

PROGRAMME UPDATE



International Federation of Red Cross and Red Crescent Societies
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

Appeal 10/2004
19 November 2004

MALARIA AND MEASLES: FOCUS ON ACTION IN TOGO

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 181 countries. For more information: www.ifrc.org

Appeal 10/2004; Malaria and Integrated Community Interventions (Note: this appeal title has been adjusted from the original Malaria and Measles); Programme Initiative, Focus on Action in Togo Programme Update no. 1; Period covered: April to October, 2004.

(click here to go directly to the attached Contributions List (also available on the website).

In Brief

This is an update on a Federation initiative to implement a coordinated, innovative, and flexible approach to access key global partnerships and significant Government, foundation, and corporate funding and resources in order to respond to the health needs provoked by measles and malaria. This particular action in Togo is planned for 13-19 December 2004, and the preparations to effectively carry out the planned activities (procurement, training, and logistics) are fully underway.

Summary: to reduce childhood morbidity and mortality from measles, polio, malaria, and soil-transmitted helminths, and to achieve rapid, high, and equitable Insecticide Treated Net (ITN) coverage at low cost through the integration of interventions with a mass measles campaign, this 7-day mass campaign will:

- vaccinate more than 900,000 children under 5 years of age for measles and polio;
- provide mebendazole to all children 2-5 years of age (600,000); and
- provide one longer lasting insecticide treated bednet (LLITN), free of charge to every family in the target districts that have one or more children less than five years of age (or approximately 735,000 LLITNs).

Significant reductions (greater than 50%) in measles and malaria morbidity and mortality are expected.

For further information specifically related to this operation please contact:

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Introduction

The two leading causes of childhood mortality in Africa are measles, which can be prevented through vaccination, and malaria, which can be prevented through use of insecticide-treated nets (ITNs). Measles campaigns rapidly achieve high coverage at a low cost resulting in the near elimination of measles deaths. In 2002 and 2003 the Red Cross successfully promoted the integration of ITN distribution with measles campaigns in Ghana and Zambia.

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These pilots demonstrated the feasibility of achieving rapid, high and equitable ITN coverage at a low cost. Support for the large-scale (five districts) demonstration project in Zambia was provided by the Canadian Red Cross (CRC) from the Canadian International Development Agency (CIDA). The Zambia campaign exceeded 90% coverage. ITN coverage increased in households from 28.9% (pre-campaign) to 85% with greater than 80% coverage across all wealth quintiles thus eliminating pre-campaign inequities. The logistics costs for delivering an ITN in the direct distribution districts was US\$ 0.36 per ITN. Based on this successful effort, the Federation and partners were encouraged to sponsor a nationwide ITN coverage in association with the Measles Initiative Partnership in Togo in December 2004. Lessons learned from this first nationwide integrated campaign are expected to be useful in similar efforts in other countries in the future.

The Partnership

The partnership for the Togo campaign includes the Togo Red Cross, Canadian Red Cross and CIDA, the Norwegian Red Cross and NORAD, the Federation Foundation Board, the Federation (Geneva Secretariat, Regional Delegation in Lagos), the New Zealand Red Cross, the Ministry of Health malaria control and immunization programmes (at national and district levels), and the Measles Initiative Partnership consisting of the World Health Organization (WHO), UNICEF, The U.N. Foundation, the American Red Cross and the US Centers for Disease Control and Prevention (CDC). Other partners include: WHO/AFRO, WHO/Togo, UNICEF/Togo, Population Services International (PSI), DHL, Plan Togo, Freedom from Hunger, Sanofi-Synthelab, the Liverpool School of Tropical Medicine, the University of Geneva, the London School of Hygiene and Tropical Medicine and Rotarians Against Malaria, and Vestergaard-Frandsen.

