

Programme Update



International Federation
of Red Cross and Red Crescent Societies

Global Measles and Polio Initiative

Appeal No. MAA00032

27 August 2009

This report covers the period 1 January to 30 June 2009



During the first half of 2009, numerous synchronized polio campaigns were launched across Africa in response to a wild poliovirus outbreak. The Red Cross Society of Côte d'Ivoire mobilized volunteers to visit villages and ensure that all children under 5 years had been vaccinated against polio. **International Federation**

In brief

Programme purpose: In support of Global Agenda Goal 2, and Millennium Development Goal 4, liaise with global immunization partners to ensure the continued involvement of the International Federation and Red Cross Red Crescent National Societies in measles and polio supplementary immunization activities (SIAs) to increase uptake of services during both mass vaccination campaigns and routine immunization services and reduce global measles and polio-related morbidity and mortality.

Programme summary:

- During the first half of 2009, much effort was put towards supporting National Societies (NS) in their response to polio outbreaks which affected more than 15 countries across Africa, and which continues to threaten fragile gains made towards polio eradication. To optimize polio response activities, oral polio vaccine (OPV) was added to most of the measles campaigns planned in Africa during this period, and thus synergies between the International Federation's involvement in measles and polio activities were maximized.
- In addition to emergency polio response activities across Africa, support was prioritized to Nigeria, the one remaining polio-endemic country on the continent (India, Pakistan and Afghanistan have also never interrupted wild poliovirus transmission, i.e. are polio-endemic countries).
- To continue working towards the 2010 global measles mortality reduction goal (as outlined in the *Global Immunization Vision and Strategy, GIVS*), NS were supported with funds provided by the Global Initiative and other partners to conduct community based social mobilization around mass measles campaigns. During the first half of 2009, the majority of measles campaigns had occurred in Africa, though campaign plans in other regions were well underway at the time of this programme update.

- With the startling re-emergence of wild poliovirus (WPV) across Africa, particularly in certain countries which had not seen a case of WPV in more than a decade, the first half of the year saw renewed demand from polio eradication partners for NS support to country-wide campaigns. The Red Cross Red Crescent added value in reaching the most vulnerable and ensuring equitable access to vaccination services was recognized as a critical element for interrupting the spread of polio in the areas where it had largely been unseen for many years. As one of the only organizations able to coordinate nationally with partners while also reaching the household level, the International Federation continues to be profiled as a leading social mobilization partner in mass and routine immunization services.

Financial situation: The total 2009 budget is CHF 1,052,406 (USD 969,629 or EUR 690,229), of which CHF 1,015,564 (96 per cent) covered during the reporting period (including opening balance). Overall expenditure during the reporting period was CHF 263,280 (25 per cent of the budget and 26 per cent of the income). Low implementation rate was due to earmarked funds which will be allocated to measles campaigns during the second half of the year and in early 2010.

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

No. of people we have reached: As a partner of mass polio and measles campaigns organized by Ministries of Health, with support from the Global Polio Eradication Initiative (GPEI) and the Measles Initiative (MI), the International Federation helped to vaccinate approximately 25 million children against polio and 9.5 million children against measles during the first half of 2009.

Our partners: The Measles Initiative and the Global Polio Eradication Initiative are each made up of five and four spearheading partners respectively. Each initiative also includes more than 25 international agencies, government, private, NGO and humanitarian actors, of which the International Federation is a key partner. The International Federation's work on measles and polio is supported by the American, Finnish, New Zealand, Norwegian and Swedish Red Cross Societies. During the first half of 2009, additional partners supporting polio eradication through emergency response activities included the Belgium, British, Canadian, Icelandic, Irish and Japanese Red Cross Societies, as well as anonymous donors.

The International Federation Secretariat and Norwegian Red Cross also participated in the GAVI Alliance Civil Society Organization Task Team to help represent the voice of civil society in strengthening routine immunization. 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 organisations.

Context

The International Federation's involvement in measles morbidity and mortality reduction, as well as polio eradication, has been notable since both initiatives were founded in 2001 and 1988 respectively. Red Cross Red Crescent NS play a critical role in providing volunteer support before, during and after measles and polio campaigns, and in longer-term behaviour change to promote the uptake of routine immunization services. Vaccination, as the most cost-effective health service, is the right of each child, thus the International Federation's work in measles and polio aims to ensure access, equity and impact of supplementary and routine immunization services.

