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Annual report

Global Measles & Polio Initiative

 International Federation
of Red Cross and Red Crescent Societies

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22/MAY/2012

**This report covers the
period 01/Jan/2011 to
31/Dec/2011.**

*Community and social mobilization in the
lead up to and during the Gambia National
Vaccination Campaign 2011*



In brief

Programme outcome

- Red Cross Red Crescent role in mass vaccination campaigns through partnership in the Measles Initiative and the Global Polio Eradication Initiative was promoted.
- Flexible funds for National Society involvement in 2010-2011 measles and polio campaigns were provided.
- Vaccination-specific technical support to zonal/regional/country delegation offices and National Societies was provided by IFRC Zonal Health Coordinators, Immunization and Emergency Health officers and the American Red Cross Measles Initiative and their Delegate for Africa.
- Red Cross Red Crescent-specific tools and guidelines on vaccination social mobilization were developed and disseminated.
- In support of the Millennium Development Goal #4, IFRC continued to liaise with the global immunization partners to strengthen IFRC and National Societies' role and engagement in measles and polio supplementary immunization activities (SIAs).

Programme summary

- The IFRC continued to build its profile as a global advocate for immunization and improving equity in vaccination. Activities included participating in the first Global Immunization Week, co-hosting an event at the 64th World Health Assembly, and speaking on behalf of all civil society at the first GAVI Alliance Pledging Meeting, among other advocacy activities.

- In support of the GAVI Alliance, the Secretary General spoke on behalf of civil society at the first Pledging Meeting, delivering a CSO Call to Action which had more than 170 organizational signatories.¹ This meeting was hosted by the governments of the United Kingdom and Liberia, and the Bill & Melinda Gates Foundation.
- The GAVI CSO Communications Focal Point and Advisor to the GAVI Board Representative joined IFRC's Community Health and Innovation Unit in June 2011. This position is supported by the GAVI Alliance for a period of 12 months, with a view to renewal for a further 12 months in mid June 2012. The position is intended to facilitate the work of the broad CSO Constituency, helping it to achieve its goals as a strong partner in the GAVI Alliance.
- Work on the forthcoming Decade of Vaccines (DoV), announced by Bill and Melinda Gates in Davos (2010), continued in 2011. The IFRC participated in a working group of the DoV.
- In 2011, the GPEI and the MI, faced significant budgetary gaps. Vaccination is deemed to be one of the most cost-effective health interventions, a human right, and one that contributes to improved health outcomes and increased child survival. The IFRC continues to support these initiatives through National Society's operational in-country support to Ministries of Health at their request, and global advocacy for the Initiatives important goals.

Financial situation

The total 2011 budget was CHF 1,257,056 of which CHF 1,223,617 was funded with an opening balance of CHF 370,265. The year end closing balance was CHF 436,575, of which CHF 91,388 were committed funds for the GAVI CSO Constituency Communications Focal Point (funding cycle 1 June 2011-31 May 2012). The remainder of the closing balance CHF 132,700 was carried over to fund vaccination campaigns in the first two months of 2012; and the remaining CHF 77,228, under polio and measles coordination, was carried over to support polio and measles coordination during the first quarter of 2012.

The 2011 Global Measles & Polio Initiative budget of CHF 960,150 was revised upwards to include IFRC's role in hosting the GAVI CSO Constituency Communications Focal Point, and organizing the meetings of the GAVI CSO Steering Committee and Constituency. Funds for these activities were provided by the GAVI Alliance.

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

[Global Measles & Polio Plan 2010-2011](#)

[Global Measles & Polio Initiative 2010 Report](#)

¹ The CSO Call to Action can be viewed at

<http://www.ifrc.org/PageFiles/86397/Civil%20Society%20Call%20to%20Action%20-%20GAVI.pdf>. Bekele

Geleta's speech at the GAVI Alliance Pledging Meeting (13th June 2011) can be viewed at

<http://www.ifrc.org/en/news-and-media/opinions-and-positions/speeches/2011/saving-childrens-lives--the-gavi-alliance-pledging-conference-for-immunization/>

No. of people we have reached

- During the year, funds from the Global Measles & Polio Initiative were provided to 9 National Societies for polio and measles campaigns, mobilizing over 7,300 volunteers to reach over 1 million households with vaccination messages. The below table outlines National Societies' support to their Ministries of Health 2009-2011.

