countries, with 731 deaths.
- The civil society organization (CSO) constituency to the GAVI Alliance continued to grow in 2010, with significant Federation involvement. A meeting of over thirty (30) civil society organizations was convened by the GAVI Alliance in March where a formalized structure for the CSO Constituency was agreed upon. The IFRC will be temporarily hosting a Communications Focal Point (CFP) to support the development of the CSO Constituency, and the IFRC has been elected to serve on the newly established CSO Steering Committee.
- The IFRC used its observer status at the 63rd WHO World Health Assembly to deliver statements on issues concerning measles and polio.

Financial situation: The total 2010 budget is CHF 1,101,197 (USD 1,059,430 or EUR 797,819), of which CHF 1,537,015 (over 100 per cent) covered during the reporting period (including opening balance). Overall expenditure during the reporting period was CHF 766,151 (73 per cent) of the budget.

Income from a new donor, the Bill and Melinda Gates Foundation, has allowed the IFRC to scale up its supports to National Societies for polio eradication activities. New funding has been secured to host the GAVI civil society organization communications focal point.

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

Global Measles & Polio Plan 2010-2011

<http://www.ifrc.org/docs/appeals/annual10/MAA0003210p.pdf>

Global Measles & Polio Initiative 2009 Report

<http://www.ifrc.org/docs/appeals/annual09/MAA0003209ar.pdf>

No. of people we have reached: Through support to seventeen (17) national or sub-national polio vaccination rounds in thirteen (13) countries, the IFRC has helped to vaccinate millions of children ages 0 to 59 months against polio.

Our partners: The Measles Initiative and the Global Polio Eradication Initiative are each made up of five and four spearheading partners respectively. Each initiative also includes more than 25 international agencies, government, private, non-governmental organizations (NGO) and humanitarian actors, of which the IFRC is a key partner. The IFRC's work on measles and polio is supported by the American, Finnish, Norwegian and Swedish Red Cross Societies. The Bill and Melinda Gates Foundation is a new donor to the Global Measles & Polio Initiative in 2010.

The IFRC also participates in the GAVI Alliance CSO 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, vaccine industry and civil society organizations.

National Society activities to support the achievement of polio eradication and the elimination of measles in affected countries are done in partnership with national actors, including the Ministry of Health, WHO, UNICEF, and civil society organizations. Vaccination campaigns are organized through an inter-agency coordinating committee (ICC), of which the National Society is typically a partner. At the global level, the IFRC and donor National Societies work with partners, such as WHO and UNICEF, to facilitate the work of these two global vaccination initiatives. This is done through weekly coordination teleconferences and various planning fora.

Context

In 2010, a critical year for both the Measles Initiative and the Global Polio Eradication Initiative, the IFRC remains a key civil society partner for reaching these vaccination-related goals. Red Cross Red Crescent National Societies were called upon to provide intensified volunteer support during synchronized regional polio campaigns which aimed to interrupt wild poliovirus (WPV) transmission in the region. Measles campaigns, which have shown to rapidly increase population immunity against the highly contagious and lethal measles virus, were under threat as the Measles Initiative faced a severe funding crisis.

There have been a number of measles outbreaks across Africa, which underscore the essential need to continue supplementary immunization activities (SIAs) against measles until immunity thresholds are high enough to prevent outbreaks. From 2009 to May 2010, there were large outbreaks in thirty-seven (37) countries, including in Africa, Asia and Europe. In the African region alone, more than 1,300 measles deaths have occurred, and approximately 89,000 measles cases reported. The Measles Initiative, which is presently facing a 50 million US dollar budget deficit for 2010, has had to prioritize partnership funds which has resulted in campaigns being postponed, or the target age for vaccination being shortened during campaigns. With the cost of vaccinating a child against measles only being 1 US dollar, the benefits of mass vaccination far outweighs the costs. WHO estimated that the effect of decreased financial and political commitment to measles campaigns could result in a return to over 500,000 measles deaths a year by 2012, fully reducing the remarkable gains made against measles to date. And with measles mortality reduction a key indicator of MDG 4 – reduction of child mortality by 2/3 by 2015 – the global community faces a severe risk of regressing on the progress made. At the 2010 WHO World Health Assembly, countries endorsed interim targets as milestones towards an eventual global measles eradication goal.