In the area of polio eradication, 2009 has been a difficult year. From outbreaks originating in northern Nigeria and Central Africa, WPV spread to eight countries in West Africa and seven countries in Central and the Horn of Africa.¹ This was in addition to the endemic countries which

¹ As of 1st July, polio cases had been confirmed in Guinea, Cote d'Ivoire, Sudan, Angola, Central African Republic, Chad, Uganda, Kenya, Niger, Liberia, Benin, Democratic Republic of the Congo, Burkina Faso, Togo and Mali. This is in addition to cases reported in the endemic countries.

have never interrupted WPV transmission (Nigeria, India, Pakistan and Afghanistan). Of particular concern were the cases detected in Guinea, Liberia, Uganda and Kenya; countries which had not seen polio in a number of years, some in more than a decade. Before the scale of the outbreak was understood, the International Federation supported NS involvement in select West African countries. However, as the outbreak spread to previously uninfected countries, and as Global Polio Eradication Initiative partners requested the intensified involvement of the International Federation and affected NS, it was determined that an emergency appeal was necessary to meet outbreak needs. On 7th April, the Africa polio outbreak emergency appeal was launched for CHF 2.4 million to cover response activities in 14 countries (later revised to 17 countries with the addition of Guinea, Liberia and Sierra Leone).² In order to balance these outbreak response activities with the organisation's longer-term involvement in polio eradication, the health and care department's immunization and emergency health focal points were largely involved in the emergency appeal operations.

Within measles prevention, 12 countries initiated or completed mass vaccination campaigns during the first half of the year.³ Of these 12 countries, six (6) National Societies had participated in their campaigns with support provided either from the Global Initiative or other sources; at the time of this programme update another campaign was commencing with the support of its National Society. In December 2008, the Measles Initiative announced a 74 per cent reduction in global measles mortality (compared to 2000), with the largest reductions coming from the Eastern Mediterranean (90 per cent) and African (89 per cent) regions. This is significant progress towards global measles mortality reduction, but concerted efforts are needed to maintain these gains and reach the 2010 goal of a 90 per cent global mortality reduction (compared to 2000). In 2009, measles outbreaks, such as the one in Burkina Faso which affected more than 40,000 people, have been seen in countries where the routine immunization coverage has not sustained the gains made during mass vaccination campaigns. With the largest measles mortality burden currently in South-East Asia, the continued involvement of NS is at its most critical juncture if measles is to be eliminated and the daily death of 540 people due to measles is to be prevented.

A priority of the International Federation and its Global Measles and Polio Initiative is to ensure a continuum of support for all NS involved in campaigns, including social mobilization before and during campaigns and sustainable post-campaign follow-up. NS that participate in mass vaccination campaigns are building upon their community based health and first aid (CBHFA) competencies and strengthening their volunteer management systems. This involvement not only helps to increase vaccination coverage, but contributes to the organizational development of NS and visibility of the Red Cross Red Crescent Movement as a key vaccination and child survival partner.

Progress towards outcomes

Outcomes

- Development and dissemination of tools and guidelines to support Red Cross Red Crescent NS and volunteer involvement in vaccination campaigns.
- Promotion of Red Cross Red Crescent role in mass immunization campaigns and advocacy on behalf of NS in global fora.
- Support for NS capacity building through involvement in all aspects of vaccination campaign preparation, implementation and follow-up.

² Please see Africa: Polio Outbreak Emergency Appeal no. MDR61004 (West & Central Africa); MDR64005 (East Africa); MDR63002 (Southern Africa), launched 7th April 2009, and related Operations Updates.

³ Some countries had completed the first of a multi-phase campaign. Within 12 countries, 8 were in the AFRO region (Ethiopia, Namibia, Uganda, Zimbabwe, Cape Verde, Angola, Burundi, and Cameroon), one in the SEARO region (Timor Leste) and three in the EMRO region (Afghanistan, Somalia, and Yemen).

- Provision of vaccination-specific technical support to zonal/regional/country delegation offices and NS for proposal development, campaign planning, implementation and follow-up.
- Mobilisation and provision of flexible funds for NS involvement in 2009-2010 measles and polio campaigns.

Achievements

In 2009 thus far there have been 14 proposals received by the Global Measles and Polio Initiative requesting technical and financial support for campaign activities. Proposals were submitted by NS in Benin, Burkina Faso, Côte d'Ivoire, Ghana, Kiribati, Mali, Namibia, Niger, Nigeria, Swaziland, Tajikistan, and Togo.⁴ From these 14 proposals, eight supplementary immunization activities were either fully or partially funded by the Global Initiative; NS in 13 other countries received funding to participate in their measles and/or polio campaigns either through mobilizing internal resources, bilateral support from a partner national society, financing from local campaign partners, or through emergency response mechanisms (for the polio emergency appeal). Activities financed by the Global Initiative mobilized 4,500 volunteers to contribute to global partnership efforts to reduce measles morbidity and mortality and move towards polio eradication. Including activities supported through other means, NS engaged over 12,800 volunteers in measles and polio campaigns during the first half of 2009.