The Process

With the support from the Measles Partnership, the Ministry of Health of Togo developed a mass campaign strategy to vaccinate all children under 5 years of age (<990,000) for measles and polio, provide mebendazole to children 2-5 years, and distribute a free ITN to each caretaker of children <5 years of age. With seed funding from the Norwegian Red Cross and NORAD in late 2003, additional support was received from the Canadian Red Cross and CIDA, and the Federation Foundation Board. These funds made it possible to support the Ministry of Health's nationwide plan for an integrated measles, malaria, and mebendazole campaign in December 2004. Formal discussions took place with the Ministry of Health, UNICEF and other in-country partners within the MoH's National Campaign Planning Committee and its Interagency Coordinating Committee (ICC). Multiple meetings have taken place to ensure successful linking of all the campaign components. Extensive coordination at the international, regional and national level is ongoing and includes weekly teleconference calls of all relevant and interested partners. The Federation Health and Care Department, the Regional Health Delegate in Lagos, the Malaria Adviser in Harare, and a Canadian Red Cross resident advisor are providing ongoing technical assistance to the Togo Red Cross to fully develop and implement the social mobilization plan of action in support of the national effort. The Togo Red Cross is assuming responsibility for social mobilization in twelve districts and is registering approximately 415,000 children 9 m-5 years who are eligible to receive a free ITN. The total population of the districts covered by the Togo Red Cross is approximately 2.3 million. The Togo Red Cross is also planning post-campaign follow-up in the 12 interventions districts for the next three years. This will serve to demonstrate the usefulness of civil society involvement in "Keeping-Up" high coverage among newborns, newcomers, and newly pregnant women.



Activities

Logistics

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Tenders were requested, received, and processed for the procurement of 735,000 LLITNs and orders were placed in April-May with Vestergaard-Frandsen, Denmark for delivery of LLITNs at port of Lomé on/about November 15. The total shipment of sixteen forty foot containers actually arrived early on 30 October. A Federation logistics consultant travelled to Lomé on 29 October to assist the Togo MoH with the reception, custom clearance and inland handling of this unprecedented large shipment. The same consultant had visited Togo in August to develop with MoH a detailed Logistics Plan of Action. Removal from port and distribution to the country's 35 health districts via truck began on 12 November and is ongoing. Distribution of supplies of ITNs to the 600 peripheral vaccination/distribution points is expected to be completed at least 2 weeks before the launch of the campaign on 13 December.

In response to the MoH's wish to modify the original LLITN distribution strategy from "One Net, One Mother" to "One Net, One Child" (9m-5yrs), GFATM funds were accessed through UNDP (Togo's Principal Recipient) to procure an additional 165,000 LLITNs. Delivery is scheduled for early December. Because of the short lead time before the campaign, the MoH is planning to distribute these nets in the Lomé city districts using vouchers distributed at vaccination sites.

Logistics support, e.g. numerous shipments for goods and supplies (exclusive of LLITNs) from Europe and other continents to Togo have been facilitated and supported directly by DHL. DHL staff will assist during the campaign by providing emergency deliveries for relocation of LLITN supplies from surplus to needy distribution stations. Staff will also serve as "Monitors" during the campaign.

Planning and Support

The Federation conducted early planning visits to Togo in May and June. In early July, the Canadian Red Cross assigned a short term Delegate Advisor to the Togo Red Cross headquarters to assist with planning and implementation through December 2004. In August, a Canadian Red Cross staff met and consulted with TRC management. The Federation's Africa Malaria Adviser based in Harare and on loan from WHO has visited Togo and is providing ongoing technical and programmatic support. During the April-May period, the MoH created its Umbrella Integrated Campaign Planning & Coordination Committee made up of government and other technical and donor partners. The committee is composed of three sub commissions: operations, communications/social mobilizations, and resource mobilization. The Committee's biweekly meetings have been especially useful for strategy and operational developments. With support from WHO and UNICEF, this committee produced an integrated campaign micro-plan in July. This more comprehensive plan replaced the separate and parallel EPI and Malaria plans produced earlier in the year. Based on this national plan, partners, including the Togo Red Cross, drafted their own campaign plans in support of the national plan. The Togo Red Cross plan covering 12 districts and the proposed budget were submitted in September and approved for support.

Communications/Media

Slogan: Because of the shift in LLITN distribution strategy, the MoH, WHO, UNICEF, and PSI/Lomé met, discussed, and proposed a Togo-specific slogan that could accommodate either strategy without creating undue expectations in the population regarding the number of LLITNs caretakers should receive. The slogan "One Mother, One ITN" is a baseline "slogan" which allows some flexibility with some mothers receiving a maximum of 2 nets.

