

Appeal 2003-2004



International Federation
of Red Cross and Red Crescent Societies

AFRICA - MEASLES AND POLIO REDUCTION

Appeal no. 01.46/2003

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	2003 (In CHF)	2004 ² (In CHF)
1. Health and Care	4,210,000	4,200,000
Total	4,210,000¹	4,200,000

Introduction

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 International Federation as partners in the work of the Global Alliance on Vaccines and Immunization (GAVI).

Measles Mortality Reduction in Africa w

The Situation

Measles is no longer life threatening to children in developed countries due to high routine immunization coverage, good nutrition and access to health services. Measles, however, remains the leading cause of vaccine-preventable death in the world, and the leading cause of childhood death in Africa accounting for 450,000 deaths annually. Low vaccination coverage, vaccine failure due to the persistence of maternal antibodies, high contagiousity, infection at a very young age, malnutrition and Vitamin A deficiency, and limited access to health care, 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 diarrhea and pneumonia.

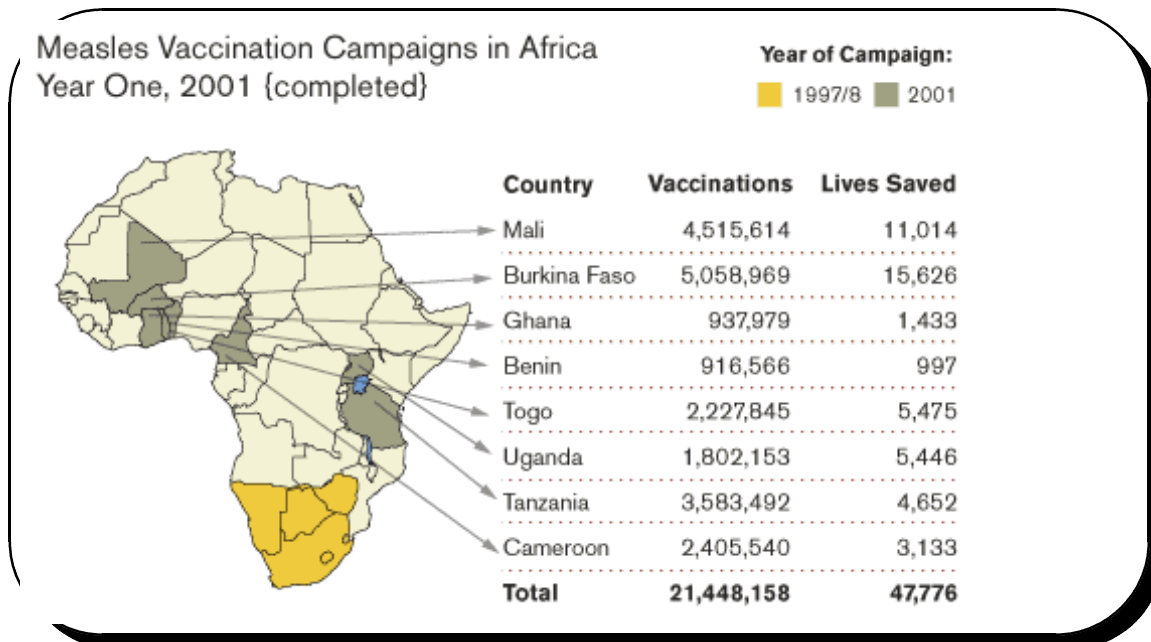
This global disease and death burden is unacceptable since a safe and effective vaccination against measles is available at a cost of 1.30 CHF per child. Proven strategies to achieve reduction in measles deaths include high vaccination coverage of infants by routine immunization services, plus periodic supplementary immunization activities to achieve and

¹ **USD 2,888,705 or EUR 2,862,372.**

² **These are preliminary budget figures for 2004, and are subject to revision.**

maintain population immunity and low measles virus transmission. WHO and UNICEF have articulated these strategies in a joint Global Measles Strategic Plan (WHO-UNICEF Joint Statement on Strategies to Reduce Measles Mortality Worldwide).