Strides towards polio eradication have been positive during the first half of 2010. The West Africa outbreak which had infected a number of long-time polio-free countries in 2009 and early 2010 was largely contained by the first quarter of the year. As of 15 June, there were six (6) countries with active outbreaks in West Africa (Senegal, Mauritania, Niger, Mali, Liberia and Sierra Leone), and two (2) re-established transmission countries reporting WPV (Angola and Chad).¹ Nigeria, as the



Cameroon Red Cross Society volunteer vaccinates a child against polio during the April 2010 national immunization day (NID), as a happy mother looks on.
Cameroon Red Cross

only endemic country in Africa, reported only three (3) cases of WPV, compared to 288 WPV cases during the same period in 2009 (as of May 2010). This remarkable progress in Nigeria is testament to the increased political commitment and increased quality of campaigns in this critical country. Outside of Africa, the remaining three endemic countries, Pakistan, Afghanistan and India, were reporting fewer WPV cases, with the polio virus increasingly isolated to a number of districts and specific localities. These “remaining WPV reservoirs” in Asia and Africa are now being tackled on an individual basis, with endemic countries developing district-specific plans and concentrating resources in the highest risk areas.

Despite progress towards polio eradication, an ongoing outbreak in Tajikistan reminds the global community that no country is immune to the crippling effects of polio until we achieve global eradication. As of 8 June, there were 210 confirmed cases of wild poliovirus type 1 (WPV1) in

¹ “Re-infected countries” refer to those with a WPV case reported within the past six months. “Re-established transmission countries” refer to those with persistent WPV transmission for more than one year following importation.

Tajikistan. Comparing this to the 1,604 WPV cases reported *globally* in 2009, in Tajikistan the outbreak is of enormous magnitude. As of late June, Tajikistan counted for 70 per cent of all global cases in 2010. At the time of this update, there had been four outbreak response vaccination campaigns held in the country, with surrounding countries such as Kyrgyzstan and Uzbekistan organizing preventative national polio campaigns. The Red Crescent Society of Tajikistan has been a key partner in the outbreak response.

On 18th June the GPEI Strategic Plan 2010-2012 was officially launched by a number of polio eradication partners, with particular emphasis placed on the 1.3 billion US dollars still needed to fully implement the plan. The strategic plan, which puts forward milestones over the next three years for the final eradication of wild poliovirus by 2013, includes the IFRC as an operational partner.² The IFRC participated in the launch with high level representation.

The GAVI Alliance, which supports routine immunization, introduction of new and under-utilized vaccines, and health systems strengthening in the 72 poorest countries, held its first donor meeting in the Hague in March 2010.³ The IFRC, as a supporter of the GAVI mandate, participated in this meeting. With the advent of two crucial new vaccines, pneumococcal vaccine and rotavirus vaccine, support to GAVI to introduce these in the poorest countries could help to prevent one million childhood deaths by 2015. Unfortunately, the GAVI Alliance still needs 2.6 billion US dollars over the next five years to fulfil this mandate, and prevent 4.2 million future deaths due to vaccine-preventable diseases (VPDs).

Civil society's engagement in the GAVI Alliance continues to progress, with key benchmarks met this year. After broad CSO participation in the 2009 GAVI Partners' Forum in Hanoi, a CSO meeting was held in Geneva in March, with a formal structure for the CSO engagement in GAVI adopted. As of June, organizations had been elected to the first CSO Steering Committee, and a Communications Focal Point (CFP) had been contracted to support the CSO constituency. The IFRC is temporarily hosting the CFP at the secretariat in Geneva, and has been named a member of the Steering Committee.

In 2010, these successful global vaccination initiatives have each met their own financial constraints, with the GPEI, the MI and the GAVI Alliance facing significant budgetary gaps. Vaccination, as the most cost-effective health service, is the right of each child, thus the IFRC continues to do its part to support these initiatives through global advocacy for their important goals, and operational support in affected countries through the National Society network. The IFRC continues to prioritize support to National Societies' work in measles and polio to ensure access, equity and impact of supplementary and routine immunization services.

