Global Measles and Polio Initiative

Appeal No. MAA00032

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This report covers the period 01/01/08 to 31/12/08.

In brief

Programme purpose: In support of Global Agenda Goal 2, 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 vaccination campaigns to reduce measles and polio morbidity and mortality. Through their volunteer networks and with support from the Global Initiative, Red Cross Red Crescent National Societies will help to ensure access, equity and impact of supplementary immunization activities (SIAs) to help reach the globally agreed upon partnership targets of 90 per cent measles mortality reduction by 2010 (compared to 2000), and to achieve certification of global polio eradication.

Programme(s) summary: The Global Measles and Polio Initiative saw significant demand from Red Cross Red Crescent National Societies in 2008, and increased interest from global immunization partners to collaborate with National Societies during mass campaigns. During 2008, 11 proposals were submitted to the Global Initiative for funding, eight of which were fully financed by the global budget. In addition to the eight SIA activities funded by the Global Initiative, nine National Societies participated in measles and polio campaigns either through mobilizing internal resources, bilateral support from a Partnering National Society or financing from local campaign partners. With the
support of the Global Initiative and other funding arrangements, over 20,000 volunteers were mobilized in 2008 to contribute to global partnership efforts to reduce measles morbidity and mortality, and move towards polio eradication.

The sustained involvement of National Societies has been recognized in the global achievements recently celebrated, namely the 2008 announcement that global measles mortality had been reduced by 74 per cent (from an estimated 750,000 deaths in 2000 to 197,000 deaths in 2007). In announcing this success, the role of Red Cross Red Crescent volunteers was again highlighted: “There are thousands of health workers and volunteers from our Red Cross and Red Crescent family who deserve much of the credit for this success. They give their time to literally go door-to-door informing, educating and motivating mothers and caregivers about the critical need to vaccinate their children.”1

Within the secretariat, Health and Care staff continue to coordinate with global partners, provide technical support to National Societies, document Red Cross Red Crescent contribution to global measles and polio goals, and advocate for the increased involvement of National Societies and their volunteers in various global fora. The secretariat continues to prioritize the analysis of volunteers’ added value during mass campaigns and the sharing of lessons learned through social mobilization-focused meetings. At the 2008 World Health Organization (WHO) World Health Assembly, the contribution of the Red Cross Red Crescent was again noted during a statement on progress towards the global immunization strategy.2 The scope of the International Federation’s support to measles and polio activities from 2000 to 2007 has also been published in the 2nd edition of Partnering for Community Impact.3

A core group of steadfast 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. In 2009, the Global Initiative will aim to broaden this group to ensure that all National Society requests can be met.

Financial situation: The total 2008 budget is CHF 1,052,405 (USD 1,002,290 or EUR 701,603), of which 99 per cent covered. Expenditure overall was 58 per cent. A balance of funds from 2008 pledges is due to a multi-year pledge from the American Red Cross.

Click here to go directly to the attached financial report.

For more detailed information on the International Federation’s measles and polio work, go to:


For a backlog of Measles and Polio-related reports:


No. of people we help: Between 2000 and 2007, approximately 576 million children ages nine months to 14 years were vaccinated against measles in supplementary immunization activities. In 2007 alone, over 90 million children were reached globally during measles campaigns. Holistically, from 2000 to 2007 approximately 11 million deaths due to measles were averted because of measles-control activities within the 47 countries targeted by the Measles Initiative, and approximately 3.6 million deaths were averted due to accelerated activities, such as campaigns. In addition, from 2000 to 2007, global routine measles immunization coverage reached an estimated 82 per cent for the first time, although routine coverage in Africa and South East Asia remained below that mark (74 per cent and 73 per cent, respectively).4

During 2008, more than 65 million children under the age of five were scheduled to be vaccinated in 12 African countries.5 Additionally, 10 countries in other zones had campaigns scheduled.

In 2008, there were 241 separate polio SIAs organized, of which 102 were held in the endemic countries (Afghanistan, India, Nigeria and Pakistan). Over 340 million children received an oral polio vaccine (OPV) dose during polio national immunization days (NIDs) or sub-national immunization days (SNIDs). Approximately 60 to 70 million newborns received their first dose of polio vaccine during the year. In 2008, over 2.46 billion doses of OPV were used for polio eradication activities.

Our partners: 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 agencies, government, private, non-governmental (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.

The GAVI Alliance partners include the United Nations Children’s Fund (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. The Norwegian Red Cross and the International Federation participate in the GAVI Alliance Civil Society Organization Task Team through routine teleconferences and biannual meetings.

The International Federation’s work on measles and polio is generously supported by the American, Finnish, New Zealand, Norwegian and Swedish Red Cross Societies.

