

Appeal 2004



AFRICA – MEASLES AND POLIO REDUCTION

Appeal no. 01.50/2004

The International Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. The Federation is the world's largest humanitarian organization, and its millions of volunteers are active in over 180 countries. All international assistance to support vulnerable communities seeks to adhere to the Code of Conduct and the Humanitarian Charter and Minimum Standards in Disaster Response, according to the SPHERE Project.

This document reflects a range of programmes and activities to be implemented in 2004, and the related funding requirements. These are based upon the broader, multi-year framework of the Federation's Project Planning Process (PPP). The PPP products are either available through hyperlinks in the text¹, or can be requested through the respective regional department. For further information concerning programmes or operations in this or other countries or regions, please also access the Federation website at <http://www.ifrc.org>

[Click on programme title or figures to go to the text or budget](#)

Programme title	2004 in CHF
Strengthening the National Societies	
Health and Care	3,844,00
Total	3,844,000²

Context

This appeal aims to support increased participation of national societies in community mobilization for immunization services, and a gradual transition from accelerated disease control initiatives in selected countries (measles mortality reduction and polio eradication) towards supporting sustainable routine immunization programmes, through the participation of national societies and the Federation as partners in the work of the Global Alliance on Vaccines and Immunization (GAVI).

¹ Identified by blue in the text.

² USD 2,866,970 or EUR 2,474,413.

Strengthening the National Societies

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Health and Care

Measles Mortality Reduction in Africa

Background and achievements/lessons to date

According to the World Health Organization African Regional Office (WHO-AFRO), approximately 370,000 children died from measles in 2002 and measles remains the primary cause of vaccine-preventable deaths among children under 5 years of age in Africa. Low vaccination coverage, vaccine failure due to persistence of maternal antibodies, high contagion, infection at a very young age, malnutrition and vitamin A deficiency, and limited access to health care: all contribute to the incidence and severity of measles and its complications. In addition, measles is a significant cause of blindness, brain damage, and susceptibility to secondary infections such as diarrhoea and pneumonia.

This global disease and death burden is unacceptable since a safe and effective vaccination against measles is available at a cost of CHF 1.30 per child. Proven strategies to achieve reduction in measles deaths include high vaccination coverage of infants by routine immunization services, plus periodic supplementary immunization activities to achieve and maintain population immunity and low measles virus transmission. WHO and UNICEF have articulated these strategies in a joint Global Measles Strategic Plan.³

In January 2001, the American Red Cross convened a meeting of global health partners sharing this concern, including the WHO, UNICEF, the U.S. Centers for Disease Control and Prevention (CDC), the United Nations Foundation (UN Foundation), and the Federation. The resulting Measles Initiative is a long-term commitment to reduce measles mortality in Africa by vaccinating more than 200 million children through supplemental measles vaccination activities in up to 36 Sub-Saharan countries. By the year 2005, through this initiative, it is estimated that up to 1.2 million deaths will have been prevented, bringing the measles deaths in Africa to the lowest levels ever documented for the continent. Other important objectives of this Initiative are to improve safe injection practices and the safe disposal of medical waste (injection supplies) in the participating countries and to look for opportunities to integrate other priority health interventions (malaria, de-worming, etc.).

The Federation and its member national societies, through the Measles Initiative, can address one of the African Red Cross Red Crescent Health Initiative 2010 (ARCHI 2010)⁴ goals in reducing childhood deaths due to vaccine-preventable diseases. ARCHI 2010 aims at achieving long-term and large-scale impact on morbidity and mortality by mobilizing networks of volunteers to work in their own communities to implement interventions with sustained support to the volunteers and to branches for coaching, supervision and volunteer management.

In the three years of implementing the accelerated measles control efforts, measles supplemental immunization activities (SIA) have been conducted in 21 countries, including 6 countries that have had follow-up campaigns targeting under five year old children. By the end of 2003, six additional countries will have completed nationwide catch-up campaigns targeting children aged 9 months to 14 years and at this point, more than half the projected 200 million children to be reached will have been vaccinated.

