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

MALARIA AND INTEGRATED PROGRAMME INTERVENTIONS

12 July 2005

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.
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In Brief

Programme Update no. 1, Period covered: January - June 2005; Funding target: CHF 30,000,000

Operational developments: The Malaria Program Initiative has expanded quickly with an increased number of projects and new partnerships during the first 6 months of its existence. The Togo country-wide campaign in December 2004 has created considerable international interest for large scale integrated programs and given the Red Cross and Red Crescent Movement international visibility and recognition. Two integrated country wide campaigns are planned for 2005, Equatorial Guinea in August 05 and Niger in December 2005. In addition to these large scale programs smaller projects with distribution of LLITNs[1] and re-treatment campaigns have been initiated together with WHO and RBM. These involve different strategies and approaches to malaria prevention work benefiting from campaigns and routine EPI systems. The overall mission of the International Federation of Red Cross and Red Crescent Societies (the Federation) is to improve the lives of the most vulnerable people through its extensive network of community volunteers.

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For longer-term programmes, please refer to the Federation's Annual Appeal.

Introduction

Malaria is a quintessential disease of poverty and has been seen as a consequence of poverty, but today there is strong evidence that malaria actually helps to create poverty and sustains underdevelopment. Reducing the burden of malaria and other childhood diseases is therefore an extremely cost effective way of promoting development and

[1] LLITN: Long Lasting Insecticide Treated Net.

reducing poverty and is very much in line with the Federation's mission. According to Roll-Back Malaria[2], over 40% of the world's children live in malaria-endemic countries. Each year, approximately 300 to 500 million malaria infections lead to over one million deaths, of which over 75% occur in African children under five year of age. The rapid spread of resistance to anti-malarial drugs, coupled with widespread poverty, weak health infrastructures, and, in some countries, civil unrest, means that mortality from malaria in Africa continues to rise.

Remarkable progress has been made worldwide in reducing measles morbidity and mortality through massive efforts of "catch-up" campaigns as noted most recently by the Red Cross led Measles Initiative[3]. While measles morbidity and mortality has decreased significantly from the WHO reported 2000 levels in Africa, there are no such reductions in malaria morbidity and mortality. The tragedy is that the vast majority of these deaths are preventable and many of these infants could be reached through routine immunization services where and ITNs are being distributed free of charge.

This programme aims to support three types of interventions:

- 1.Procurement of Insecticide Treated Nets (ITNs) for integration into large scale measles and other supplemental activities and campaigns;
- 2.Support for routine community "Keep-Up" efforts to maintain high levels of coverage and service delivery in post-campaign districts where high coverage levels need to be maintained;
- 3. Emergencies: Support (procurement and/or social mobilization) for routine EPI, ITNs, and other interventions such as Vitamin A distributions and de-worming with mebendazole in emergencies and in special community based health circumstances.

Intervention 1: Procurement of Insecticide treated Nets.

Objective: Achieve and surpass the Abuja goal of 60% for children <5 and pregnant women in targeted districts.

Activities:

- Procure ITNs for free distribution with measles or other similar campaigns.
- Provide community education and social mobilization through RC volunteers on proper use and hanging of ITNs.
- Follow-up, monitor, and report coverage and impact.

To date, the proof of concept and operational feasibility of large scale procurement and distribution have been tested in pilot projects in Ghana in 2002, and Zambia in 2003. As a consequence of the 2002-2003 large scale interventions and other efforts, UNICEF and the World Health Organization (WHO) released a joint statement in February 2004, in support of the strategy "Malaria Control and Immunization: A Sound Partnership with Great Potential". Building on this strategy, the Federation implemented its first nation wide integrated campaign in Togo

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[2] Roll Back Malaria (RBM) is a global partnership founded in 1998 by the World Health Organization (WHO), the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF) and the World Bank with the goal of halving the world's malaria burden by 2010. The RBM partnership includes national governments, civil society and non-governmental organizations, research institutions, professional associations, UN and development agencies, development banks, the private sector and the media.

[3] The Measles Initiative was founded in 2001 and includes the American Red Cross, CDC, UN Foundation, WHO, UNICEF, IFRC and other partners. It aims at vaccination 200 million children in Africa by end of 2005. To date, more than $80 million has enabled the vaccination of more than 149 million children in over 29 African countries.