Context

National and sub-national vaccination campaigns (supplementary immunization activities – SIAs) are a means of increasing vaccination coverage in areas where routine immunization levels are below recommended thresholds. Campaigns also provide a platform for the integration of other highly successful health interventions and are an area where the Red

5 At the time of publication, final figures of 2008 measles SIAs were not yet available. “African countries” is defined as per the Federation Africa zones (ie. not WHO AFRO region).
Cross Red Crescent has a unique added value. Systems established by the Global Polio Eradication Initiative lay the foundation for the advent of the Measles Initiative, which has supported the distribution of more than 29 million insecticide-treated bed nets for malaria prevention, 30 million doses of de-worming medicine, and more than 87 million doses of vitamin A since its founding. The International Federation’s involvement in measles morbidity and mortality reduction and polio eradication, has been notable since both initiatives were founded in 2001 and 1988, respectively.

On 4 December 2008, the American Red Cross, the United Nations Foundation (UNF), the U.S. Centers for Disease Control and Prevention (CDC), UNICEF and WHO announced a 74 per cent reduction in global measles mortality (compared to 2000), with the largest reductions coming from the Eastern Mediterranean (90 per cent) and African (89 per cent) regions. These achievements were celebrated in the context of the 2010 goal to reduce global measles mortality by 90 per cent (compared to 2000). With this outstanding progress, however, comes sobering statistics: 540 children still die every day from measles.

In the area of Global Polio Eradication, 2008 was a challenging year. With outbreaks in the north of Nigeria, the 2008 Nigerian case count was more than double that of 2007, and continuously threatened neighbouring countries with virus importation. Sub-optimal quality polio rounds in northern high-risk states left upwards of 60 per cent of children under-immunized (< three doses OPV). Exported polio virus from Nigeria was found in Benin, Burkina Faso, Ghana, Mali, Niger and Togo, prompting emergency outbreak response measures, and warranting the need for preventative campaigns. In 2008, a global total of 1,633 polio cases were confirmed (opposed to 1,315 in 2007), with the majority of cases in Nigeria (790). There was, however, renewed global and political commitment to complete polio eradication. The 2008 WHO World Health Assembly acknowledged the achievements of the intensified polio eradication response, and adopted resolutions to support their continued progress.

National Societies played a critical role in the 2008 measles and polio SIAs by providing volunteer support before, during, and after the campaigns. By providing the additional manpower required to disseminate campaign information, dispel vaccine-related myths, and reach the most geographically remote areas, volunteers helped to maximize vaccination coverage among the most vulnerable. National Societies worked in partnership with country-level planning committees, including the Inter-Agency Coordinating Committees (ICC) and the national social mobilization working groups. Support provided by the Global Measles and Polio Initiative facilitated National Societies to participate in their national committees and planning groups, formulate social mobilization plans and budgets, mobilize volunteers for the vaccination campaign, and prepare reports on the work achieved. This work helped to enhance the capacity of National Societies themselves, and increased their visibility as a leading social mobilization partner.

A priority for the International Federation secretariat is to ensure a continuum of support for all National Societies involved in campaigns, including pre- and during-campaign social mobilization and sustainable post-campaign follow-up. National Societies that participate in mass vaccination campaigns are building upon their Community-Based Health and First Aid (CBHFA) competencies, and improving volunteer management systems. Continued involvement in vaccination campaigns contributes to improving longer-term routine immunization levels and child survival initiatives.


WHO WHA Resolution EB122.R1 Poliomyelitis: mechanism for management of potential risks to Eradication. WHO WHA Resolution EB122.R7 Global immunization strategy.
Progress towards outcomes

Outcome(s)/Expected result(s)

- Provision of technical support to zonal/regional offices and National Societies for proposal development, campaign planning, implementation and follow-up. Global advocacy and participation in coordination fora to promote the role of National Societies as key social mobilization partners.
- Development of tools and guidelines to support National Society and volunteer involvement in vaccination campaigns.
- Promotion of National Society role and advocacy for the involvement of Red Cross Red Crescent in global and regional forums.
- Support for National Society capacity building through involvement in all aspects of vaccination campaign preparation, implementation and follow-up.

Achievements

During 2008, 11 proposals were submitted to the Global Initiative for funding, eight of which were fully financed by the global budget. In addition to the eight SIA activities funded by the Global Initiative, nine National Societies participated in measles and polio campaigns either through mobilizing internal resources, bilateral support from a Partnering National Society or financing from local campaign partners. With the support of the Global Initiative and other funding arrangements, over 20,000 volunteers were mobilized in 2008 to contribute to global partnership efforts to reduce measles morbidity and mortality, and move towards polio eradication.

West and Central Africa

The Red Cross of Benin received financial support from the American Red Cross (as a back donor) through the International Federation to mobilize 200 volunteers for the November measles campaign that targeted 1.2 million children, and reached 101 per cent of that goal. National Society volunteers were active in seven of the 77 communes, targeting approximately 129,000 eligible children.

