

# FINAL REPORT



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

25 July 2002

## ***POLIO ERADICATION CAMPAIGN: AFRICA, MIDDLE EAST AND NORTH AFRICA, AND ASIA AND PACIFIC REGIONS***

***This Final Report is intended for reporting on emergency appeals***

*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 178 countries. For more information: [www.ifrc.org](http://www.ifrc.org)*

*Appeal No. 28/00; launched on: 27 September, 2002 for CHF 7,905,601 for 9 months for some 14 million beneficiaries. Budget revised to CHF 4,025,246 and program extended until 31 December, 2001*

*Disaster Relief Emergency Fund (DREF) allocated: None*

*Final Operations Update; last Operations Update (no. 3) issued 9 October 2001*

### **IN BRIEF**

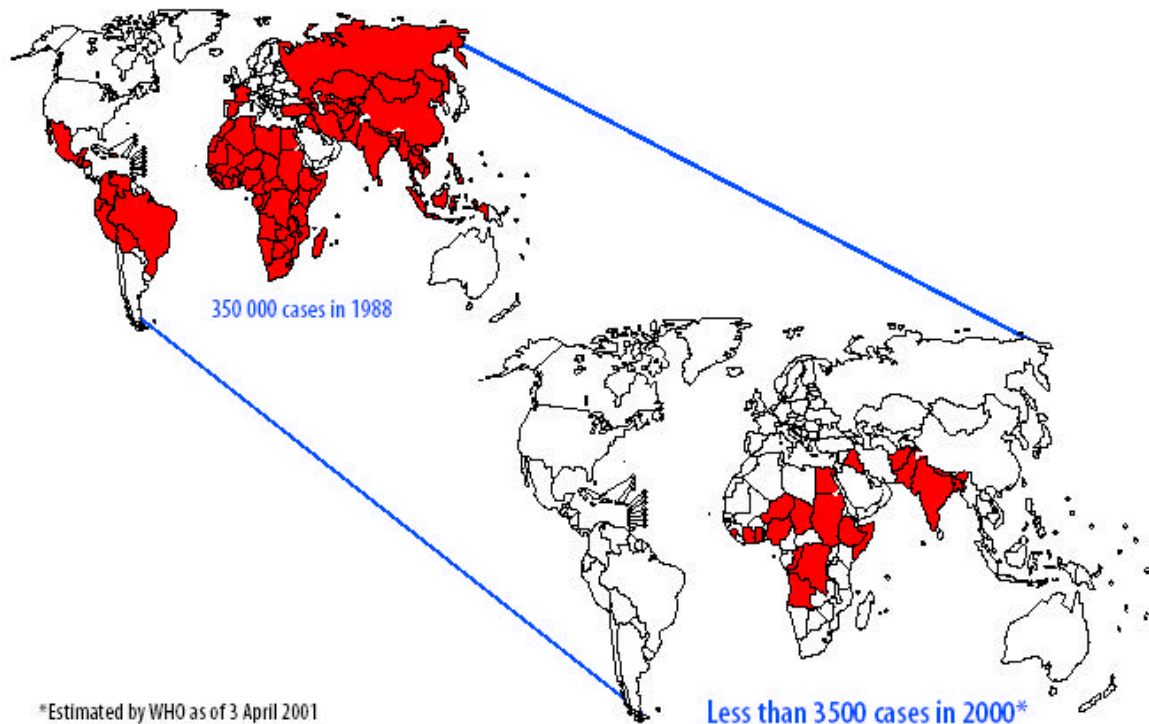
***Appeal coverage: 58.6%***

***Update/Summary: The objectives expressed in the appeal have been satisfactorily achieved with more than 21 million children under the age of 5 reached. There has also been great acknowledgement by Ministries of Health (MoH), WHO and UNICEF regarding the significant contributions of the Federation, particularly the national societies. A major benefit resulting from the Federation's participation in the polio eradication efforts include the increase in technical and operational capacities, the development of critical public health partnerships at all levels and a sense of pride and enthusiasm for the national societies in their contribution to this global effort. The Federation is now being looked to as an active partner in the MoH Interagency Coordinating Committees by WHO and UNICEF to provide social mobilization and other operational support related to outbreaks and other longer-term health development projects. The efforts in polio eradication should serve as a catalyst for national society participation in other community-based health programs. Regarding the outstanding balance in the financial report, there are three factors that led to this situation.***

## ***The Context***

In June 2000, Gro Harlem Brundtland, Director-General of WHO, invited the Federation and the ICRC to become partners in the Global Polio Eradication Campaign. This effort is led by WHO in

Figure 2: Progress towards poliomyelitis eradication, 1988 – end of 2000.



partnership with Rotary International, the United States Centers for Disease Control and Prevention (CDC) and UNICEF. The Federation joined a wide array of NGO's, Government, bilateral, and UN agencies who are providing volunteers to administer the polio vaccine during National Immunization Days (NIDs) and to conduct house-to-house searches to ensure that every child is immunized.

According to World Health Organization (WHO), in 13 years since the launch of the Global Polio Eradication Initiative, the number of cases has fallen by more than 99 percent from an estimated 350,000 cases in 1988 to no more than 525 cases reported in 2001.

