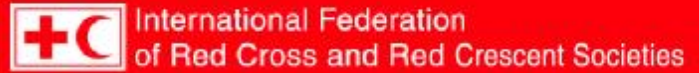


# Report 2006-2007



## Health Initiative - Malaria, Measles and Polio

Appeal No. MAA60004

03/04/2008

This report covers the period of 01/01/2006 to 31/12/2007 of a two-year planning and appeal process.



A Red Cross Volunteer supports Hang Up activities in Mali. **International Federation.**

### In brief

#### Programme summary:

From 2006 to 2007, donors continued to support ongoing programmes and plans for longer-term Keep-Up programmes in Ghana, Kenya, Madagascar, Malawi, Mali, Mozambique, Niger, Sierra Leone, Togo, Uganda and Liberia. A Hang-Up and Keep-Up programme was also initiated in Indonesia. In the first quarter of 2007, the Mozambique and Kenya Red Cross Societies distributed Long Lasting Insecticide Nets (LLINs), donated by the United Nations Children's Fund (UNICEF), and respective Ministries of Health (MoH), during flood operations. Integrated campaigns were also supported in Madagascar and Mali during the last quarter of 2007, and Keep-Up activities will be initiated in these countries in the first quarter of 2008.

The involvement of Red Cross/Red Crescent (RC/RC) National Societies (NS) in mass measles and polio campaigns has enabled thousands of volunteers to conduct social mobilization activities to help increase the number of people vaccinated. During 2007, the secretariat supported community social mobilization for measles and polio campaigns in Cameroon, Chad, Congo, the Democratic Republic of the Congo, Ethiopia, Gabon, Gambia, Ghana, Lesotho, Madagascar, Nigeria and Pakistan. This is in addition to the support provided to eight National Societies in their measles and polio campaigns during 2006. Over the two-year appeal period, National Societies and their volunteers were actively involved in national planning committees (Inter-Agency Coordinating Committees), creating social mobilization plans and budgets, participating in national vaccination campaigns, and preparing reports for publication on achievements in approximately 24 measles and polio campaigns in over 15 countries.

To facilitate this involvement, RC/RC Societies work in partnership with country-level planning committees, including National Malaria Control Programmes (NMCP), and Inter-Agency Coordinating Committees (ICC).

At the secretariat level, Health and Care staff provided technical support to NSs, coordinated with global partners, developed guidance tools, documented national society contribution to global malaria, measles and polio goals, and advocated for the increased involvement of National Societies and their volunteers in various global fora. The secretariat continued to prioritize the analysis of volunteers' added value during mass campaigns and in post-campaign activities.

For more detailed information on malaria, measles and polio, go to:

Appeal 2006-2007: <http://www.ifrc.org/docs/appeals/annual06/MAA60004.pdf>, for Malaria, Measles and Polio (Integration of the Malaria, Measles and Polio programmes)

Programme Update no. 1: <http://www.ifrc.org/docs/appeals/annual06/MAA6000101.pdf>, for Measles and Polio

Annual Report:  
[http://www.ifrc.org/cgi/pdf\\_appeals.pl?annual06/MAA60001Measles&PolioRep0607.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual06/MAA60001Measles&PolioRep0607.pdf), for Measles and Polio

Annual Report: [http://www.ifrc.org/cgi/pdf\\_appeals.pl?annual06/MAA60002Rep0607.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual06/MAA60002Rep0607.pdf), for Malaria

More info is also available at:

<http://www.ifrc.org/what/health/diseases/malaria/index.asp>  
<http://www.measlesinitiative.org/index3.asp>

**Goal:** To work with partners to scale-up malaria control in endemic countries in order to reduce malaria cases and deaths by at least 50 per cent by 2015. To provide community social mobilization before, during and after mass vaccination campaigns to reduce measles and polio morbidity and mortality.

**Needs:** Total 2006-2007 budget CHF 19,494,439 (USD 17,436,886 or EUR 11,814,812) (out of which 27 per cent covered). Click here to go to the attached financial reports:

[Report 2006](#)

[Report 2007](#)

[Report 2006/2007](#)

**No. of people we help:** More than 8.3 million children received LLINs in 2006, and an additional 3 million are targeted through integrated campaigns in 2007. More than three million people have been reached through malaria prevention messages and direct health education through Hang-Up and Keep-Up activities. During the reporting period, a total of 26,000 LLINs were distributed in the International Federation's home-based care programmes, targeting the chronically ill and people living with HIV (PLHIV).