Progress towards outcomes

Outcome(s)

- Promotion of Red Cross Red Crescent role in mass immunization through participation in the Measles Initiative and the Global Polio Eradication Initiative.
- Provision of flexible funds for National Society involvement in 2010-2011 measles and polio campaigns.
- Provision of vaccination-specific technical support to zonal/regional/country delegation offices and National Societies.
- Development and dissemination of Red Cross Red Crescent-specific tools and guidelines on vaccination social mobilization.

² See GPEI Strategic Plan 2010-2012 at <http://www.polioeradication.org/content/publications/GPEI.StrategicPlan.2010-2012.ENG.May.2010.pdf>

³ See *Investing in immunisation through the GAVI Alliance : The Evidence Base* at http://www.gavialliance.org/media_centre/features/2010_03_12_evidence_base.php

Achievements

In 2010 thus far, there have been twenty-two (22) proposals received by the Global Measles and Polio Initiative requesting technical and financial support for campaign activities in eighteen (18) countries. Proposals were submitted by National Societies in Bangladesh, Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Côte d'Ivoire, the Democratic Republic of the Congo, Ethiopia, the Gambia, Indonesia, Liberia, Mali, Niger, Senegal, Sierra Leone, Togo, and Zambia. Of these proposals, nineteen (19) supplementary immunization activities were funded by the Global Initiative (86 per cent)⁴. Activities financed by the Global Initiative mobilized almost 9,000 volunteers to contribute to global partnership efforts to reduce measles morbidity and mortality and move towards polio eradication.

The IFRC has also continued to play an important global role in both vaccination initiatives, and in the promotion of routine immunization. This has included using its observer status at the 63rd WHO World Health Assembly to deliver statements during items on measles and polio, significant participation in the GAVI Alliance civil society organization constituency, and global advocacy around polio eradication and measles elimination.⁵

Asia

Proposals for measles SIAs were received from two National Societies in Asia: Bangladesh and Indonesia. Additionally, The Philippine National Red Cross had participated in their measles outbreak response, though with funds generated internally. At the time of this update, the Indonesian Red Cross Society was revising their proposal to fit within Global Initiative guidelines.

The **Bangladesh Red Crescent Society** mobilized 760 volunteers in 11 districts during the February national measles campaign. The campaign targeted approximately 17 million children for vaccination. At the time of this update, the final campaign report had not yet been received. Funds for this activity came from the American Red Cross as a backdonor to the Global Initiative.

Europe

The Red Crescent Society of Tajikistan (RCST) supported polio outbreak response activities with support received from the DREF (260,221 Swiss francs). Mobilizing 400 volunteers in 20 districts of Tajikistan, the RCST helped to distribute communications materials to approximately 2.6 million people to promote vaccinations against polio.⁶

Africa

At the time of this update, numerous measles outbreak response activities were occurring across Africa. National Societies in a number of countries were supporting these efforts through different means, including DREF. Measles SIAs are planned during the second half of the year in Burkina Faso, Central African Republic, Comoros, Congo, the Democratic Republic of the Congo, Ethiopia, Ghana, Madagascar, Mali, Mauritania, Niger, Senegal, and Togo; at this time no proposals have been received from National Societies for participation in their measles campaigns.

To further progress towards polio eradication, multiple synchronized national and sub-national immunization days (NIDs/SNIDs) have been organized, with extensive Red Cross Red Crescent support. A 19-country campaign across the polio "importation belt" was held on 6 March, which targeted 86 million children 0 to 59 months with polio vaccination. This was followed by a short interval additional dose (SIAD) in a sub-set of countries in late March. Synchronized campaigns were again organized on 26 April (19 countries), and then on 28 May (10 countries). At the time of this update, reports from a number of National Societies were awaiting receipt, but preliminary results are available below.

⁴ Of the 19 proposals funded, one was for a measles SIA (Bangladesh) and 18 for polio NIDs.