Media: The official launch is expected to be on 13 December however this may be delayed by up to 48-72h depending on the President of the Republic, who is expected to preside at the launch. WHO/Geneva has contracted a freelance cameraman who will produce short "commercials" for Togo TV, 3 two minute news reel features for distribution through London's APTV news exchange. Efforts are ongoing to ensure a live video-telephone link for interviews. WHO is currently contacting the celebrity Youssou N'Dour for a live interview on CNN and BBC. The Canadian Red Cross is contracting with a well known photo journalist who is expected to provide still shots for press releases and for other promotional materials. The Minister of Health inaugurated the mass media campaign on 4



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October focusing on polio, measles and malaria (ITNs). Good national and international (Jeune Afrique) coverage followed and continues. WHO/RBM Geneva provided the electronic version of the WHO Malaria Comic Book which is being considered for local production and use in schools. The Accra, Ghana office of Vestergaard-Frandsen (permanent suppliers) have provided video tapes and social mobilization materials for TV, radio and for community education. Additionally, several websites are carrying stories on the proposed campaign.

Social mobilization: The Togo Red Cross' volunteer training programme is well underway with the training of coaches in October. Training focuses on: information on the proper use and the impact of LLITNs, key messages for household visits, how to register children, campaign activities, and household follow-up visits. Coaches will train community networks of volunteers in November and provide them with checklists, guidelines, and simple feedback reporting formats.

Press Conference: The Togo Red Cross has planned a press conference in early November to officially handover the supply of LLITNs to the Ministry of Health.

Monitoring and Evaluation

An evaluation planning team (CDC, WHO, Liverpool, London, the Federation) visited Togo in May for initial planning, protocol development, and consensus. Five draft protocols, in French and English were submitted to the MoH and WHO for review and approval. The protocols reflect multi-faceted and complex evaluations with several principal investigators. The Togo PNLP (Malaria Unit) Director, led the review of protocols at the Umbrella Campaign Planning Committee Meetings, researched the availability of local human resources and equipment for the surveys, and worked on obtaining ethical approvals and clearances.

The Federation established sub-contracts with: the University of Liverpool's School of Tropical Medicine and Hygiene for community surveys, the University of London's School of Hygiene and Tropical Medicine for cost studies, and the University of Geneva for social mobilisation effectiveness surveys. A separate agreement was signed with the Togo Red Cross for local support to field evaluation activities. The CDC and WHO are providing substantial additional financial support through AFRO for the extensive health facility surveys. A brief description of each evaluation component follows:

- health facility surveillance: CDC staff are working with WHO/Lomé and MoH to strengthen the health management information system in Togo. More than 50 hospitals and health facilities have received training and support to improve the surveillance of measles and malaria cases and deaths. Outcomes measures include transfusions for anemia, malaria cases (outpatient and inpatient), and deaths. Consultants were deployed in Togo to begin to examine and record these outcomes for past years. Computers were ordered and delivered to upgrade the capacity of selected facilities to manage data. Hospital cases and deaths will be tracked on a monthly basis providing excellent impact data and early warning of measles and malaria disease.
- community level morbidity assessment: a Senior Medical Research Consultant from the Liverpool School of Tropical Medicine visited Togo in May to prepare and plan for large community based surveys of anemia, clinical malaria, and parasitemia in young children in 3 districts. Cross-sectional surveys were conducted in September 2004 and will be repeated again in September 2005—pre-and post-intervention to allow assessment of the campaign's impact on disease. The 2004 survey preparations and training started in August and surveys completed in September. Preliminary reports indicate a high prevalence of anemia in children under 5 years (median of Hb around 9g/dl). DHL played a vital contributory role in providing multiple shipments in support of these surveys.
- population coverage surveys: CDC/Atlanta staff visited Togo in May and October to meet with partners (MoH, WHO, UNICEF, University, TRC and others) to plan jointly conducted community-based population surveys in January and August 2005. Questionnaires are being developed, reviewed and translated. Surveys will be conducted by in-country staff from partner organizations and make use of PDAs in the random communities and households using GPS positioning. A mortality assessment—using maternal recall—will be added to the questionnaire to allow calibration of mortality statistics collected in health facilities.