Vaccination Campaigns	2009	2010	2011	Total 2009-11	planning for 2012
# NS supporting Ministry of Health request to conduct social & community mobilization for NIDs/SIDs	9 (and 17 bilaterally funded/PNS)	16 (and 5 bilaterally funded/PNS)	11	34	15
# Volunteers conducting social mobilization activities	42,000	18,400	7,300	67,700	12,000
Number of Households reached with vaccination messaging	1.6 million	1.9 million	1 million	4.5 million	2million
Number of children reached	25 million	7.5 million	5 million	37.5 million	10 million

- In addition to National Societies directly funded by the Global Measles & Polio Initiative, National Societies such as Cambodia, Chad, Mali, the Republic of the Congo, and 3rd and 4th rounds in Kenya, participated in their vaccination campaigns through other support (emergency response funds or bilateral support). Outbreak response activities which had commenced in 2010 in countries such as Malawi, Republic of the Congo, Tajikistan, Uganda, were concluded during the first half of the year.

Context

During 2011, the IFRC gained further recognition as a key humanitarian partner in vaccination interventions to increase individual and community immunization and thereby raising biological resilience. The IFRC's ability to provide in-country support to vaccination programmes through Red Cross Red Crescent National Societies, sets it apart from other multi-lateral and civil society organisations. This recognition has been expressed through partner requests to scale up collaboration with the IFRC and increasing demand for National Society support to vaccination campaigns.

The Initiative has helped to facilitate technical support and resources to the zones/regional offices and National Societies for their effective involvement in mass measles and polio immunization campaigns which are contributing towards achieving related global immunization targets.

Tracking progress towards polio eradication during 2011 was monitored closely through the regular convening of the Independent Monitoring Board (IMB) and sharing of the Progress reports. The IMB is comprised of global experts from a variety of fields relevant to the work of the GPEI, and was established at the request of the Executive Board (EB) and the World Health Assembly (WHA) in 2010. It meets quarterly to independently evaluate progress towards each of the major milestones of the Global Polio Eradication Initiative (GPEI) Strategic Plan 2010-2012. The IMB met in April, July and October 2011.²

Despite progress in key countries, particularly India, polio cases in “re-established transmission” countries such as Angola, Chad, the Democratic Republic of the Congo (DRC), was particularly alarming in 2011. The outbreaks in DRC reminded the polio eradication community that quality of campaigns and access to the most hard-to-reach areas is critical if polio transmission is to be interrupted.

IFRC’s media outreach to draw attention to the severity of these outbreaks and the progress made in polio eradication included producing a video on “What’s in 1%?” and the development of a 2011 calendar on *Milestones in Polio Eradication*.³



Nine National Societies responded to Ministries of Health requests to support National and sub-national vaccination campaigns during 2011. For example, Kenya Red Cross volunteers in 32 districts of Western Kenya reached 1,185,038 children (against a Ministry of Health target of 922,565), during the Red Cross support to Ministry of Public Health and Sanitation. This took place in September 2011 in response to a polio outbreak in Nyanza Province. The activities included pre-registration of <5 year olds, community education and mobilization for vaccination against polio.

Social/community and song mobilisation and pre-registration in support of vaccination campaign in response to polio outbreak in Western Kenya.