In February 2001, the American Red Cross convened a meeting of global health partners sharing this concern, including the World Health Organization, UNICEF, the US Centers for Disease Control and Prevention (CDC), the United Nations Foundation (UN Foundation), and the



International Federation of Red Cross Red Crescent Societies. 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. The International Federation and National Societies, through the Measles Initiative, can address one of the African Red Cross Red Crescent Health Initiative 2010 (ARCHI 2010) goals in reducing 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.

The Accomplishments

- During the first year of the Measles Initiative (July 2001-January 2002), mass measles campaigns (nationwide or partial) have been carried out in eight African countries (Benin, Burkina-Faso, Cameroon, Ghana, Tanzania, Togo, Uganda), vaccinating more than 20 million children and preventing an estimated >140,000 deaths over three years. (Reference: Measles Initiative Website, www.measlesinitiative.org)
- In June 2002, 13.3 million children 9 months to 14 years were vaccinated in Kenya, the largest ever campaign against measles in Africa. Additional campaigns in 2002 include completion of nationwide campaigns in Benin, Cameroon, Ghana, Tanzania, and follow-up campaigns in Zimbabwe, Malawi, Lesotho, Swaziland.
- The immunization coverage results for these campaigns exceeded 98%. When comparing cases and deaths between January - June 2001 and the same period for 2002, the peak period

of measles transmission, the number of cases reported for Burkina Faso, Mali, Togo, Benin, Cameroon and Ghana decreased 85% (from 19,154 to 2,773) while the number of deaths due to measles decreased 81% (from 341 to 65). (Reference: WHO-AFRO's September 2002 Vaccine Preventable Disease Bulletin)

- With financial support from the Federation Health and Care Department for Regional Delegation coordination with the National Societies, more than CHF 1,500,000 was leveraged through the country-level partnership with the Ministry of Health, WHO and UNICEF.
- More than 18,500 RC/RC volunteers were mobilized for the supplemental immunization activities to reach 9 million of the most vulnerable children.
- As a direct result of their participation in the supplemental immunization activities, volunteers were also mobilized soon after the campaigns to respond to outbreaks of Ebola in Uganda, meningitis in Burkina Faso and malaria in Kenya.

The Proposed Operation

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. For 2003, it is expected that at least 10 countries and 30 million children will be targeted for measles vaccination campaigns. Measles campaigns are not scheduled in countries where polio eradication campaigns are still taking place.

Collaboration, Coordination and Monitoring - The International Federation, as part of the Measles Initiative, takes part in its global coordination mechanism. In 2001, the International Federation facilitated technical support to the National Societies to engage with key in-country partners (Ministry of Health, WHO, UNICEF) and become formal members into their respective in-country Interagency Coordinating Committees (ICC), under the authority of the Ministry of Health. Participation of the National Societies in the campaigns enhanced their presence as active members in the ICC, raising their visibility and recognition as important partners.

In 2002, the International 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 which were then submitted through WHO or UNICEF country offices for funding.

In 2003, through this appeal, the International Federation will provide funding through the 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 needed at least three to six months prior to the start of measles campaigns to allow for coordination and plan development.

National Society Participation - For the 2001-2002 campaigns, funding to the National Societies occurred through two methods: 1) direct bilateral support provided by the American Red Cross; or 2) from the Measles Partnership through the United Nations system. The United Nations mechanism has a key advantage in that the UN Foundation committed to match up to 10 million USD of the funding coming from Measles Initiative donors. Funding from this match

was then made available to Ministries of Health and to National Societies through WHO or UNICEF.

Of the total vaccination cost of CHF 1.30 per child vaccinated, CHF .25 is earmarked for social mobilization. For example, if a National Society proposes to cover 100,000 children for social mobilization, then CHF 25,000 would be provided to support a temporary national coordinator, coaches, volunteer incentives, posters/pamphlets, bicycles, transport costs, and other budgetary items.