The Burkinabe Red Cross Society mobilized 340 volunteers for emergency polio rounds in July. There were no cases of polio in Burkina Faso in 2007, but due to the surge of polio in northern Nigeria, five cases of polio were confirmed in Burkina Faso in 2008. With support from the International Federation with the Norwegian and Swedish Red Cross Societies as back donors, the National Society was active in eight provinces, and conducted house-to-house visits that reached over 270,000 parents. There were also 2,600 focus groups organized that reached over 61,000 people with vaccination messages.

The Burkinabe Red Cross Society continued to provide emergency polio vaccinations which reached all of the planned target population in eight provinces of Burkina Faso. International Federation
The successful activities during the polio campaign helped reach all of the planned target population.

The Central African Red Cross Society mobilized 550 volunteers, 58 local supervisors and 17 supervisors for the December national measles campaign. Red Cross activities were carried out in all 17 health districts. The International Federation supported this activity with funds provided by the American Red Cross as the back donor.

The Red Cross Society of Côte d’Ivoire mobilized 558 volunteers for the November measles campaign that targeted over three million children for vaccination, and distributed approximately 760,000 LLINs. The National Society conducted social mobilization in 10 districts with an eligible population of approximately 420,000 children. Sixty supervisors supported volunteers to visit approximately 207,000 households (of the total 242,000 in the 10 districts). The International Federation supported this activity with funds provided by the Norwegian and American Red Cross as back donors.

The Nigerian Red Cross Society (NRCS) received financial support from the Finnish Red Cross through the International Federation for their involvement in two rounds of the July polio sub-national immunization days (SNIDs). NRCS mobilized approximately 500 volunteers through their existing Mother Clubs and School Unit networks to maximize polio vaccination and reach over 24,000 children under five years in 423 settlements.

NRCS received funding from the Swedish Red Cross for the two-phase November and December Integrated Measles Campaign (IMC) that targeted over 25 million children for measles vaccination. Over 1,350 NRCS volunteers were mobilized for campaign interventions which included measles vaccination, OPV, vitamin A, and distribution of long-lasting insecticide-treated bed nets (LLINs) in one state (Cross River State with the support of the Canadian Red Cross and the United States Agency for International Development (USAID)). NRCS, as a standing member of the national social mobilization working group, is heavily involved in both polio and measles activities, and has been repeatedly requested to scale up their involvement in polio eradication. In 2009, the International Federation will support NRCS to intensify their social mobilization activities for polio eradication.

East Africa

The Ethiopian Red Cross Society (ERCS) has been a long time partner in national immunization activities. In 2008, ERCS mobilized their own resources to conduct social mobilization for the measles and polio integrated campaigns, which were staggered from October to December. ERCS was active in four zones (Bale, Bench Maji, West Wolegga, and North Showa), and more than 83 Kebeles, mobilizing approximately 880 volunteers for the multiple phases of campaigns.
The Tanzania Red Cross National Society (TRCS) received bilateral support from the American Red Cross and from the UNICEF country office to conduct social mobilization in 30 (of a total 126) districts during the August to September campaign. Over 6,000 volunteers participated in the campaign which sought to vaccinate close to 12 million children against measles. In select regions, LLINs were also distributed.

Southern Africa

The Angola Red Cross mobilized 200 volunteers in nine (of a total 18) provinces, and 15 monitors for a round of polio catch-up campaigns in August 2008. ARC mobilized their own resources for the activity.

The Malawi Red Cross Society mobilized their own resources to participate in select districts where they had routine ongoing activities during the October measles campaign that targeted over two million children.

The Mozambique Red Cross Society (MRCS) received bilateral support from the American Red Cross to mobilize 4,070 volunteers during the October campaign.

Asia Pacific

The Nepal Red Cross Society (NRCS) mobilized over 920 volunteers, 170 supervisors, and 850 teachers in 17 (of a total 75) districts during the two-phase integrated measles and polio campaign in September and December. In totality, Phase 1 targeted approximately 970,000 children, and Phase 2 targeted 2.9 million children. In coordination with the Ministry of Health and Population (MoPH), partners identified the 17 NRCS intervention districts based on identified gaps and where NRCS could have the greatest impact. Support was carried out intensively and partially. In municipalities, volunteers jointly worked with the government’s Female Community Health Volunteers (FCHVs) on all activities including house-to-house visits, awareness raising, distribution of information, education and communication (IEC) materials, and logistical support at the vaccination sites. In the Village Development Committees (VDCs) where activities were partially implemented, NRCS volunteers provided general awareness about the campaign and distributed IEC materials. The International Federation supported this activity with the Swedish and American Red Cross as back donors.