West and Central Africa

Before the launch of the Africa polio emergency appeal on 7th April 2009, the Global Initiative provided funding to four West African NS (Burkina Faso, Cote d'Ivoire, Niger and Togo) to support their activities in what was then observed as a slowly recurring WPV chain. As the outbreak grew in scale, and emergency multi-country synchronized campaigns were organized across West, Central and the Horn of Africa, the need for an International Federation emergency appeal was realized. Subsequent emergency response rounds in these four countries were then included in the emergency appeal.

Burkinabe Red Cross Society mobilized 530 volunteers and supervisors in 22 provincial communities during the March (27-30 March) synchronized polio round. Support provided by the Global Initiative (with the Swedish Red Cross as back donor) enabled volunteers to reach over 815,000 parents through door-to-door household visits, and organize more than 6,800 community focus group discussions that sensitized approximately 158,000 people to the importance of vaccination against polio. The March round had an administrative vaccination coverage rate of approximately 109 per cent (as opposed to the February round of 106 per cent).



Burkinabe Red Cross volunteers vaccinate children against polio as part of the historic West Africa synchronised campaign.

Red Cross Society of Côte d'Ivoire mobilized 330 volunteers and supervisors in each the February and March synchronized polio rounds; funds from the Global Initiative supported the February (27 February - 2 March) activities. Social mobilization activities reached more than 100,000 households in 11 'districts sanitaires.' During the February round, 708,871 children

⁴ Nigerian Red Cross submitted multiple proposals for polio activities. After 7th April, NS affected by the polio outbreak were included in the Africa polio outbreak emergency appeal, and thus are not reflected in this programme update.

ages 0-59 months were vaccinated against polio in the 11 districts of Red Cross activity. Volunteers visited an estimated 80 per cent of households within the districts, identifying more than 600,000 eligible children to be vaccinated in each round. Red Cross activities were mentioned in the special national polio bulletin released by the Ministry of Health, along with those of other partners including Rotary, UNICEF and WHO.

Red Cross Society of Niger mobilized 584 volunteers and supervisors in four (of a total eight) regions during the March synchronized polio round. Social mobilization activities were conducted in Zinder, Maradi, Tahoua and Tillabéri, by volunteers trained in behaviour change communication, signs and symptoms of polio infection, and prevention of polio through vaccination. More than 28,000 households were visited and 350,600 people sensitized to the campaign plans. Support for this activity came from the Global Initiative (with the Swedish Red Cross as back donor).

Nigerian Red Cross Society (NRCS)

received funds from the Global Initiative to participate in both the January and May national immunization plus days against polio. Additionally, NRCS mobilized local resources directly from the UNICEF country office to participate in the national round in March. Nigeria, as the only polio endemic country in Africa (i.e. to have never interrupted WPV transmission), is a priority for polio eradication. With the largest number of polio cases coming from the country, regional efforts to stop transmission will only be successful if Nigeria eradicates the virus. NRCS has been a prime partner in national social mobilization and communication activities to increase the quality and coverage of polio vaccination campaigns. As a member of the Inter-Agency Coordinating Committee and the National Social Mobilization Working Group, the NS uses its mothers club and school unit strategies to resolve non-compliant cases by disseminating accurate information on safe polio vaccination at the household level.



Nigerian Red Cross volunteers continuously participate in national efforts to 'Kick Polio Out of Africa!'