The number of polio infected countries has fallen from 125 to 20. In 1994, the Americas were certified polio-free, and the WHO Western Pacific Region, which includes China, was certified in October 2000. The WHO European region has been polio-free for over two years. Widely endemic on five continents in 1988, polio is now concentrated only in parts of sub-Saharan Africa and the Indian sub-continent. As a secondary benefit of NIDs, the inclusion of Vitamin A supplementation, has reduced Vitamin A-related mortality in areas with Vitamin A deficiency.

## Objectives

Goal: Complete global eradication of the virus by the year 2002 is the ultimate goal of the program. The Federation was to contribute positively to achieving 100% vaccination coverage for children under age five in each of the countries involved.

- To further develop National Societies' (NS) capacity to conduct awareness and social mobilization activities for polio eradication and other community-based health programs.
- To increase NS effectiveness as a source of Acute Flaccid Paralysis (AFP) Surveillance at the community level.
- To strengthen collaboration and co-ordination between NS, ICRC, Federation, WHO, UNICEF, Rotary, Ministry of Health and other partners involved in polio eradication.

- To accelerate NS involvement in the activities related to National and Sub-National immunization days.
- To provide lessons learned in the community health education and social mobilization that can be used in efforts against other infectious diseases, notably HIV/AIDS.
- To play a key role in terms of regional leadership to deliver the planned assistance, provide strategic coordination with the programme partners, and support to the NS involved.
- To provide fifty (50) million Oral Polio Vaccines to the global partnership.



## ***Achievements***

Financial support was provided to 12 national societies (Bangladesh, Chad, Republic of Congo, Democratic Republic of the Congo, Ethiopia, Iraq, Liberia, Niger, Nigeria, Pakistan, Sierra Leone, Sudan) to assist in the final push for polio eradication with all partners.

*Accelerated Involvement:* Red Cross and Red Crescent volunteers were mobilized to participate in the polio eradication campaign activities and ultimately reached more than 21 million children under age 5. Oftentimes, the national society was tasked by the Ministry of Health to reach out to the most difficult to reach and most vulnerable population of the country. For example, in Bangladesh, volunteers were mobilized to conduct night searches in the slums, bazaars, train and bus stations, construction sites and graveyard to identify the most marginalized populations.

*Strategic Coordination and Collaboration:* Still considered a high point of the entire campaign and a legacy for future efforts is the effective collaboration and cooperation achieved with Government ministries (Health, Education, Social Affairs, etc.), the UN agencies, and other partner organizations. In the development of plans for the national society engagement in the campaigns, active participation on the in-country Interagency Coordinating Committee (ICC - representation from the Ministry of Health, WHO, UNICEF, Rotary International and others) will allow the national society to remain “at the table” for future public health endeavours. Regional delegations were also important players in the coordination of activities with the national societies and key partners. The result of this is evident in the upcoming measles efforts where national societies are being brought on board early in the planning process with the technical partners. For 2002 polio eradication efforts, the Congos are already participating in the ICC meetings to allow for maximum input and participation of the national societies during the year while in Nigeria, the plans for 2002 are being revised based on the national society participation in a partnership review of the 2001 efforts.

*AFP Surveillance:* All national societies strengthened their capacity to contribute to the overall AFP Surveillance at the community level and provided training to the volunteers to this end. The Congolese Red Cross radio network was integrated into the overall campaign to provide support for the active AFP surveillance which led to the detection of 14 cases of AFP while in Chad, the volunteers were part of the epidemiological monitoring team for AFP. This participation by the national society on the team led to the early detection of a meningitis outbreak.

*Strengthening Capacity:* As a result of the polio eradication efforts, new volunteers have been identified, trained and deployed in each of the national societies. Other community-based health programmes benefited as well including the routine immunization needs, measles mortality reduction, outbreak response and maternal and child health. Communication between branches and the national



headquarters and the national societies and the regional delegations have been enhanced due to the very nature and needs demanded during the intensive efforts, particularly during NIDs. This should serve as a stimulus to further strengthen branch-headquarters communication in the future.

*Raising the Profile:* The profile of the Federation has been raised through participation in the polio eradication campaigns. National Society participation in the polio eradication activities has been acknowledged by other partners and highlighted in news stories. The Congolese Red Cross received a letter from WHO, the National

Director of Public Health, and UNICEF to congratulate them on their intervention efforts and the national societies of Iraq, Chad, Liberia, and Sierra Leone also received high praise from WHO, UNICEF and the Ministry of Health for their efforts.

The Federation was requested by WHO to participate in a Regional Polio Evaluation meeting in Angola regarding the synchronized NIDs in central Africa and the Nigerian Red Cross will be participating as a member of a WHO-led polio campaign review in 2002. The Federation and the National Society were identified as important members for the polio eradication efforts in a recent Pakistani news article.