Europe

The Georgia Red Cross Society (GRCS) mobilized 300 volunteers in all districts of Kvemo Kartli province during the October to November national measles and rubella campaign. This was the first mass social mobilization activity that GRCS had ever undertaken. The province was identified for activity due to the large populations of particularly vulnerable people, including Azerbaijanis and Armenians, living in the region. Employing the newly signed memorandum of understanding (MOU) between the International Federation and the WHO/Europe region, GRCS organized community events to promote
vaccinations, as well as public boxing and basketball matches, house-to-house visits, distribution of educational information and door-to-door visits. GRCS volunteers included nurses, teachers and those who spoke languages of minority populations, to reach the most people possible. Funding from the International Federation was provided through pledges by the Norwegian and American Red Cross as back donors.

**Middle East North Africa**

The **Lebanese Red Cross** participated in the April to May measles and rubella campaign through promotion in schools and in the Red Cross dispensaries. The Medico-Social department of the Lebanese Red Cross organized their activities for the campaign, which included 50 doctors and nurses from 22 dispensaries who vaccinated 19,851 children (nine months to 15 years). The National Society mobilized its own resources for the campaign.

Following upon its successful involvement in Phase 3 of the historic measles campaign, the **Pakistan Red Crescent Society (PRCS)**, with support provided by the International Federation from the American Red Cross, participated in the fifth and final round of measles vaccinations in March 2008. The five-phase campaign aimed to vaccinate 63 million children, aged nine months to 13 years between March 2007 and March 2008. PRCS involvement in both Phases three and five of the campaign included: radio awareness programmes, announcements in all targeted areas through mobile vehicle speakers, awareness-raising activities in schools and madrassah, advertisement through banners, announcements in mosques, and awareness-raising sessions in the communities. For the fifth round of the campaign, which ran from 17th March to 3rd April and targeted over 34 million people, PRCS mobilized 100 volunteers in the three districts of Punjab. The heightened visibility of PRCS as a key social mobilization partner within the country has now prompted discussions for intensified National Society involvement in the Pakistan polio eradication effort.

At the secretariat level, Health and Care staff have provided technical support to National Societies, coordinated with global partners, documented Red Cross Red Crescent contribution to global measles and polio goals, and advocated for the increased involvement of National Societies and their volunteers in various global fora. Weekly participation in the Measles Initiative teleconferences and the Global Polio Eradication Initiative meetings has helped to communicate the role and contribution of the Red Cross Red Crescent to global measles and polio efforts.

**Constraints or Challenges**

A constraint for the International Federation's Measles and Polio Initiative has been the availability of timely and un-earmarked funding to make firm commitments to National Societies. Efforts have been made by National Societies to seek funds at the national level, which have been increasingly successful due to their effective participation in previous campaign activities, but without predictable funding to fill gaps, the sustainability of Red Cross Red Crescent involvement in global vaccination efforts will be compromised.

The tentative nature of campaigns is also a challenge. As campaigns are organized by the Ministry of Health with support from international partners, and require the coordination of a number of factors including procurement, logistics and administration, campaign dates often shift. National Societies are regardless expected to conduct social mobilization, which can be a challenge with a fluctuating timeline.
Working in partnership

At the global level, the highly successful Measles Initiative, founded by the American Red Cross, 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 Red Cross Red Crescent National Societies – participating in the Measles Initiative. The International Federation has been a key partner since its founding in 2001.

The Global Polio Eradication Initiative, the largest public health initiative in history, is spearheaded by WHO, UNICEF, Rotary International and CDC. The International Federation has been a partner since its founding in 1988.

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. The International Federation and the Norwegian Red Cross have been members of the task team since its founding.

At the national level, National Societies work in partnership with country-level planning committees, including the Inter-Agency Coordinating Committees (ICC) 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

Impact on reducing morbidity and mortality due to vaccine preventable diseases such as measles and polio will only be achieved with the sustained support of civil society partners such as Red Cross Red Crescent National Societies. By being involved 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 International Federation is helping to reach the 90 per cent reduction goal in measles deaths by 2010 (compared to 2000), as set out in the Global Immunization Vision and Strategy (GIVS) targets. In the area of routine and supplemental immunization, the Red Cross Red Crescent has an immense role to play in reaching globally agreed upon targets.

Looking ahead

Achieving the Millennium Development Goals (MDGs) and globally agreed upon immunization targets require more children to be vaccinated against measles, polio and other vaccine-preventable diseases. Progress towards child survival goals will not only rely upon uptake of vaccination campaign activities, but will require strengthening and improved access to routine immunization services.

Civil society organizations that have a constant presence at the community level, namely Red Cross Red Crescent National Societies, have a significant role to play. 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 International Federation will therefore continue to actively participate in these successful global partnerships to help reach their critical goals.

### 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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