Between 2001 and 2006, approximately 314 million children were vaccinated against measles in the World Health Organization (WHO) Africa region. WHO has estimated that more than 290,000 child deaths have been averted due to these efforts. In addition, from 2000 to 2006, global routine measles immunization coverage reached an estimated 80 per cent for the first time, up from 72 per cent in 2000. In the area of polio vaccination, more than 400 million children under the age of five were vaccinated multiple times against polio in 27 countries during 2007. In total, more than 2.2 billion doses of oral polio vaccine (OPV) were administered during 164 vaccination campaigns, primarily in the remaining endemic countries (Afghanistan, India, Nigeria and Pakistan), in re-infected countries and in high-risk areas.

As a result of these efforts, measles deaths in Africa fell by 91 per cent from an estimated 396,000 in 2000 to 36,000 in 2006, reaching the United Nations 2010 goal to cut measles deaths by 90 per cent four years early. Significant progress has also been made towards reaching the four milestones for polio eradication, including an average 51 per cent decline in the number of polio-infected districts at the end of 2007, in comparison to 2006.

**Our partners:** The Global Malaria Programme, Measles Initiative and Global Polio Eradication Initiative, are each made up of more than 25 partners, including international agencies, institutions and non-governmental organizations (NGOs). This is in addition to the personnel from targeted countries. Weekly global conference calls are the principal means for coordinating, collaborating, sharing resources and planning national efforts. The International Federation's work on malaria, measles and polio is supported by the American, Belgium, Finnish, New Zealand, Norwegian and Swedish Red Cross Societies, as well as by Shell International and World Swim Against Malaria.

## Current context

Mass measles vaccination campaigns have provided the platform for the integration of other health interventions. Since 2001, the Measles Initiative with other partners has supported the distribution of more than 29 million insecticide-treated bed nets for malaria prevention, 30 million doses of deworming medicine, and more than 87 million doses of vitamin A. Largely due to the International Federation's pilot efforts in Ghana, Zambia and Togo, which demonstrated that free distribution of long lasting insecticide nets was one of the best ways to meet global malaria prevention goals, the distribution of LLINs has increased ten-fold in sub-Saharan Africa since 2002. This paradigm shift is widely accepted by donors and governments, and has resulted in a number of national free LLIN distribution campaigns. This approach is now accepted as a viable option to accelerate malaria control.

In 2007, the American Red Cross, the United Nations Foundation, the U.S. Centers for Disease Control and Prevention (CDC), UNICEF and WHO announced a historic 91 per cent reduction in measles mortality in African children, and an impressive 68 per cent decrease worldwide as compared to the 1999 mortality levels. The Polio Eradication Programme also declared that it had eliminated the polio virus in all countries, except for Afghanistan, India, Nigeria and Pakistan. This is a decrease from 125 countries in 1988, and down from six endemic and 18 countries affected by polio in 2005.

National Societies have played an extremely important role in providing volunteer assistance before, during and after malaria, measles and polio campaigns. Red Cross/Red Crescent volunteers provide the additional manpower required in campaigns, and contribute to the critical social mobilization components, including door-to-door visits needed for successful campaigns. The International Federation has also created a global "Keep-Up Programme" model (where community volunteers conduct post-distribution campaign follow-up at the household level) to further enhance the capacity of National Societies.

Monthly or bi-monthly household visits, linked with community awareness sessions, are being held to ensure that LLINs are appropriately used, and that newborns and pregnant women get vaccinated, and have access to the available health services. Community action has been important towards coping with the human resources gap in health at the community level.

A priority for the International Federation and its Zonal delegations should be to ensure a continuum of support for all National Societies involved in malaria, measles and polio campaigns. Support should be provided before and during campaigns, in social mobilization activities, and in sustainable post-campaign Keep-Up programmes in all countries where LLINs have been distributed on a wide scale. National Societies engaged in malaria Keep-Up programmes, as well as in measles and polio vaccination campaigns have built upon their Community-Based First Aid (CBFA) competencies, as well

as applied the African Red Cross Red Crescent Health Strategy (ARCHI 2010) on volunteer management systems. This involvement, through the network of community-based volunteers which are routinely visiting households and able to access the most vulnerable groups, not only helps to increase vaccination coverage and utilization of bed nets, but contributes to the organizational development and visibility of National Societies.