² Reports of the Independent Monitoring Board (IMB) can be found at <http://www.polioeradication.org/Aboutus/Governance/IndependentMonitoringBoard/Reports.aspx>

³ See the video *What’s in 1%: Polio outbreak in the Republic of Congo* at http://www.youtube.com/watch?v=osiRhu91ilw&feature=player_embedded, and the 2011 calendar Milestones in Polio Eradication was profiled in Polio Newsletter 37 – Quarter 1 & 2, 2011 <http://www.polioeradication.org/Mediaram/NewsletterPolioNews/No37Quarter122011.aspx>

Despite flooding, 80 Pakistan Red Crescent volunteers from Sindh and Balochistan supported district health authorities in community mobilization during the polio vaccination campaign in November 2011.



Pakistan Red Crescent volunteers assisting national vaccinators during Polio vaccination days.



The GAVI Alliance civil society organization (CSO) Constituency increased its membership to over 200 during 2011. Five National Societies are members of the wider Constituency. 2012 will see this increase as the Constituency e-communication platform is developed.

Bi-annual Steering Committee and wider Constituency gatherings took place in Geneva, in July and Dhaka in November 2011. IFRC continued as Chair of the Steering Committee, supported by the HealthNet, Afghanistan as Vice Chair through to July 2011. These roles were reversed at this time further to a short IFRC staff vacancy during the third quarter of 2011.



Progress towards outcomes

Outcome



- Targeted beneficiaries for measles and polio vaccination during national and sub-national immunization campaigns were reached.
- The International Federation's work in maternal, newborn and child health, as it pertains to immunization was scaled up.
- Contribution towards achieving [MDG 4 & 5](#), with an emphasis on the promotion of routine immunization was provided.

Achievements

Red Cross Red Crescent National Society National/Subnational Vaccination Campaign activities

Asia

- **Nepal Red Cross Society (NRCS)** received funding from the Global Measles & Polio Initiative to participate in the February and March polio rounds. 1,444 volunteers were mobilized in 14 districts (of a total 75) in the country, helping to reach approximately 505,000 households with polio messaging.
- **Pakistan Red Crescent**
There are four poliovirus sanctuaries in Pakistan: Karachi, Quetta, Qila Abdullah and Pishin districts. The National Society participated in polio national immunization days (NIDs) and sub-National Immunization Days (SNIDs) through social mobilization activities in 1 district of Karachi (GADAP) and 2 districts of Balochistan.
- **Philippine National Red Cross (PNRC)** mobilized 350 volunteers in 52 barangays (of 14 municipalities) to support the measles campaign and post campaign activities in 2011. Funding for this activity was used to help start CBHFA in a number of PNRC districts. PNRC nurse volunteers vaccinated approximately 88,000 people during the campaign.

Europe

- **The Red Crescent Society of Kyrgyzstan (RCSK)** supported polio outbreak response activities in April and May 2011 mobilizing 180 volunteers.

- 30 newly built districts in Bishkek suburbs were targeted; volunteers visited approximately 30,000 households to promote polio vaccination. RCSR’s activity also included an information campaign, which broadcast both radio and television adverts to promote the campaign, and also performed puppet shows in eight districts.

Africa

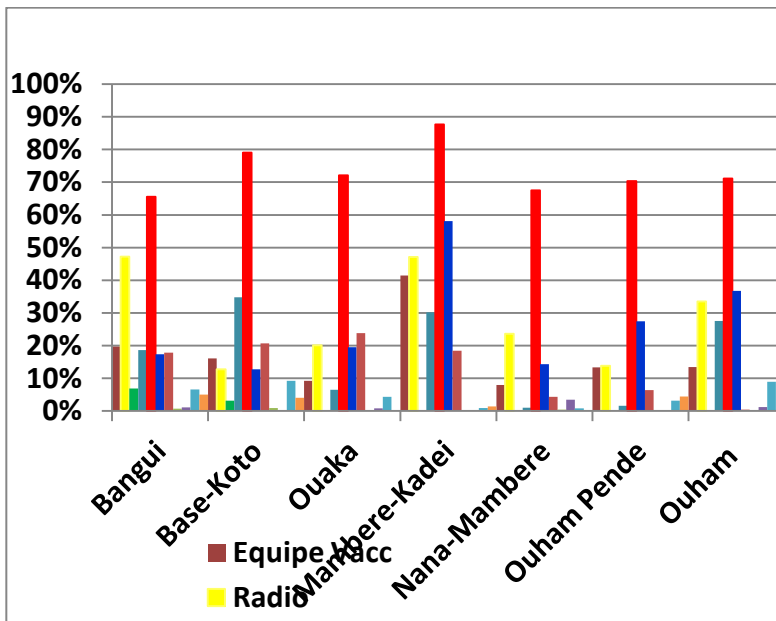
- **Central African Red Cross Society** participated in their measles campaign as part of the first Global Immunization Week during April 2011. 690 volunteers were mobilized in 20 villages of 3 “préfectures sanitaire” reaching more than 164,000 households with immunization and other health messages.