⁵ For the WHO interventions please see <http://www.ifrc.org/news/speeches.asp>

⁶ For a web story on the Red Crescent Society of Tajikistan's contribution to the polio outbreak response, please see <http://www.ifrc.org/docs/news/10/10052801/index.asp>

The **Red Cross of Benin** mobilized 300 volunteers in six “communes” to help reach a total of 210,000 children for polio vaccination during the April round.

The **Burkinabe Red Cross Society** mobilized 730 volunteers in seven regions during the April round. National Society plans included reaching an approximate 1.5 million eligible children for vaccination in 33 districts throughout the country.

The **Cameroon Red Cross Society** mobilized 650 volunteers during the April round, helping to visit more than 690,000 households with vaccination messages. Of the approximately two million eligible children countrywide, there was an administrative vaccination coverage of 105 per cent. In addition to providing volunteer support, IFRC’s Central Africa regional office supported independent monitoring (IM) of the campaign by taking responsibility for IM in one region (Nord).

Regions	Number of health districts	Number of volunteers	Households visited	Number of refusals	Number of refusals resolved
Adamaoua	5	80	19,474	152	124
Est	5	140	11,630	200	134
Extrême-Nord	17	280	348,251	N.D	N.D
Nord	10	150	313,191	N.D	N.D
Total	37	650	692,546	352	258

The **Central African Red Cross Society** recruited and deployed 600 volunteers, 60 local supervisors and 17 regional supervisors, during the April campaign that targeted 800,000 children for polio vaccination. In the seven health areas in which the National Society conducted social mobilization, Red Cross volunteers visited approximately 15,000 households.



A CAR volunteer vaccinates a child against polio during the April 2010 national round.

The **Red Cross of Chad** mobilized volunteers during the April polio round with funds from both the Swedish Red Cross and the Global Initiative (with the Bill & Melinda Gates Foundation as the backdonor). At the time of this update, the National Society report was still outstanding.

The **Red Cross Society of Côte d’Ivoire** mobilized 460 volunteers during the April polio round. The National Society conducted social mobilization in 10 (out of a total 83) districts (listed below).

Red Cross Districts	Eligible children (<5 yrs)	Number of volunteers
Yamoussoukro	69,358	57
Toulepleu	15,449	35
Grand-Bassam	54,048	46
Oume	57,921	46
Abengourou	151,471	57
Bongouanou	74,726	35
Bondoukou	86,828	46
Bloléquin	30,844	46
Tabou	47,971	35
Man	81,479	57
Total	670,095	460

The **Red Cross of the Democratic Republic of the Congo** had received funding to participate in the sub-national polio immunization days in both July and August at the time of this update. The National Society planned to use the funds to support the initiation of CBHFA through the vaccination campaign.

The **Gambia Red Cross Society** received funding from the Global Initiative to participate in three polio rounds during the first half of the year. There were 320 volunteers active during the April and May rounds, while 250 were mobilized during the round at the end of June.

The **Liberian Red Cross Society** was active during the March, April and May polio rounds with funds provided by the Global Initiative. There were 450 volunteers mobilized in five counties for the March round, helping to visit 89,000 households with approximately 78,000 children under the age of five. Over 8,000 communities were reached by the National Society for community meetings on the importance of vaccination against polio.

The **Mali Red Cross** received funding from the Global Initiative to participate in two polio rounds (April and May) during the first half of the year. There were 450 volunteers mobilized in each round in 15 districts of two regions. Volunteers visited approximately 31,000 households, reaching 133,000 people.

The **Red Cross Society of Niger** mobilized 600 volunteers and 26 volunteer supervisors during the April campaign to reach approximately 320,500 people in 557 villages. The National Society worked in four regions to support the campaign with supplemental social mobilization activities. Indirectly, the National Society was able to reach approximately 80 per cent of the population through radio spots that were broadcast both nationally and within community contexts.



Senegalese Red Cross volunteers tally results of their work during the April polio vaccination campaign.

The **Senegalese Red Cross Society** received funding from the Global Initiative to participate in two polio rounds during the first half of the year. In January 2010, after 12 years without polio, Senegal reported its first cases of wild poliovirus. At the time of this update, 18 WPV cases had been confirmed in Senegal. To support the vaccination effort, approximately 880 volunteers were mobilized in eight (of the total 14) regions, primarily serving as vaccinators (as requested by the MoH). In the regions where the National Society conducted social mobilization, there was found to be a 10.7 per cent increase in vaccination coverage (from rounds 1 to 3), as compared to 4.1 per cent in areas where there was no Red Cross intervention. Further analysis on the impact of Red Cross involvement was underway at the time of this update.