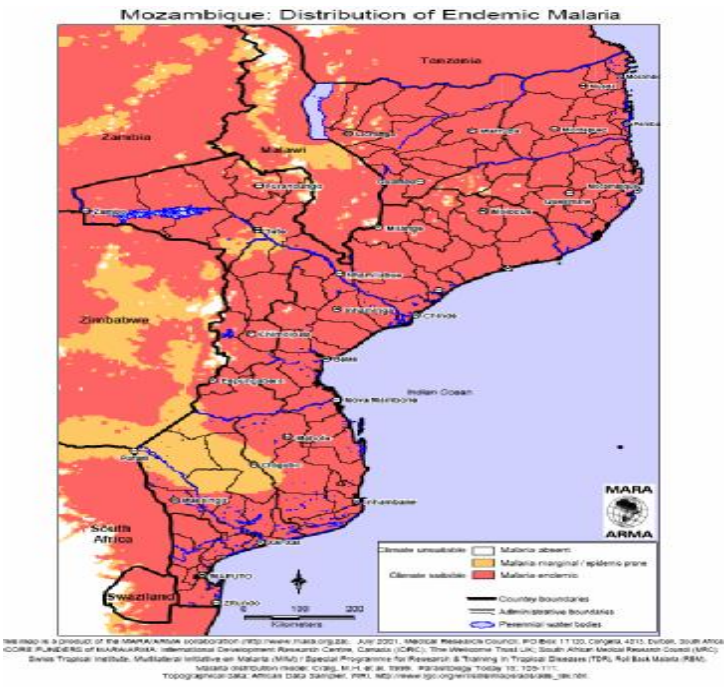
in December 2004.

Planning and Implementation Process: The general approach consists of multi-year plans developed by the ministries of health, including measles immunization activities where the feasibility of integrating distribution of ITNs/LLITNs is assessed. These plans are reviewed and approved by WHO, UNICEF, and others. Through the Interagency Coordinating Committee (ICC), an implementation plan is developed at the national level with all key partners, including the Red Cross and Red Crescent national societies. District micro-planning is conducted to serve as the guide for the launch of the campaign. RC social mobilization plans are based on these district micro-plans and aim to reach the most vulnerable and most inaccessible populations. For the integration of malaria ITN distribution, there is a need for political support for the intervention, as well as committed funding. The Programme Initiative supports national society social mobilization efforts which are part of the national health effort as well as procurements and distribution of nets when needed. Where funds are committed to procure ITNs, the commitment of funding is a negotiated process between the Ministry of Health in that country, the Measles Partnership, the Malaria Implementation Group, and donors including GFATM. Matching funds with other partners like the UN Foundation provide an opportunity to maximize use of available funds to meet country needs. The Federation has signed a framework agreement with Vestergaard-Frandsen for delivering of 4,500,000 LLITNs. This framework agreement has enabled the Federation to achieve a very favorable price. This gives the RC/RC Movement increased ability to implement large scale distribution of LLITNs in order to reach a minimum of 60% of the target population in several countries.

a) Integrated country wide campaigns.

Niger: Preparation has been ongoing with the Niger MoH and the Niger RC to plan a nation wide integrated polio and malaria campaign. The program aims at vaccinating 2.2 million children and distributing 2.2 million LLITNs targeting children under the age of five and pregnant women. The campaign is planned to take place in December 2005. The program is funded by GFATM with the IFRC as principal recipient (PR). The contract between the GFATM and the IFRC was signed 27 June 2005. A social mobilization consultant has been identified for short term visits and support to the Niger Red Cross to strengthen the volunteer system and social mobilization activities. The consultant will regularly visit Niger Red Cross from August 2005 to February 2006.

Equatorial Guinea: A nation wide integrated measles and malaria campaign is planned to take place in August 2005. The Plan of Action has been developed by the MoH with support from WHO/AFRO. Funds from the American Red Cross, Exxon Mobil and the Federation, (supported by the Swedish and Norwegian Red Cross) enabled the procurement of LLITNs for distribution to children under the age of five years.



b) Integrated sub- national campaigns.