Although definitive surveillance data are still forthcoming, early estimates of the impact of these campaigns are dramatic, with decreases in measles mortality ranging from 58% to 96%.⁵ This plan also highlights the contribution of the Red Cross in these efforts. For the campaigns conducted in the early part of 2003 (Senegal, Rwanda, Angola and Zambia), the national societies mobilized 5,798 volunteers to reach 4,574,995 children between the ages of 9 months and 15 years of age. With support from the Canadian Red Cross, the Zambia

³ WHO-UNICEF Joint Statement on Strategies to Reduce Measles Mortality Worldwide; WHO/V&B/01.40 or UNICEF/PD/Measles/01

⁴ ARCHI – African Red Cross and Red Crescent Health Initiative 2010 builds on its strength: a Red Cross and Red Crescent presence in each of 53 countries in Africa and, in all, more than 2 million volunteers. The overall goal of ARCHI 2010 is to make a major difference in the health of vulnerable people in Africa. Please refer to <http://www.ifrc.org/what/health/archi/>

⁵ Source: WHO-AFRO Plan for the continuation of accelerated measles control activities for 2004 (unpublished)

campaign integrated the measles vaccination with the administration of mebendazole (for de-worming), vitamin A and the distribution of 90,000 insecticide treated nets for malaria and was seen as one of the most highly successful efforts to date.

Objectives

The proposed operation for 2004 utilizes the same strategy employed in the 2003 efforts. Priority countries for participation in the Measles Initiative are selected annually by partners reviewing information on epidemiology of measles, history of vaccination coverage and previous campaigns, status of measles surveillance, status of strategic planning and political commitment, funding, vaccine availability and the status of polio eradication. Côte d'Ivoire postponed the 2003 campaign due to security concerns and the Democratic Republic of Congo delayed its sub-national campaign due to lack of funding.

For 2004, it is expected that at least 8 countries and 59 million children will be targeted for measles vaccination campaigns.

Collaboration, Coordination and Monitoring:

The Federation, as part of the Measles Initiative, takes part in its global coordination mechanism. In 2001, the Federation facilitated technical support to the national societies to engage with key in-country partners (Ministry of Health, WHO, UNICEF) and become formal members into their respective in-country Interagency Coordinating Committees (ICC), under the authority of the Ministry of Health. Participation of the national societies in the campaigns enhances their presence as active members in the ICC, raising their visibility and recognition as important partners.

In 2002, the Federation provided financial support and technical assistance to the national societies through the Regional Delegations. Funding was provided to support national and regional partnerships, volunteer management and planning and monitoring of campaign activities. Specifically, the national societies developed social mobilization and operational support plans for the measles campaigns; these were then submitted through WHO or UNICEF country offices for funding.

For 2003 and beyond, through the Annual Appeal process, the Federation will provide funding through the Federation Regional Delegations to support additional countries, to continue developing national societies' capacities to participate as partners in this important initiative. Funding for this effort is required at least three to six months prior to the start of measles campaigns to allow for coordination and plan development.

National Society Participation:

For the 2001-2002 campaigns, funding to the national societies occurred through one of two methods: 1) direct bilateral support provided by the American Red Cross, or 2) from the Measles Partnership through the United Nations system. The United Nations mechanism has a key advantage in that the UN Foundation committed to match up to USD 10 million of the funding coming from Measles Initiative donors. Funding from this match was then made available to Ministries of Health and to national societies through WHO or UNICEF. Of the total cost of CHF 1.30 per child vaccinated, it is estimated that the cost for social mobilization for the campaign is CHF 0.25 per child; funds will be provided to the national society to support the social mobilization that complements the nation efforts.

Strengthening ARCHI 2010 Approach:

The supplemental immunization campaigns, supported by the Measles Initiative, will serve as a platform for engaging Red Cross / Red Crescent community volunteers in ongoing immunization and disease prevention activities. Funds from this appeal will be used to establish pilot projects to maintain the momentum and to build upon the structures and achievements of the measles campaigns. National societies will be expected to develop follow-on plans to continue to support routine immunization as well as other priority health needs. As full coverage of the appeal for 2003 did not occur, no projects were implemented since the funding of campaigns was paramount.

Ideally, the focus of these community interventions will be in the districts where national societies participated in the campaign. For example, resources provided for the campaign (coordinators, coaches, volunteer networks, training, etc.) will be redirected to enhance community demand for immunization services. These activities will be coordinated with partners through the ongoing presence of national societies in existing ICC.

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Expected results

- Federation delegations and national Red Cross and Red Crescent societies are actively participating in existing ICC and coordination mechanisms for other health initiatives.
- Every child aged 9 months to 14 years will have received at least one dose of measles vaccine.
- 1.2 million measles-related deaths prevented in Africa over the next five years
- National societies will advance ARCHI 2010 goals.
- Surveillance will show a decrease in measles cases and deaths.

Completing polio eradication in remaining endemic countries

Background and achievements/lessons to date

The Federation and WHO signed a partnership agreement in November 2000, to meet the WHO objective of eradicating polio by the year 2005. Previous Appeals for polio eradication indicated that 2003 would be the end of Federation involvement in the partnership. At the same time, there is a greater call than ever from the polio partnership for national society participation to help in the final push in the remaining polio endemic countries. India, Nigeria, Pakistan and Egypt account for 99% of new cases – most of these in just a few states or provinces.