## Progress towards objectives

**Objective 1:** Distribute LLIN to the most vulnerable populations.

**Objective 2:** Strengthen Community-based Keep-Up programmes.

**Objective 3:** Support childhood measles and polio mass immunization campaigns.

**Objective 4:** Increase the distribution of LLIN in conflicts, emergencies and in other special circumstances.

**Objective 5:** Support participation in regional and global networks on malaria, measles and polio.

### Achievements in National Societies:

#### West and Central Africa

The **Cameroon Red Cross Society** supported the integrated measles and LLIN distribution campaign in four of the seven provinces from 30 January to 4 February 2007 with financial support from the International Federation. In the national campaign, 1.7 million children were vaccinated against measles, over 200,000 people received bed nets, and 1.7 million received Vitamin A supplements. Measles vaccination coverage for the national campaign was estimated at 93.6 per cent, while in the four provinces, in which Red Cross volunteers conducted social mobilization activities, the vaccination coverage was estimated at 96.3 per cent. Similarly, it was estimated that 88.3 per cent of eligible households received LLINs during the campaign, while in the provinces where Cameroon Red Cross Society volunteers participated, the post-distribution coverage was estimated at 95.9 per cent.

The **Central African Red Cross Society** received funds to involve 350 volunteers in twelve districts during the second round of measles campaign in 2006. Five hundred and fifteen thousand children were vaccinated.

The **Red Cross Society of Chad** engaged approximately 350 volunteers in six regions for social mobilization activities during its national polio immunization days (NID) from 25 to 28 February 2007. The International Federation supported the National Society with funds contributed by the Swedish Red Cross.

The **Congolese Red Cross Society** involved 300 volunteers, 11 departmental supervisors, 11 national supervisors and one national coordinator, during the October 2007 campaign, which targeted 714,238 children aged six to 59 months for measles vaccination. The campaign also distributed Insecticide-Treated Nets (ITN) and Vitamin A supplements.

The **Red Cross Society of the Democratic Republic of the Congo** participated in the three phases of its polio NID with support from the International Federation. Three hundred and twenty Red Cross volunteers supported social mobilization activities before, during and after the national immunization day in 16 health zones of three provinces. Pre-campaign activities included involvement in government planning, and equipping volunteers with key social mobilization messages. During the campaign, volunteers helped to mobilize parents to have their children vaccinated. After the campaign, volunteers assisted in the evaluation of the vaccination coverage results.

With support from the American Red Cross, the **Gabonese Red Cross Society** contributed to the integrated measles, LLIN, Vitamin A and de-worming campaign which took place from 4 to 8 December 2007. Two hundred and fifty Red Cross volunteers and 16 supervisors actively participated in door-to-door efforts in seven provinces.

Two hundred and thirty-six volunteers from the **Gambia Red Cross Society (GRCS)** participated in the measles campaign which targeted 324,526 children in seven regions in Gambia from November to December 2007. The National Society held press briefings, conducted district-level sensitization, broadcasted radio jingles, and carried out house to house outreach during the one week campaign. GRCS volunteers also recorded vaccination registrations, and helped administer Vitamin A and de-worming tablets. Volunteers reached 65 per cent of the target population in rural areas. The role of the National Society was also highlighted by the President of the Republic of The Gambia during his launch speech.



Gambia Red Cross Society volunteers visited houses to promote measles vaccination during the December 2007 campaign which targeted 342.526 children for immunization. **International Federation.**

The **Ghana Red Cross Society (GRCS)** supported vaccination campaigns with funds received from the International Federation in 2006 and 2007. As part of Ghana's 50<sup>th</sup> Anniversary, an integrated Maternal and Child Health Campaign, including polio vaccination, Vitamin A supplementation, de-worming tablets and distribution of ITNs was conducted in November 2007. Though its Mother's Club network, GRCS engaged some 800 volunteers who reached out to 905,105 mothers and children in 25 districts of all ten regions. In all, 67,330 households were visited, and volunteers mobilized 195,762 children under the age of five, 22,513 pregnant mothers, 92,094 non-pregnant mothers and 46,492 adult males. As part of the post-campaign exercise, volunteers visited 17,034 households, out of which 7,775 received bed nets. Close to 60 per cent of the 7,775 households with bed nets had their nets hanging during the visit. This campaign was carried out with funds received from the Swedish and Norwegian Red Cross.