Central African Republic volunteers mobilizing the community to attend the fixed vaccination points.

Analysis of the most effective mode of sharing messaging showed that social mobilizers were by far the most effective in reaching families with messages

Vaccination coverage: 92% of children aged 0-11 months, 81% of children between 12-59 months and 78% of pregnant women targeted



(Source : UNICEF April 2011)

Table: Impact of Social Mobilization Activities (WHO independent monitoring)

Community mobilization in the lead up to the April 2011 National Vaccination campaign



- **Kenya Red Cross**

Following detection of one case in 2010, the Government of Kenya planned for mass vaccination of under-fives in 22 districts in Nyanza and Western provinces. The mobilization campaigns were concluded in June 2011.

The Kenya Red Cross Society, together with the Ministry of Public Health and Sanitation (MoPHS), the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), Kenya Medical and Research Institute (KEMRI) and other stakeholders partnered to conduct the Accelerated Polio Campaign in 32 districts in Nyanza and Rift Valley provinces, considered to be at high risk. Phase 1 of the campaign took place between 24th and 28th September 2011, with social mobilization, pre-registration of eligible children and provision of logistical support for mobile outreach teams. The second and third phases of the campaign took place between 22nd and 26th October 2011 and 12th-16th November 2011, respectively.

It was subsequently decided to increase the coverage of this campaign to other parts of the country, including Coast, Western, Upper Eastern, South Rift, North Rift and North Eastern provinces. Phase 4 of the campaign was held between the 10 and 14 of December 2011. The campaign included social mobilization and provision of logistical support for mobile outreach teams. Pre-registration of children did not occur.

The Kenya Red Cross Society, in partnership with the MoPHS and Ministry of Medical Services (MoMS) played a key role in deploying social mobilization strategies during the campaign, including house to house mobilization, community awareness campaigns, health talks, publicity on local radio stations and referrals for other services (e.g. Voluntary Counselling and Testing (VCT), TB testing).



- The overall aim of the campaign was to provide emergency assistance to vulnerable communities as a contribution to the eradication of Polio in Kenya, hence reducing morbidity and mortality attributable to Polio epidemics.
- The campaign was undertaken in 209 Divisions from 58 Districts across these seven provinces. In total, 3,501,799 children were vaccinated against the Ministry of Public Health and Sanitation's (MoPHS) target of 3,085,997 in the 58 districts (113% of target). The

achievement is even higher (164 %) weighed against KRCS` target of supporting vaccination of 2,122,964 children .

- This was made possible by the IFRC's Global Polio and Measles Initiative funding for phase 1 and 2 and IFRC's Disaster Relief and Emergency Fund (DREF) funding of phase 3 and 4. This support facilitated capacity building for effective social mobilization including community awareness creation and logistics during outreach sessions. The exercise deployed a total of 179 coaches and 1,453 volunteers to share information and messages with the community on the vaccination campaign and the importance of immunization for child and family health.
- **Gambia Red Cross**



As a member of the Inter-coordinating committee (ICC) and the National Social Mobilization task force, Gambia Red Cross supported the Ministry of Health through social/community mobilization for the National Measles campaign conducted in December 2011.