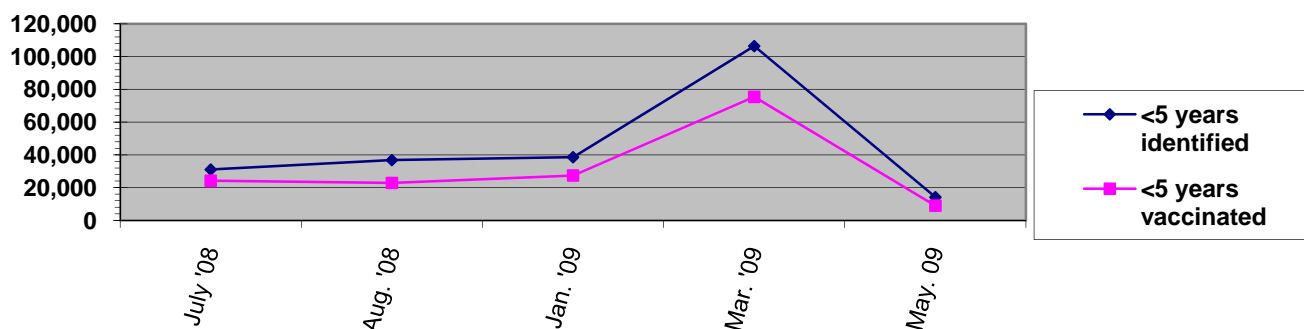
During the January (30 January - 3 February) campaign, NRCS mobilized 1,350 volunteers in eight high risk states. Over 3,700 households were visited by NRCS volunteers, with more than 27,400 children under 5 years vaccinated as a result of the visits. This activity was supported with funds provided by the New Zealand Red Cross and Swedish Red Cross as back donors to the Global Initiative.

NRCS' social mobilization activities during the March (28-31 March) campaign were funded directly by the UNICEF country office, and were larger in scale due to the greater availability of resources. By mobilizing 1,650 volunteers, NRCS helped to immunize more than 75,000 children against polio in 22 states.

Most recently, during the May (30 May - 2 June) campaign, NRCS received support from the Global Initiative (Norwegian Red Cross as the back donor) and regional health funds (Swedish Red Cross) to mobilize volunteers in 15 states. Over 14,000 children were vaccinated against polio through door-to-door visits conducted by 630 volunteers. Recognizing the excellent work of NRCS volunteers, WHO increased the number of mothers club members working in one local government authority. With NRCS' ability to reach the most remote and traditionally non-

compliant areas through their volunteer networks, sustainable funding should be secured to ensure their continued involvement in each campaign round.

Number of <5 years vaccination non-compliant children identified and resolved by NRCS volunteers (source: NRCS monitoring sheets)



Togolese Red Cross mobilized 630 volunteers, 20 supervisors and three local coaches in four (of the 30 total) districts (Tandjouaré, Oti, Kpendjal, Tône) during the March synchronized polio round. Over 605,000 people were sensitized to the campaign information through community activities and visits to more than 91,000 households. Despite the overall national campaign coverage of approximately 86 per cent, vaccination coverage in the Savanes areas where Togolese Red Cross volunteers were active was 103 per cent.

East Africa

Burundi Red Cross Society, with funds from the malaria programme, participated in the integrated campaign from 22-26 June, which distributed long-lasting insecticide treated bed nets, de-worming and anti-schistosomiasis⁵ medicine and vitamin A supplementation, and provided vaccination against measles. Over 2,400 volunteers were mobilized during the campaign, with plans to visit communities to ensure that bed nets were hung before the rainy season.

Uganda Red Cross Society (URCS) mobilized over 2,000 volunteers for the integrated campaign from 6-8 June, which vaccinated children against measles and polio and distributed de-worming medicine and vitamin A supplementation. In select districts, women of child bearing age were vaccinated against tetanus, and long-lasting insecticide treated bed nets distributed. With bilateral support from the American Red Cross, and supplementary funding from the polio emergency appeal, URCS mobilized volunteers in 15 districts. National campaign coverage for measles vaccination was 90 per cent and approximately 92 per cent for polio.

Southern Africa

Namibia Red Cross Society mobilized 210 volunteers in five regions (Khomas, Oshikoto, Otjozondjupa, Ohangwena, Kunene) during the 14-16 June measles campaign. The population of these five regions was more than 292,000 eligible children. Volunteers working in the NS' HIV and AIDS home based care programme were trained on key messages to promote measles vaccination, and routine immunization. Support for this activity came from the Global Initiative (with the American Red Cross as back donor).

Baphalali Swaziland Red Cross Society (BSRCS) was planning participation in the July measles campaign at the time of this programme update. A total of 240 volunteers had been trained to conduct social mobilization activities in five divisions. Training for volunteers included information on the campaign, key messages on vaccine-preventable diseases and other child survival information. BSRCS' involvement in the campaign built upon its recently concluded

⁵ A parasitic disease caused by trematode flatworms of the genus *Schistosoma*.

CBHFA master facilitators workshop and NS plans to roll out CBHFA. Support for this activity came from the Global Initiative (with the Finnish Red Cross as back donor).

Europe

At the time of this programme update, the Red Crescent Society of Tajikistan had proposed involvement in its' national measles campaign. Further details will be available in the 2009 annual report.