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- economic/cost analysis: a medical economist from the London School of Hygiene and Tropical Medicine made an initial visit to Togo in May 2004. She will study programme implementation associated costs and system savings in terms of reduced numbers of treatments in health facilities. These studies will be conducted in January-February 2005.
- social mobilisation surveys: a University of Geneva social science consultant made an initial visit in August to plan the social science survey consisting of two parts: a quantitative component subsumed within the coverage surveys, and a follow-up qualitative survey to be conducted in 6 of 12 Red Cross intervention districts. The primary objective is to measure the effectiveness and impact of the TRC social mobilization and community education efforts.

As piloted in Ghana and Zambia, the use of personal digital assistants (PDAs) pre-programmed by CDC, MoH and WHO staff will facilitate the recruitment and training of staff who carry out surveys. The use of this technology will allow survey staff to quickly read the questions, enter the data, automatically perform range and consistency check upon data entry at interview and allow for rapid transfer of data to a laptop through “syncing.” Preliminary data can thus be presented back to the Ministry of Health in a matter of days.

Campaign Monitoring: WHO/AFRO, CDC, and WHO/Lomé are providing organizational support, briefings, checklists, and guidelines for external visitor/monitors during the campaign. As previously done in polio and measles campaigns, “monitors” have played an important monitoring role during visits to vaccination/distribution sites. Standardized checklists ensure that visiting monitors look at critical activities during their field visits.

Results: These will be made available in a subsequent Programme Update to be issued in early 2005.

Next Steps:

The successful implementation and conclusion of this integrated campaign will require that all partners (25+) continue to work in harmony and in full collaboration, each bringing to the table its specific expertise and capacities. Weekly meetings of the Umbrella Campaign Planning Committee will be essential to ensure that the logistics micro planning for vaccines, supplies and LLITNs are in all 600 vaccination/distribution points prior to the launch of the campaign, that health staff and volunteers are fully trained and ready to execute campaign activities. WHO/Lomé and other partners will need to complete the programme preparations for “Monitors”. Other partners will coordinate media and communication activities with local media to ensure maximum coverage and promotion of this unprecedented campaign. Planning for coverage surveys in January-February will continue. Results from these surveys will be used to select the sample for the late February 2005 social mobilization survey on the effectiveness of the Red Cross volunteers. Other surveys will be conducted throughout 2005 as described in the monitoring and evaluation section above. Preliminary data on coverage will be available in February 2005. Reports and publications on results analyses are expected throughout 2005. The lessons learned from this first nationwide integrated campaign are expected to be used for future similar efforts in Africa.

[Contributions list below; click here to return to the title page and contact information.](#)

Malaria and measles

ANNEX 1

APPEAL No. 10/2004

PLEDGES RECEIVED

19/11/2004

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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CASH

REQUESTED IN APPEAL CHF ----->				5,452,000	TOTAL COVERAGE	
					87.5%	
BRITISH -PRIVATE DONOR		238	EUR	366	16.09.04	TOGO MALARIA
CANADIAN - GOVT		4,177,793	CAD	3,918,770	31.03.04	TOGO:INTEGRATED APPROACH TO MORBIDITY & MORTALITY REDUCTION
FOUNDATION BOARD		250,000	USD	312,250	07.01.04	TOGO
FOUNDATION BOARD		100,000	USD	126,450	05.10.04	TOGO
NEW ZEALAND - RC		9,344	NZD	7,428	30.05.04	
NORWEGIAN - RC		2,200,000	NOK	407,550	09.03.04	TOGO
SUB/TOTAL RECEIVED IN CASH				4,772,814	CHF	87.5%

KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
Note: due to systems upgrades in process, contributions in kind and services may be incomplete.						
SUB/TOTAL RECEIVED IN KIND/SERVICES				0	CHF	0.0%

ADDITIONAL TO APPEAL BUDGET

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED				0	CHF	