- **Ivory Coast Red Cross**

Ivory Coast Red Cross supported the Ministry of Health in the 3rd round of National Vaccination campaigns in 10 Health Districts between July-August 2011.





It was with the help of 360 volunteers as social mobilizers, 36 supervisors and 160 community posts that 10 health districts were reached during the social mobilization activities of the vaccination campaign. 1,295,607 children and 338,568 households were targeted. The average coverage during the vaccination rounds of 2011 was 103%.

The below table gives the coverage per health district during the 3rd national vaccination round against polio where the Red Cross supported the Ministry of Health with social mobilization.

DISTRICTS SANITAIRES	NBRE DE MENAGES ESTIMES ⁴	NBRE DE MENAGES VISITES	NBRE DE PERSONNES SENSIBILISEES	NBRE DE LEADERS COMMUNAUTAIRES RENCONTRES	NBRE DE CAS DE REFUS GERES	NBRE D'ENFANTS IDENTIFIES	POPULATIONS CIBLES (0 – 59 mois)	COUVERTURES VACCINALES
TOULEPLEU	8 585	1 420	11 780	130	2	6 190	15 499	58,4%
BLOLEQUIN	16 087	2 896	18 095	105	5	13 478	30 844	80,9%
GUIGLO	18 747	9 569	18 328	98	7	20 835	76 383	107,1%
BONGOUANOU	3 650	2 832	7 884	107	10	10 743	34 722	92,7%
ANYAMA	25 542	11 302	17 803	57	3	23 676	102 368	102,4%
SOUBRE	37 468	14 571	24 830	63	7	22 378	410 381	100%
MARCORY	40 215	22 580	27 095	52	7	29 352	91 999	97,1%
KOUMASSI	70 295	15 860	20 824	25	339	29 572	161 372	98,5%
YOPOUGON EST	65 228	16 300	19 161	10	0	26 421	267 499	98,5%
COCODY	52 751	18 868	20 451	16	7	32 523	104 540	112,2%
TOTAL	338 568	116 198	186 251	663	387	215 168	1 295 607	

⁴ Rapport RGPH 98



Ivory Coast Red Cross during 5th round of National Polio Vaccination campaign Sept-Oct 2011

On 10 August 2011, there were a total of 34 confirmed cases. Genetic sequencing showed the virus to be Wild Polio Virus (WPV) type 3. This type of virus is found in other countries of West and Central Africa, including Guinea, Mali, Burkina Faso, Nigeria and Chad

90% of health districts of health districts covered by the Ivory Coast Red Cross with social mobilization activities reached the 95% vaccination coverage target for round 5 of the National Vaccination days.

The below table compares vaccination coverage in the 10 districts during the 5 rounds of Polio vaccination during 2011. It highlights Rounds 3 and 5 where the Red Cross carried out social mobilization activities in support of these two national campaign rounds.

N°	DISTRICTS SANITAIRES	COUVERTURE VACCINALE VPO				
		JNV 1	JNV 2	JNV 3	JNV 4	JNV 5
1	TOULEPLEU	20%	38,4%	58,4%	67,1%	80%
2	BLOLEQUIN	63%	71,6%	80,9%	91,2%	95,2%
3	BONGOUANOU	85%	89,7%	92,7%	92,9%	95,5%
4	SAN-PEDRO	93%	103,6%	108,1%	95,6%	97,6%
5	ABENGOUROU	94%	95,1%	96%	96,2%	96,8%
6	BOUAFLE	107%	106,7%	112,5%	96,4%	100,2%
7	MARCORY	96%	97,7%	97,1%	97,3%	95,2%
8	YAMOOUSSOUKRO	99%	97,7%	97%	97,6%	99,6%
9	JACQUEVILLE	104%	100%	97%	98%	98,8%
10	PORT-BOUET-VRIDI	103%	101,9%	102,8%	98%	96,8%
11	GUIGLO	89%	88,9%	107,1%	101,9%	106,4%
12	ANYAMA	91%	91,8%	102,4%	102,9%	96,5%
13	SOUBRE	97%	92%	100%	99,1%	100,5%
14	KOUMASSI	96%	96,7%	98,5%	99,1%	99,2%
15	YOPOUGON EST	73%	97,1%	98,5%	99,4%	98,5%
16	COCODY BINGERVILLE	99%	97,2%	112,2%	106,6%	108,4%
	MOYENNES NATIONALES	98%	100,4%	103,9%	100,9%	102,2%