The **Sierra Leone Red Cross Society** mobilized 520 volunteers during the early May polio vaccination round (which had been postponed from April due to the insufficient vaccine stock that was stuck in Europe because of the ash cloud). All 14 National Society branches participated in the campaign through their CBHP programme.

Togolese Red Cross received funding from the Global Initiative to participate in the April polio round. At the time of this update, the IFRC was awaiting further information on the National Society's results.

Constraints or Challenges

A challenge for the IFRC's Global Measles and Polio Initiative has been the timely receipt of National Society proposals in order to enable a proper technical review by IFRC's regional/zonal health staff and the secretariat in Geneva. With insufficient time to properly review proposals and ensure that they meet the Global Initiative criteria, transfer of funds to support National Society activities in good time for proper preparations has been a recurring challenge. This challenge is inherent in the polio campaign planning process, as campaigns are often not confirmed by the MoH

and WHO until approximately two months before the intended start date. The IFRC is, however, exploring options with WHO and internally to better prepare for National Society participation in polio campaigns, and to transfer funds in good time for campaign preparations.

Availability of sufficient technical assistance to support National Society planning for campaigns is a continuous challenge. The IFRC continues to 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. This is improving in 2010, with WHO Headquarters staff often visiting National Societies during their country visits, and working to ensure that the Red Cross Red Crescent is part of the campaign planning process from the beginning.

Working in partnership

- At the global level, the highly successful Measles Initiative, founded by the American Red Cross, 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 Measles Initiative. The IFRC has been a key partner since its founding in 2001. In 2008, the 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 US Centers for Disease Control and Prevention (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 2010, the GAVI Alliance Civil Society Organization Steering Committee was established, which includes 20 civil society organizations from 16 different countries. Members include representatives from international organizations (such as Médecins sans Frontiers, World Vision, Catholic Relief Services); academic institutions (Emory School of Public Health); professional associations (International Pediatric Association); and local NGOs in affected countries. The IFRC is a member of the Steering Committee. Additionally, in order to better coordinate the work of the civil society constituency supporting the GAVI Alliance mandate in immunization, a communications focal point has been selected. The IFRC is hosting this person at the secretariat in Geneva.
- At the national level, National Societies' work is 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 save millions of children's lives each year if effectively and equitably accessed. Vaccination is also a gender-neutral intervention. It has been demonstrated that both boys and girls are vaccinated at equal levels. Supplementary immunization activities increase vaccination coverage in areas where routine immunization levels are below recommended thresholds, but should also serve to strengthen uptake of routine immunization services. The goal is to have all children fully vaccinated per their national routine immunization schedule by their first birthday.

The impact of vaccinations will only be achieved with the sustained support of civil society partners such as the IFRC. 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. National Society activity plans are

developed based upon the country campaign plan, and aim to provide supplemental social mobilization in the most hard-to-reach areas and/or populations, either through additional volunteer support in remote geographical regions, or with specific populations (migrants, religious groups, and the most marginalized) that are often forgotten. National Society campaign proposals are evaluated based upon the proportion of “high risk” areas or populations that will be covered through Red Cross Red Crescent activities.

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). 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, where increased access to vaccination has the possibility to reduce child mortality by an additional 25 per cent. 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

National Society proposals are expected for other measles and polio campaigns scheduled in the second half of 2010. Despite budget deficits of both the GPEI and MI, campaigns will continue in the high-burden areas, which predominately include Africa and Asia.

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><i>All Federation assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.</i></p>	
<p>The IFRC’s vision is to:</p> <p>Inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.</p>	<p>The IFRC’s work is guided by Strategy 2020 which puts forward three strategic aims:</p> <ol style="list-style-type: none"> 1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises. 2. Enable healthy and safe living. 3. Promote social inclusion and a culture of non-violence and peace.
Contact information	
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