The Ghana Red Cross Society received funds from the Measles and Polio Appeal to participate in their historic 50th Anniversary Maternal and Child Health Campaign. Over 800 GRCS volunteers participated in this campaign. **International Federation.**

**The Liberian Red Cross Society** participated in a Hang-Up campaign from 2006 to early 2007. The MoH and community health workers distributed a total of 446,000 LLINs to children aged between six to 59 months from 12 countries (three in 2006 and nine in 2007). The initial plan was to cover all 15 counties in Liberia, but due to a shortage of nets, this was not possible. Hang-Up results showed that over 60 per cent of the bed nets were hung. There are ongoing plans to cover the remaining counties,

if funding and nets are available. The Finnish Red Cross is helping the Liberian Red Cross Society develop a Keep-Up programme which will be integrated into the ongoing CBFA programme. The International Federation could not support the National Society's participation in their January 2007 measles vaccination campaign due to inadequate funds.

The **Mali Red Cross Society** supported a countrywide integrated Child Survival Campaign that included measles vaccination, polio vaccination, vitamin A, de-worming treatment, and the distribution of LLINs. Over 2,500 volunteers conducted pre-campaign social mobilization activities, helped distribute 2.2 million LLINs, and carried out immediate post-campaign Hang-Up activities. A multi-year Keep-Up proposal is currently being developed, and will be integrated with the other ongoing community-based activities.

The **Niger Red Cross Society** successfully conducted its second Hang-Up campaign, since the Global Fund for AIDS, Tuberculosis and Malaria (GFATM)-supported bed net distribution in December 2005. The Hang-Up was conducted for two weeks in May 2007, and was the last planned activity in the programme. Currently, no further support to Niger is planned. The International Federation could not support the National Society's participation in follow-up polio nor measles vaccination campaigns in 2007 due to inadequate funds.

The **Nigerian Red Cross Society (NRCS)** received financial support from the International Federation for their involvement in three campaigns from 2006 to 2007. Three hundred and thirteen volunteers (including ten staff from national headquarters/zones and 16 Branch Secretaries/Mother's club coordinators) carried out a polio campaign in 27 local government areas of eight high-risk states (Bauchi, Jigawa, Kaduna, Kano, Katsina, Kebbi, Sokoto and Zamfara) in November 2007. With intensified polio eradication activities in the country (as one of the four remaining polio endemic countries), and a commitment by the NRCS to be a significant partner in these efforts, future measles and polio appeal funds will continue to support the National Society's involvement in mass polio vaccination campaigns.

The **Sierra Leone Red Cross Society (SLRCS)** conducted an intensive Hang-Up campaign in January 2007, just after the large-scale integrated campaign at the end of 2006. This intensive effort was followed up with a Keep-Up programme targeting 680,000 people. The programme was integrated in the SLRCS community-based health programme, and funded by the Swedish and Finnish Red Cross Societies.

**Togolese Red Cross Society** is in its third and final year of implementing the Keep-Up programme. The programme was implemented in 12 districts, where the ARCHI 2010 strategy, and a volunteer management system are in place. Key Keep-Up activities have been integrated into the Swiss Red Cross-supported HIV/AIDS programme in the central region. Focus will continue to be on strengthening and developing capacity among Red Cross staff and volunteers to ensure high awareness and positive health-seeking behaviours at the community level. The programme will be extended to include the National Society's "Mother's Clubs Programme." A three-year post-campaign mortality study, supported by the Canadian Red Cross and Centers for Disease Control and Prevention also took place during October 2007. In addition, a study to evaluate the effectiveness and durability of LLINs distributed in 2004 will be conducted.

## **East Africa**

**Burundi Red Cross Society** participated in an integrated measles campaign in June 2006, with support from the Measles and Polio Appeal. Two hundred and sixteen volunteers participated in this campaign in response to a special request for Red Cross assistance by the Ministry of Health.

The **Ethiopian Red Cross Society (ERCS)** received support from the International Federation to participate in both the July polio NID, and the November 2007 phase of their measles campaign. During the four-day polio campaign, a total of 158 volunteers were trained and deployed for social

mobilization activities. Volunteers visited 40,944 households, almost 6,000 more households than the initially planned 35,000. A total of 172,000 people were reached by Red Cross volunteers during the campaign in the Jimma, South West Shoa, East Shoa, North Shoa and Hadiya branch. For the measles campaign, ERCS involved 139 volunteers during the November measles supplementary immunization activity. Three branches in 21 wards of the Afar, East Harrarghe and West Harrarghe districts were mobilized to support the campaign.