Strengthening ARCHI 2010 Approach - The supplemental immunization campaigns supported by the Measles Initiative will serve as a platform for engaging Red Cross / Red Crescent community volunteers in ongoing immunization and disease prevention activities. For the 2003 efforts, funds from this appeal will be used to maintain the momentum and to build upon the structures and achievements of the measles 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 (coordinators, coaches, networks of volunteers, training, etc.) provided for the campaign 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 the Interagency Coordinating Committee (ICC).

Expected results

- International Federation delegations and National Societies are actively participating in the Interagency Coordination Committees and coordination mechanisms for other health initiatives.
- Every child 9 months to 14 years of age will have received at least one dose of measles vaccine.
- 1.2 million measles-related deaths prevented in Africa over the next five years
- National Societies will advance ARCHI 2010 goals.
- Surveillance will show a decrease in measles cases.

Completing polio eradication in remaining endemic countries w

The Situation

The World Health Organization (WHO) goal for 2002 is to interrupt wild poliovirus transmission in all countries by the end of year 2002, and to reach certification of global polio eradication by the year 2005. Critical to this is the effective implementation of polio eradication strategies, particularly reaching all children in high transmission areas during supplementary immunization activities. Any deterioration in security could hamper these efforts. As of 30 August 2002, 448 laboratory-confirmed wild poliovirus cases were reported in 7 countries including northern India (330), Pakistan (30), Afghanistan (4), Nigeria (80), Niger (2) and Somalia (2). In addition, poliovirus circulation was documented in Egypt, and poliovirus importations were reported in Zambia and Algeria.

Supplemental immunization activities and intensified surveillance will continue in 2003 in the remaining polio endemic countries. The WHO's Technical Consultative Group (TCG) also recommends that polio-free countries which border endemic areas or with low immunization coverage should continue National Immunization Days (NIDs) or sub-NIDs annually, and countries that are polio-free for at least three years but have not maintained >90% coverage with

oral polio vaccine (OPV) should continue NIDs at least every 3 years to prevent accumulation of susceptible children and the re-importation of wild poliovirus.

Accomplishments

The Red Cross and Red Crescent and WHO signed a partnership agreement in November 2000, to meet WHO's objective to reach polio eradication by the year 2005. The International Federation has launched two appeals during 2000-2002 that received more than CHF 3,500,000 and National Societies participated in polio eradication activities in Afghanistan, Bangladesh, Chad, Republic of Congo, Democratic Republic of Congo, Ethiopia, Iraq, Liberia, Niger, Nigeria, Pakistan, Sierra Leone, Somalia and Sudan. (See Operations Updates for Appeal No. 28/00 and Appeal No. 07/2002 for additional information.)

The Proposed Operation

To contribute to the last phase of eradication, this appeal will support National Society participation in community mobilization for supplemental immunization activities, to contribute to achieving the highest possible coverage and reaching the most vulnerable and hard-to-reach children. Funding from this appeal will be used to support the mobilization of volunteer networks including training, materials, coaching, incentives and transport.

Similar to previous operations, the International Federation will provide support to those few countries where wild poliovirus still exists in 2003 and access to the population is difficult. Likely countries for International Federation support in 2003 would include Pakistan, Afghanistan and Nigeria and others as needed through ongoing consultation with WHO. The year 2003 will be the final year for the International Federation in polio eradication and no further appeals will be launched to support this effort.

International Federation delegations and National Societies will actively participate on the Interagency Coordinating Committees (Ministry of Health, WHO, UNICEF; Rotary International, and other partners) in joint planning and monitoring of the activities.

Expected results

- Children in hard-to-reach areas are vaccinated.
- Interruption of wild poliovirus transmission by the end of 2003.
- National Societies are actively participating in the Interagency Coordination Committees.
- Enhance National Society capacity in volunteer management and as a partner for other health initiatives.