- **Mali Red Cross** received bilateral support from the American Red Cross to participate in their national measles campaign at the end of February 2011. 1,000 volunteers were

mobilized in three regions (Koulikoro, Mopti and Bamako), directly reaching 631,300 people with vaccination messages.



Red Cross volunteers carrying out social mobilization activities during market days 'le crier', sharing messages over the local radio and as trained polio vaccinators during the vaccination days.

Working in partnership

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

The IFRC's participation in the GAVI Alliance CSO Constituency helps to represent the voice of civil society in promoting uptake of new and under-utilized vaccines. GAVI Alliance partners include UNICEF, the Bill and Melinda Gates Foundation, WHO, The World Bank, developed and recipient governments, research and technical institutes, vaccine industry and civil society organizations.

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

- Case Study of Democratic Republic of Congo National Society, reaching every family, every child:

Bridging the health divide one house at a time

The Red Cross of the Democratic Republic of Congo, in partnership with GAVI Alliance is working to bring routine immunization to communities while also ensuring that their overall basic needs are also taken into consideration. Volunteers are an essential resource in immunization campaigns, going door-to-door in their communities to reach the last mile, in this case children under five and pregnant women who are missed by formal health system.

In the Democratic Republic Congo, under-five mortality is 199 per 1000 live births⁵ and ranks fifth-highest in the world.⁶ Immunization coverage within the country is very unbalanced. For example, only 56% of one-year-olds living in rural received measles immunization, compared with 73% of one-year-olds living in urban areas.⁷

The Red Cross of the Democratic Republic of Congo, together with GAVI, played a key role in reaching the most remote and hard-to-reach children. GAVI committed over \$5 million USD to the project, and Red Cross volunteers delivered the project to the most vulnerable.

The Red Cross made inroads in increasing routine immunization, targeting the most vulnerable children and pregnant women. The Red Cross trained and mobilized more than 1300 volunteers in five provinces, Kinshasa, Katanga and South-Kivu, Kasai Oriental and Westener, during the first phase of the partnership in 2008-2009. In the second phase, 2010- 2011, volunteers concentrated their efforts in three provinces, Kinshasa, Katanga and South-Kivu. Volunteers went door-to-door to seek out pregnant women and children who were unvaccinated or whose vaccination calendars were incomplete. Volunteers, who speak the local language, raised awareness of the importance of vaccination and cleared up any misconceptions or myths about immunization. Working under the leadership of the Ministry of Health, volunteers help increase the rate of infant DTC3-Heb B3 immunization coverage, reaching over 5400 children in 2011.

The Democratic Republic of the Congo faces civil unrest, inadequate funding for health services and a shortage of skilled health workers – which means the sustainability of any immunization programme remains uncertain. Undeterred, the National Society, working in a consortium with four other local organisations in receipt of GAVI funding, lobbied the government to budget for immunization. After a series of discussions this was met with agreement.

During 2011, the IFRC significantly scaled up its global voice in advocacy for vaccines, including through press releases and media events, statements at international fora ([World Health Assembly](#), GAVI Pledging Conference), and by co-hosting an [event](#) with Médecins Sans Frontiers at the 64th World Health Assembly titled Global Immunization Vision and Strategy (GIVS): Getting the Balance Right

As noted earlier, through its support to the GAVI Alliance at its first Pledging Meeting, and through hosting the Communications Focal Point/Advisor to the GAVI Board member for the GAVI CSO Constituency and as the Chair, and subsequently Vice Chair of its Steering Committee, the IFRC increased its role as a key civil society partner.