The **Kenya Red Cross Society** participated in the historic integrated measles and malaria campaign which ultimately supported a change in WHO's net distribution policy. Following the campaign, a three-year Keep-Up programme was initiated in October 2006, funded by the International Federation and the Norwegian Red Cross. The baseline survey and the analysis of the added value of Red Cross volunteers started in May 2007, with technical support from the American Red Cross. A separate evaluation is planned to take place in order to document the added value of Red Cross volunteers in longer-term community health programmes. The programme is currently being implemented in Kisumu, Siaya, Bureti and Kilifi. The programme aims to involve 800 volunteers reaching out to a population of approximately 970,000 in the four districts. The International Federation could not support the National Society in the emergency polio NID in early 2007 due to inadequate funds.

The **Malagasy Red Cross Society** supported a countrywide Mother Child Health Week, which included measles vaccination, Vitamin A supplements, de-worming tablets, and the distribution of 400,000 LLINs in October 2007. With support from the American Red Cross, more than 2,200 volunteers in 37 districts in the West Zone participated in the campaign. Activities included five days of pre-campaign sensitization, nine days of social mobilization activities during the campaign, and six days post-campaign work, all completed through 1,329 fixed and mobile sites. A multi-year Keep Up programme will start in the first quarter of 2008 with support from the American Red Cross.

The **Uganda Red Cross Society (URCS)** supported the MoH in the distribution of 1,800,000 LLINs in a "stand alone" distribution campaign that took place in 81 districts in March 2006. The National Society was involved in social mobilization, community sensitization, identification and registration of the beneficiaries, as well as in the distribution of bed nets. Some 820 volunteers were involved in the campaign that vaccinated more than 5 million children in five districts in October 2006. Additionally, the Uganda Red Cross Society received 3,000 bed nets for their home-based care programmes in 2006, and another 14,500 LLINs from the World Swim Against Malaria Foundation in 2007. Although URCS developed a proposal for a post-campaign Keep-Up programme, it was not able to carry out these activities due the lack of funds.

## **Southern Africa**

The **Lesotho Red Cross Society** participated in the October 2007 measles campaign, and sent 70 Red Cross volunteers to four fixed sites, and five mobile teams to each MoH health centre. The campaign targeted 212,800 children aged nine to 59 months.

The **Mozambique Red Cross Society** carried out district-wide LLIN distributions in Sofala and Manica provinces, followed by a Hang-Up campaign, funded by the Canadian Red Cross, at the end of 2005. In Manica Province, the programme was implemented in Sussundenga and Bãrue districts, and extended to a new district, Mossurize, in 2007. The Keep-Up activities were integrated into an ongoing community health programme funded by the Belgium Red Cross in Manica. In Sofala Province, the programme was implemented in Nhamatanda and Buzi districts, and expanded to Dondo District in 2007. The National Society also began developing a new monitoring and evaluation protocol, including reporting formats, for volunteers, with technical support from the American Red Cross and in collaboration with the International Federation. The programme implementation was slightly delayed during the first quarter, due to the emergency floods in the two provinces.

The **Malawi Red Cross Society**, in partnership with the Ministry of Health and CDC, and with support from the International Federation, the Finnish, Canadian and the American Red Cross Societies,

started a malaria programme with routine distribution of LLINs to fully-vaccinated children and pregnant women. The National Society also established several drama groups who raise awareness on malaria in the two districts through their performances. Household visits were integrated in HIV/AIDS home-based care programmes, while some additional 500 nets distributed to the orphan and vulnerable children (OVC) programme after a donation from the Netherlands Embassy. A new national malaria policy is currently being implemented, where LLINs will be distributed free of charge during the routine vaccination of children and to antenatal clinics.

### **South East Asia**

The **Bangladesh Red Crescent Society** contributed over 600 volunteers to the February to March 2006 measles campaign which vaccinated over 34 million children.

The **Indonesian Red Cross Society (Palang Merah Indonesia (PMI))**, with support from the International Federation and funding from the American, Norwegian and Swedish Red Cross Societies, made a total of 189,000 LLINs available for distribution in the Eastern Part of Indonesia. The distribution programme is a partnership between UNICEF, the Indonesian MoH and PMI. PMI is planning a Hang-Up programme in the provinces of Babel, Bengkulu, and Jambi in Sumatra. The programme will serve as the “stepping stone” for PMI to develop a CBFA programme beginning July 2007. Additional funding for LLINs to the Eastern part of Indonesia is still being sought.