NGO coordination and representation to the GAVI Board w

The Situation

The Global Alliance for Vaccines and Immunization (GAVI) is a public-private partnership created in 1999, focused on increasing access to vaccines and vaccination services in poor countries. The GAVI Board administers the Vaccine Fund with USD 1.2 billion USD in assets. Members of the GAVI Board include UN agencies, governments of countries receiving assistance from the Vaccine Fund, governments of industrialized countries, vaccine manufacturers, technical agencies, and one representative of the Non Governmental Organization (NGO) community.

The strategic objectives of GAVI include:

- Improve access to sustainable immunization services.

- Expand use of all existing, safe and cost-effective vaccines where they address a public health problem Support the national and international accelerated disease control targets for vaccine-preventable diseases.
- Accelerate the development and introduction of new vaccines and technologies.
- Accelerate research and development efforts for vaccines needed primarily in developing countries.
- Make immunization, including routine, coverage a centerpiece in international development efforts.

In October 2002, the Sierra Leone Red Cross Society, represented by its President Dr. Muctaru Jalloh, was selected by the GAVI Board to be the next non-governmental organization (NGO) representative for a two-year term. The American Red Cross and the Geneva-based Secretariat of the International Federation have committed to provide administrative and technical support. National Red Cross/Red Crescent Societies are well positioned in most countries to work with multiple partners to understand the concerns of other NGOs in the field, and to present the ideas of civil society to the global policy-making bodies such as the GAVI Board.

Proposed Operation

The Sierra Leone Red Cross representative, with support from the International Federation and the American Red Cross, will serve as a liaison between GAVI and NGOs to represent the views and concerns of each side while working to improve immunization and NGO activity in this field.

Expected results

- NGO and National Society participate in ICCs and GAVI working groups to increase community awareness and public demand for immunization, thereby increasing routine coverage, and to facilitate access of the most vulnerable populations to immunization services.
- Questions and concerns of the NGO community are brought to the attention of the GAVI Board and its policy-making mechanisms.
- Communication and representation mechanisms for NGOs to be part of the decision-making process in the world of immunization are created and can be maintained and handed-over to the next NGO Representative at the end of the Red Cross/Red Crescent two-year tenure.

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BUDGET 2003

PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.46/2003

Name: Africa - measles and polio

PROGRAMME:	Organisational Development	Health & Care	Disaster Management	Humanitarian Values	Federation Coordination	International Representation	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	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	0	339,000	0	0	0	0	339,000
Computers & telecom	0	36,000	0	0	0	0	36,000
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	0	0	0
CAPITAL EXPENSES	0	375,000	0	0	0	0	375,000
Warehouse & Distribution	0	0	0	0	0	0	0
Transport & Vehicules	0	375,000	0	0	0	0	375,000
TRANSPORT & STORAGE	0	375,000	0	0	0	0	375,000
Programme Support	0	273,650	0	0	0	0	273,650
PROGRAMME SUPPORT	0	273,650	0	0	0	0	273,650
Personnel-delegates	0	560,000	0	0	0	0	560,000
Personnel-national staff	0	1,176,000	0	0	0	0	1,176,000
Consultants	0	0	0	0	0	0	0
PERSONNEL	0	1,736,000	0	0	0	0	1,736,000
W/shops & Training	0	386,000	0	0	0	0	386,000
WORKSHOPS & TRAINING	0	386,000	0	0	0	0	386,000
Travel & related expenses	0	501,350	0	0	0	0	501,350
Information	0	328,500	0	0	0	0	328,500
Other General costs	0	234,500	0	0	0	0	234,500
GENERAL EXPENSES	0	1,064,350	0	0	0	0	1,064,350
TOTAL BUDGET:	0	4,210,000	0	0	0	0	4,210,000