Mozambique: The total population of children under the age of five years is currently estimated to 3.312.000. Malaria is the leading cause of deaths in children, with an estimated 40,000 deaths per year. The Mozambique MoH will carry out a nation wide measles vaccination campaign in three phases between July and September 2005. With funds from the Canadian CIDA and Canadian Red Cross, the two provinces of Sofala and Manica will integrate distribution of 440,000 LLITNs to children under the age of five years and pregnant women. The distribution is limited to one net per household with a maximum of 2 nets to families with more than 2 children under the age of 5. The distribution will be done based upon a voucher system after the measles vaccination campaign has taken place. The Federation is currently seeking funds to support the Mozambique Red Cross to follow up with Keep-Up

activities to support the maintenance of high coverage rates and proper usage of LLITNs in the post campaign target areas.

Gambia, Burkina Faso, Chad, Mali, Madagascar and Guinea Bissau Roll Back Malaria and the Federation prepared a joint proposal for re-treatment of nets in six countries: Gambia, Burkina Faso, Chad, Mali, Madagascar and Guinea Bissau with support from the Dutch government. All countries are planning net re-treatment campaigns requiring intensive community mobilization. Funds were channeled through WHO country offices where the Red Cross national societies are able to apply for funds for social mobilization activities related to the campaigns. The Federation Health & Care Department prepared sample proposals in French and English for the 6 national societies to adapt and submit to local WHO offices for funding. This is a new approach where the RC national societies take the ownership in securing these funds at the local level for priority activities. At the time of reporting 3 out of the 6 national societies had applied and received funding: Gambia, Burkina Faso and Chad. The other three national societies are still negotiating with local WHO offices.

Intervention 2: Support for Community "Keep-Up".

Keep-Up is proposed in order to build on the campaign investments and to demonstrate the effectiveness of Red Cross/Red Crescent networks of community volunteers such as Mothers Clubs, Community Based First Aid networks, and home visitors in sustaining high levels of routine services and coverage in targeted districts. The aim is to integrate key elements in already ongoing programs and if needed strengthen the volunteer system to enable the NS to expand and scale up malaria prevention its activities.

Objective 1: Home Treatment of Fevers -Increase from under 50% to 80+% for those receiving early home treatment of fevers.

Activities:

- Advocate MoH to ensure that approved malaria treatment is available 24 hours/day to all community members.
- Inform community of risks of fevers and malaria and need for rapid and early treatment (home or health center).
- Refer persons with serious fever and those who do not respond to home treatment.

Objective 2: IPT and TT for pregnant women -Ensure >80% pregnant women receive intermittent preventive treatment (IPT) and TT.

Activities:

- Identify and register all pregnant women and newly incoming pregnant women in each household in the targeted communities and ensure they know the importance of IPT and where they can get the treatment and TT vaccine.
- Follow-up and record progress by monthly visits to ensure that pregnant women are getting their IP T and TT.

Objective 3: ITN usage among children <5 years of age and pregnant women -Sustain community usage at more than 80%.

Activities:

- Identify and register all newborns, newly incoming children, and newly pregnant women in each household in the targeted communities and inform and share knowledge on the importance of ITNs and where they can be acquired.
- Assist in the distribution of ITNs to households (if necessary & appropriate); ensure hanging of ITNs in

households.
- Conduct monthly monitoring of households to ensure proper use of ITNs; maintain records on coverage.

Objective 4: Vaccination coverage in infants under 12 months -Sustain childhood immunization levels at more than 80%.

Activities:

- Identify and register all newborns and new incoming infants in households; inform caretakers on the importance of EPI.
- Encourage caretakers to bring children to the vaccination site; follow-up through monthly visits to households.
- Inform mothers that an ITN is available to each child when completing the EPI series at 9 months.

Objective 5: Vitamin A Supplementation (VAS) among children < 5 years of age (also for mebendazole) - Sustain 80+% coverage in children <5 years Activities.

Activities:

- Identify and register all children < 5 years in each household and inform caretakers on the importance of VAS.
- Assist in or distribute Vitamin A to children every 6 months; maintain records on coverage among <5 year olds.

a) Post Campaign Keep-Up:
Togo Red Cross is the first national society to pilot Keep-Up activities on a large scale post campaign. While the political events have tempered some of the activities, they have nevertheless worked to modify their schedule accordingly. The Social Mobilisation Survey is now planned to be carried out in August/mid September, and the Liverpool School of Tropical Medicine community impact survey and the CDC 2nd coverage survey are all planned for August-September 2005. The London School of Hygiene and Tropical Medicine visited the Federation to begin cost studies and will visit Togo in August to complete its analysis. With a grant from UNDP/GFATM/MoH, LLITNs are being distributed through routine maternity visits to pregnant women. Therefore MoH education efforts continue throughout the country on the need to "hang" nets in households. A 70% target hanging rate will hopefully be documented in the next survey. This compares to the 36.7% hanging rate documented in the one month post campaign survey of January 2005. The objectives of access of Home treatment of fevers, integrate distribution of Vitamin A supplementation (VAS) have not yet been able to be addressed due to the political situation and the limited travel and supervisory opportunities at branch level.