### **Middle East North Africa**

The **Pakistan Red Crescent Society (PRCS)**, with support from the American Red Cross, participated in the third phase of the historic mass measles campaign in 2007. Three hundred and twenty volunteers carried out social mobilization activities in Swat, Mansehra and in Azad Jammu & Kashmir during the 15 day August to September phase. The campaign was conducted in five phases aiming to vaccinate 63 million children, aged nine months to 13 years. PRCS activities included: radio awareness programmes, advertisement in local news papers, announcements in all targeted areas through mobile vehicle speakers, awareness-raising activities in government and private schools, advertisement through banners, announcements in mosques, and awareness-raising sessions in communities and measles awareness units at the district level.

### **World Swim Against Malaria (WSM)**

In 2006, a contract was signed between the International Federation and WSM, a charitable foundation based in London which raises funds to buy LLINs. A total of 50,000 LLINs have been donated by WSM to Red Cross/Red Crescent National Societies to date. This includes National Societies in Botswana, Burundi, Cambodia, Ethiopia, Haiti, Kenya, Malawi, Namibia, Sao Tome and Principe, Uganda, Zambia and Zimbabwe. The World Swim Against Malaria partnership provides a valuable contribution to RC/RC health programmes as it focuses on vulnerable groups, otherwise not specifically addressed during national campaigns. For more information click on: <http://www.worldswimformalaria.com>.

### **Evaluation, documentation and development of tools and guidelines**

The “malaria tool box” was initiated in March with an aim to develop a guide and materials for National Societies involved in large-scale LLIN distribution and integrated Keep-Up programmes. Three training modules on supervision and coaching, on technical malaria issues, as well as on behaviour change communication (BCC) will be developed. The training materials for BCC, and additional materials that will complete the toolbox, are expected to be finalized by the middle of 2008.

Additionally, a template for social mobilization proposals has been developed by the secretariat to better facilitate the submission of applications for social mobilization funds. The template is available in English and French.

The second edition of *Partnering for Community Impact*, a publication highlighting the role of National Societies in measles and polio activities from 2000 to 2007, was also completed at the end of 2007. The publication is a useful tool for donors and National Societies advocating their role in measles and polio campaigns.

### **Constraints and challenges:**

The main constraint for the International Federation's Health Initiative on Malaria, Measles and Polio has been the lack of sufficient funding to make firm commitments to National Societies, and to develop long-term Keep-Up programmes in all countries where large-scale distributions take place. In addition, there is a need to strongly advocate to MoHs to ensure follow-up routine distributions of free bed nets to other vulnerable groups such as newborns, the newly pregnant and the chronically ill.

Due to a shortage of funds in 2007, there have been missed opportunities for the International Federation to support critical social mobilization activities for national measles and polio vaccination campaigns in a variety of countries including Angola, Benin, Ethiopia, Kenya, Liberia, Niger, Nigeria, South Africa and Zambia. Although efforts have been made by National Societies to seek funds at the local level, it is critical that the Appeal be sufficiently funded so as to support social mobilization activities around these campaigns. Red Cross/Red Crescent National Societies are frequently called upon by their Ministries of Health to provide social mobilization activities to maximize campaign success and reach high coverage levels. Thus, without an adequately-funded Appeal, the International Federation will not be able to realize its full potential to support and contribute to the success of the measles and polio vaccination campaigns. To reach the 2010 goal of a 90 per cent global reduction in measles deaths, and to stamp out polio in the remaining endemic countries, RC/RC National Societies must continue to play a lead role in social mobilization activities.

## **Working in partnership**

- The Health Initiative on Measles, Malaria and Polio is comprised of many international and national groups throughout Africa. The Global Malaria Programme includes WHO and UNICEF technical offices, and the Roll Back Malaria (RBM) partnership, provides the International Federation and field staff with technical and programmatic support guidelines. Other groups, such as the CDC and the DataDyne Corporation carry out evaluation services. The two-year partnership with GFATM enabled the International Federation to undertake the largest single LLIN distribution in Niger in 2005. Long-term impact assessments of malaria interventions in Niger continue to be carried out by the Center for Medical Research (CERMES), under a contract with the International Federation.
- Integrating LLIN distribution into measles campaigns has resulted in close collaboration with the highly successful Measles Initiative, founded by the American Red Cross, CDC, the United Nations Foundation, UNICEF and WHO. There are more than 25 other global partners - not including individual Red Cross/Red Crescent National Societies - participating in the Measles Initiative.
- The Global Polio Eradication Initiative, the largest public health initiative in history, is spearheaded by WHO, UNICEF, Rotary International and the CDC. The International Federation has been a partner since its founding in 1988.