*Lessons Learned:* In line with the principles behind the African Red Cross and Red Crescent Health Initiative 2010 (ARCHI 2010), the success of this endeavour has been due to the focus on the community and networks of volunteers. National societies are now being looked to as a viable partner in public health interventions and have since been called upon to assist WHO, UNICEF and other world health authorities to address routine immunization, measles mortality reduction, yellow fever, meningitis, ebola and other infectious diseases. Although the additive effect of the polio eradication campaigns on HIV/AIDS activities is not yet realized, the polio eradication campaigns have provided national societies additional confidence, capacity and a higher profile in the public health community of the country. This should serve as a catalyst to a scaled-up response for HIV/AIDS response.

*Vaccine Purchase:* In consultation with WHO and UNICEF, the Federation did not engage in the purchase of vaccine and concentrated on the mobilization of the networks of volunteers to support the polio eradication efforts.

## ***Constraints***

The most significant challenge presented to supporting the national societies in this global eradication effort was the availability of financial resources at an appropriate time. The slow donor response resulted in delays in the operations activities which put the national societies under enormous strain in an effort to meet tight deadlines. The dates for the National Immunization Days are generally set one year in advance by the Ministry of Health to allow for optimal coordination with all partners. Unfortunately, due to the timing of the initial appeal, adequate financial resources were not available and plans for participation were scaled back or delayed. During 2001, additional contributions were realized; however, they were often following a period of significant polio eradication activity. Despite this operational challenge, national societies worked with the in-country partners and participated to the extent that they could to support the social mobilization efforts around the NIDs.

The national societies were being looked to provide support for the polio eradication campaigns in areas which were difficult to access to reach the most vulnerable beneficiaries. In some areas, the constraint was a logistical issue such as transportation while in others, it was conflict or other civil

unrest. Though this was a challenge for the entire effort, the national societies were able to enhance efforts in spite of this, including the most recent NIDS in Afghanistan in November 2001. Additional efforts need to be taken to allow for safe passage and full efforts to reach the most vulnerable children as a means to eradicate polio.

## ***Conclusion***

In the final push to eradicate polio, WHO and UNICEF identified a need that only Red Cross and Red Crescent national societies could fill - a critical mass of volunteers at the community level to be mobilized to reach the most marginalized populations to bring polio vaccination coverage to the highest levels.

By participating in this global effort, the Federation will play an important role in the eradication of polio. As noted in the previous section, there have been a number of significant benefits for the Federation and in particular, for the national societies. Polio eradication has provided a purpose and focus for national societies. This has led to a renewed sense of spirit, enthusiasm, ownership, commitment and pride for the Red Cross and Red Crescent national societies. For some, this has given them an opportunity to present a new identity in the country.

The development of partnerships at the international, regional, national and community level has been one of the greatest successes of the campaigns. This has enabled the Federation to advocate for a more significant role in public health developmental activities and has provided the national societies an opportunity to gain confidence and become an active member in the country's public health agenda, including areas beyond polio eradication.

The Federation has benefited through enhanced capacity. Technically, the national societies have benefited through the planning process participation, trainings, participation in surveillance activities and participating in post-campaign assessments. In terms of resources, the national societies have a stronger operational base from which to operate, a larger pool of volunteers through increased volunteer recruitment, strengthened social mobilization skills and improved communication channels from the community and higher.

In conclusion, in consultation with WHO, the Federation has launched a focused appeal for 2002 for the remaining polio endemic countries. The intent of the new appeal is to maintain the national society contributions in achieving 100% vaccination coverage for children under five years of age to help in completing global eradication by the end of 2002. The needs and priorities for eradication are rapidly changing and require periodic evaluation and flexibility, due to progress made and the evolving epidemiological situation. In partnership with WHO and UNICEF, the Federation will work to maximize the impact of the National Society's contribution to the polio eradication efforts.

## ***Final Financial Report***

Regarding the outstanding balance of CHF 462,964 reflected in the attached financial report, the following three factors led to this situation:

- As noted in the "Constraints" section of this report, providing timely financial support in alignment with the campaigns meant that 4 National Society were provided funding in late 2001 and early 2002 to address emergent needs. Because of this, expenditures were not fully booked for the 2001 efforts or new allocations for the 2002 emerging needs were captured on the financial report prior to the initiation of the campaign. This accounted for 70% of the remaining balance.

- This appeal provided financial support for 14 National Societies to conduct polio eradication activities and for all but 1 of the remaining National Societies, the balances averaged approximately CHF 8,700 or 13% of the remaining balance.
- One National Society had a large remaining balance that accounted for 17% of the overall balance. As a result, discussions were held with the Head of Delegation and Finance Officer regarding this matter and it was concluded that the request for activities in 2002 would be reduced by the outstanding balance and that more diligence will be taken in the development of future requests and booking of expenditures.

*For further details please contact: Nicholas Farrell; Phone: 41 22 730 4365; Fax: 41 22 733 03 95; email: farrell@ifrc.org*

*All International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable. The procurement for this operation was carried out in full compliance and conformity with the Federation's standard for international and local procurement.*

*For support to or for further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>.*

*This operation sought to administer to the immediate requirements of the victims of this disaster. Subsequent operations to promote sustainable development or long-term capacity building will require additional support, and these programmes are outlined on the Federation's website.*

John Horekens  
Director  
Division of External Relations

Bekele Geleta  
Head  
Africa Department