⁵ *World Health Statistics*. Geneva: WHO, 2011.

⁶ *State of the World's Children: Maternal and Child Health*. New York: United Nations Children's Fund (UNICEF), 2009.

⁷ "Democratic Republic of Congo: health profile." WHO. 4 April 2011. <http://www.who.int/gho/countries/cod.pdf>

In addition IFRC's participation in the Decade of Vaccine (DoV) Collaboration's Consultation on the development of the Global Vaccine Action Plan strengthens this role.

During the 31st RCRC International Conference, Commission D launched the report on Eliminating health inequities '[Every woman and every child counts](#)' in collaboration with the Partnership for Maternal, Newborn and Child Health (PMNCH). The governments of Australia, Afghanistan, Canada and the United States of America and 24 National Societies [pledged](#) support to the subsequent [Resolution 6](#) passed during the Conference on addressing health equity.

Partner National Societies including the Canadian, Finnish and Norwegian, continued to support the development of the Federation wide MNCH framework which will be shared globally and with external partners during the first quarter of 2012.

Constraints or Challenges

- As in previous years, the requests from National health authorities to National Societies were greater than the funds available and focus in future years will be on securing funds throughout the financial year to bridge the recurrent gap.
- Insecurity due to natural disasters and conflict remain operational challenges in many of the countries where National Societies conduct and support Immunization and wider maternal and child health interventions. However, Red Cross volunteers continue to reach remote and vulnerable communities and their families. An example of this was the exceptional negotiation between the health authorities and local groups in the rural areas of Afghanistan which enabled vaccination campaigns to reach the most remote and often the most vulnerable populations during 2011.
- Providing timely and appropriate technical assistance to support National Society planning for campaigns can be challenging, however with support from, for example the American Red Cross Measles Initiative's Africa delegate, the IFRC continues to draw upon in-country partner human resources, including other partner National Societies, to support these planning, implementation and progress monitoring processes.

Contributing to longer-term impact

Vaccination is deemed to be one of the most cost-effective health interventions, with the opportunity to save millions of children's lives each year if effectively and equitably accessed. Vaccination is a gender-neutral intervention. It has been demonstrated that both boys and girls are vaccinated equally. Supplementary immunization activities increase vaccination coverage in areas where routine immunization levels are below recommended thresholds, but can also serve to strengthen uptake of routine immunization services. The goal is to have all children fully vaccinated per their national routine immunization schedule by their first birthday.

The impact of vaccinations will only be achieved with the sustained support of civil society partners. National Society activity plans are developed based upon the country campaign plan, and aim to provide supplemental social mobilization in the most hard-to-reach areas and/or populations, either through additional volunteer support in remote geographical regions, or with specific populations (migrants, religious groups, and the most marginalized) that are often forgotten.

With IFRC's support to the Measles Initiative, in particular, in collaboration with American Red Cross as a founding member; as a global partner in the Global Polio Eradication Initiative and as a leadership member of the GAVI Alliance Civil Society Constituency, the IFRC continues to contribute to reaching globally agreed targets set out in GIVS and in the health-related Millennium Development Goals, and to increasing child survival by an estimated 4 million lives by 2015.

Looking ahead

In early 2012, the Immunization portfolio will be merged into the Maternal, Newborn and Child Health (MNCH) file and IFRC's MNCH framework will be finalised.

We will conduct, in collaboration with National Societies and partners, a global mapping of immunization and MNCH activities, partners and research to inform and frame MNCH and immunization interventions leading up to 2015 and beyond.

The Global Measles and Polio Initiative funding to Africa and Asia Pacific zones will be decentralized to rationalize funding of and reporting on vaccination campaigns in the regions.

How we work

All IFRC assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations](#) (NGO's) in Disaster Relief and the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of nonviolence and peace.

Find out more on www.ifrc.org

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