South-East Asia

Timor Leste Red Cross received funding directly from the WHO country office to participate in its' national measles campaign. Further details on their participation will be available in the 2009 annual report.

Pacific

At the time of this programme update, the Kiribati Red Cross had proposed involvement in its' national measles campaign. Further details will be available in the 2009 annual report.

A constraint for the International Federation's Global Measles and Polio Initiative has been the timely availability of un-earmarked funding to make firm advance commitments to NS. Increasing effort has been placed on supporting NS to seek funds at the national level through strengthened partnerships with other vaccination stakeholders; this has been successful in select countries. Ongoing advocacy at the global and regional levels and demonstrated effectiveness by NS in their campaigns is necessary if this is to be realized. The International Federation must maintain its visibility as a key contributor to Global Immunization Vision and Strategy (GIVS) goals, and to the child survival-related Millennium Development Goals, if external resources will be generated.

Availability of sufficient technical assistance to support NS planning for campaigns is a continuous challenge. The International Federation continues to try and draw upon in-country partner human resources to support planning processes which include NS; however, adequate internal assistance must be available in order for campaign planning to be comprehensive and timely.

The tentative nature of campaigns is also a challenge. As campaigns are organized by the ministries of health with support from international partners, and require the coordination of a number of factors including procurement, logistics and administration, campaign dates often shift. NS are regardless expected to conduct social mobilization, which can be a challenge with a fluctuating timeline.

Working in partnership

- At the global level, the highly successful Measles Initiative, founded by the American Red Cross, US Centers for Disease Control and Prevention (CDC), the United Nations Foundation, UNICEF and WHO has been a model for other public health partnerships. There are more than 25 other global partners (not including individual NS) participating in the Measles Initiative. The International Federation has been a key partner since its founding in 2001. In 2008, the Initiative announced a historic 74 per cent global reduction in measles deaths (compared to 2000). Coordination and planning is done through weekly teleconferences and annual management meetings.
- The Global Polio Eradication Initiative, the largest public health initiative in history, is spearheaded by WHO, UNICEF, Rotary International and CDC. The International Federation has been a partner since its founding in 1988. Coordination and planning is done through weekly country support team meetings at WHO headquarters.

- The GAVI Alliance is a public-private partnership that aims to create greater access to the benefits of immunisation through the provision of long-term financial and material support to the world's poorest countries. In 2005 the GAVI Alliance founded a civil society organization task team (CSO TT) to help strengthen the role of civil society in routine immunization. The International Federation and the Norwegian Red Cross have been active members of the task team since its founding. Other members include the Partnership for Global Health, JSI Immunization Basics, the Aga Khan Foundation, BRAC, African Medical and Research Foundation, the International Paediatric Association and local NGOs. Coordination and planning is done through biannual meetings of the CSO TT.
- At the national level, NS work in partnership with country-level planning committees, including the Inter-Agency Coordinating Committees and National Social Mobilization Working Groups. These are convened by the Ministry of Health and typically include the NS as a key partner, particularly in social mobilization.

Contributing to longer-term impact

Vaccination is the most cost-effective health intervention, with the opportunity to save millions of children's lives each year if effectively and equitably accessed. Supplementary immunization activities increase vaccination coverage in areas where routine immunization levels are below recommended thresholds but should 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 vaccination will only be achieved with the sustained support of civil society partners such as NS. Through involvement in social mobilisation activities to increase mass vaccination coverage, Red Cross Red Crescent volunteers are contributing to the success of these campaigns and maximising the number of beneficiaries. With support to the Measles Initiative, the International Federation is helping to reach the 90 per cent reduction goal in measles deaths by 2010 (compared to 2000), and with the organisation's involvement in the Global Polio Eradication Initiative, it remains committed to the final steps towards polio eradication. These globally agreed upon targets are set out in GIVS and in the health-related Millennium Development Goals. In the area of routine and supplemental immunization, the Red Cross Red Crescent has an immense role to play in reaching these global goals.

Looking ahead

NS proposals are expected for other measles and polio campaigns scheduled in the second half of 2009 in Botswana, Democratic Republic of the Congo, Egypt, India, Indonesia, Nigeria and Yemen, among others. Campaign plans in Guinea, Kenya, Rwanda, and Sierra Leone are expected to be funded by other partners directly.

Upcoming measles and polio vaccination campaigns are an opportunity to continue supporting this important community based work, and can serve as an entry point for other health interventions. The International Federation will therefore continue to actively participate in these successful global partnerships to help reach their critical goals.

How we work	
<p>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".</p>	<p>Global Agenda Goals:</p> <ul style="list-style-type: none"> • 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	
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