## Contributing to longer-term impact

- Impact on reducing morbidity and mortality due to malaria and vaccine-preventable diseases in Africa will only be achieved with the sustained support of civil society partners, such as Red Cross/Red Crescent National Societies. RC/RC volunteers' involvement in social mobilization activities around LLIN distribution, as well as in measles and polio vaccination campaigns have contributed to the success of these campaigns, as well as increased the number of people vaccinated. Through its support to the Measles Initiative, the International Federation is helping to reach the 90 per cent reduction goal in measles deaths by 2010, and was a partner in the 2007 announcement of a 91 per cent reduction in measles deaths in Africa. Due to the success of the Measles Initiative, WHO estimated that 1.2 million deaths due to measles had been prevented by 2005.
- The free distribution of LLINs has been important to the success of the malaria campaigns, but LLINs need to be properly hung and used in order to reduce malaria morbidity and mortality. By following up on the large-scale distribution of LLINs with longer-term Keep-Up programmes, Red Cross/Red Crescent volunteers have actively contributed to the achievement of the Abuja Targets and the Millennium Development Goal (MDG) (more than 60 per cent of the nets in the household are hung and used). In Togo, the utilization rates have increased to more than 80 per cent since the Keep-Up programme was implemented. In 2006, it was estimated that 58,200 lives would be saved if nets were properly used. The International Federation estimates similar or higher figures of lives saved in 2007.

## Looking ahead

- Achieving the MDGs and Abuja Targets requires many more LLINs to be distributed in countries with high malaria transmission, and more children to be vaccinated against measles and polio. This can only be done with the contribution of social mobilization activities by Red Cross/Red Crescent National Societies, which help to maximize the uptake of these services. The upcoming measles and polio vaccination campaigns will be an opportunity to continue supporting this important community-based work, and can serve as an entry point to distribute malaria bed nets and engage volunteers in longer-term Keep-Up programmes.
- After bed net distribution campaigns, there is a need to ensure continued high LLIN coverage among those most-at-risk through free distribution of LLINs via routine services or "follow-up distribution campaigns." The International Federation will therefore continue to actively participate in the Global Malaria Programme and Measles Initiative, and will seek continued and additional funding for these programmes. The malaria partners are guided by the measles vaccination campaign calendar for future integrated LLIN distributions, but are also planning "stand alone" campaigns. Donors, governments, civil society and other groups have committed to work together in addressing the challenges faced in decreasing malaria, measles and polio morbidity and mortality, as well as in building on the impressive results accomplished to date.
- With the success of the Measles Initiative in Africa (91 per cent mortality reduction), and initial campaigns held in the other priority countries, the International Federation will expand its support to National Societies engaged in mass measles campaigns in other zones. From 2006 to 2007, National Societies in Bangladesh, Democratic People's Republic of Korea, Indonesia, Myanmar, Pakistan, and the Philippines participated in these campaigns; 2007 being the first year that the Measles Initiative held campaigns in each of the WHO regions. In 2008 to 2009, National Societies in priority countries of other zones will receive support to be significant partners in the measles vaccination campaigns.
- In order to realize the goal of global polio eradication, support for National Societies in the remaining four polio endemic countries, re-importation and high risk countries will be intensified with support from the 2008-2009 Global Measles and Polio Appeal.

## How we work

All International Federation assistance seeks to adhere to the [Code of Conduct](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering quality and accountable assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>

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

**For further information on this Appeal, contact:** Jason Peat, Senior Public Health Officer, Health and Care Department, email: [jason.peat@ifrc.org](mailto:jason.peat@ifrc.org), phone:+41 22 730 4419; and fax:+41 22 733 0395. Kate Elder, Senior Health Officer, Health and Care Department; email: [kate.elder@ifrc.org](mailto:kate.elder@ifrc.org); phone: +41 22 730 4323; and fax:+41 22 733 0395.