Mozambique Funds are currently being sought to support the Mozambique Red Cross to continue with Keep-Up activities in Sofala and Manica provinces after their late 2005 campaign. A plan of action will be developed as soon as funds are secured for the following 1–3 years.

Vitamin A Discussions with the Micronutrient Initiative (MI) have been ongoing and have resulted in MI staff visiting a number of national societies in Africa (including the Togo Red Cross). MI staff are visiting the Federation on 4-5 July where further planning to support national society programmes will be explored. The national societies' community volunteer networks are viewed by MI staff as an excellent vehicle to assist Ministries of Health in the semi-annual Vitamin A supplementation efforts.

b) ITN distribution through routine EPI services.
In Malawi, ITNs are available for purchasing at reduced prices at antenatal clinics and at under five clinics. They are also available through village health committees (revolving funds), and through the commercial sector. However all these models discriminate those who are very poor and can not afford to buy an ITN at reduced prices. Thus the possibility to reduce morbidity and mortality due to malaria amongst high risk groups and reaching Abuja target will be difficult using this approach alone. A joint CDC /Federation and Malawi Red Cross project, supported by

the Finnish Red Cross is in process of being developed and implemented. The program will be implemented over 3 years focusing on free distribution of ITNs through routine EPI services to pregnant women and children who have completed their primary vaccination series. The Malawi RC will be working closely with the local health personnel in social mobilization, health education, and re-treatment campaigns. The program is scheduled to start in September 2005.

Intervention 3 (emergencies and special events):

With the official WHO approval of LLITNs (long lasting ITNs) as an effective means to reduce malaria morbidity and mortality in December 2002, national societies are now requesting assistance with the procurement and distribution of ITNs in special circumstances. To respond to these emerging needs, this Programme Initiative aims at setting aside funds for these requests. See below for specific examples of recent requests.

Intervention Three Support for conflicts, emergencies and other special circumstances.

Objective: Protect the most vulnerable populations in special circumstances against malaria, vaccine preventable diseases, intestinal worms, and Vitamin A deficiency.

Activities:

- Procure reserve supply of ITNs to meet urgent "ad hoc" requests to protect the most vulnerable in special circumstances.
- Provide education and social mobilization for proper use of ITNs and promotion of other childhood life saving interventions (EPI, VIT A, mebendazole).
- Work with other partners (ICRC, UNHCR, WFP etc.) to ensure distribution and access to services especially in emergencies.
- Monitor, assess, and report coverage and impact on morbidity and mortality.

Due to the long production time of LLITNs there is a need to secure a "bank" of pre paid nets for immediate distribution in emergency situations. Funds for this activity have been hard to access and currently all nets are allocated to the various ongoing and already planned programs. Distribution of LLITNs and ITNs during this period has therefore been covered by other budgets.

Partnerships:

The Togo accomplishment continues to attract a lot of attention from international institutions, donors, corporations. Invitations to present the Togo story are numerous. RBM/WHO Geneva has embraced the Togo story and it has been part of numerous meetings and events. As a result of presentations and stories on Togo, the Federation is now discussing further malaria partnership efforts with: Standard Chartered Bank/London, DFID (via British RC), EU Commission and the Gates Foundation. These new partnerships have resulted in various project proposals for funding.

Advocacy:

- Federation presentation in Brussels at the EU Parliament's Development Committee to mark Africa Malaria Day with RBM VIPs.
- Federation presentation at Palais des Nations (UN) press conference to launch RBM's World Malaria Report 2005.
- American Red Cross (M. Grabowsky) presentation at the March 2005 RBM Partnership Board Meeting in Geneva.
- Federation presentation and discussion to graduate students at the University of Geneva (Humanitarian Module).
- Federation participation in high level discussions on malaria programming and LLITNs in Washington

(Feb. 2005) and Geneva (June 2005).

- Distribution of the newly adopted Federation malaria policy.

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