In the early part of 2003, support was provided to four countries (Nigeria, India, Egypt and Bangladesh) to mobilize 5,005 volunteers to reach all children under five in their catchment area. By the end of 2003, the India Red Cross will have scaled up its efforts with a focus on larger participation in the 2004 national campaigns. At the request of the Nigerian Ministry of Health, the Nigerian Red Cross Society will be providing extended social mobilization to highly vulnerable northern states in the latter part of 2003.⁶

Objectives

To contribute to the last mile of eradication, this appeal, as with previous efforts, will support national society participation in community mobilization for supplemental immunization activities, to contribute to achieving the highest possible coverage and reaching the most vulnerable and hard-to-reach children. Funding from this appeal will be used to support the mobilization of volunteer networks including training, materials, coaching, incentives and transport.

Similar to previous operations, the Federation will provide support to those few countries where wild poliovirus still exists in 2004 and access to the population is difficult. Likely countries for Federation support in 2004 would include Egypt, India and Nigeria, and others as needed through ongoing consultation with WHO.

Federation delegations and national societies will actively participate on the Interagency Coordinating Committees (Ministry of Health, WHO, UNICEF; Rotary International, and other partners) in joint planning and monitoring of the activities.

Expected results

- Children in hard-to-reach areas are vaccinated.
- Interruption of wild poliovirus transmission by the end of 2004.
- National societies are actively participating in the Interagency Coordination Committees.
- Enhance national society capacity in volunteer management and as a partner for other health initiatives.

NGO coordination and representation to the GAVI Board

Background and achievements/lessons to date

GAVI is a public-private partnership created in 1999, focused on increasing access to vaccines and vaccination services in poor countries. The GAVI Board administers the Vaccine Fund with USD 1.2 billion in assets. Members of the GAVI Board include UN agencies, governments of countries receiving assistance from the Vaccine Fund, governments of industrialized countries, vaccine manufacturers, technical agencies, and one representative of the NGO community.

⁶ For additional information, please refer to Programme Update no. 1, Annual Appeal No. 01.46/2003 (Africa – Measles and Polio Reduction) dated 12 August 2003 at http://www.ifrc.org/cgi/pdf_appeals.pl?annual03/01460301.pdf

The GAVI strategy includes:

- Improved access to sustainable immunization services
 - Expanded use of all existing, safe and cost-effective vaccines where they address a public health problem.
 - Support to the national and international accelerated disease control targets for vaccine-preventable diseases
- Accelerated development and introduction of new vaccines and technologies.
- Accelerated research and development efforts for vaccines needed primarily in developing countries.
- Making immunization, including routine, coverage a centre-piece in international development efforts.

In October 2002, the Sierra Leone Red Cross Society, represented by its President Dr. Muctaru Jalloh, was selected by the GAVI Board to be the NGO representative for a two-year term. The American Red Cross and the Federation Secretariat (Geneva) have committed to provide administrative and technical support. National Red Cross/Red Crescent Societies are well positioned in most countries to work with multiple partners to understand the concerns of other NGOs in the field, and to present the ideas of civil society to the global policy-making bodies such as the GAVI Board.

To date:

- The NGO Representative has been participating in all scheduled GAVI Board meetings and teleconference calls.
- Informal and formal contacts have been organized with key interested NGOs to represent their views and concerns when relevant items came for discussion before the GAVI Board, in particular regarding the participation of NGOs in decision-making processes. This opens the door for further discussions on options and mechanisms for NGOs to participate as implementing partners in social mobilization activities - aimed at improving coverage of routine immunization services - and to be considered as possible recipients of Vaccine Fund support.

Discussions are in progress regarding feasibility of establishing a managed electronic communication forum (e-forum) to facilitate exchange and representation.

Objectives

The Sierra Leone Red Cross representative, with support from the Federation and the American Red Cross, will continue to serve as a liaison between GAVI and NGOs to represent the views and concerns of each side while working to improve immunization and NGO activity in this field. Communication with interested NGOs will be maintained prior to and following GAVI Board meetings and conference calls to collect and represent their inputs, and to disseminate relevant outcomes. Increased participation of national societies and local NGOs in national ICC and coordination mechanisms will be promoted.

Expected results

- At country level, NGOs and national societies participate in ICC and GAVI working groups to increase community awareness and public demand for immunization, thereby increasing routine coverage, and to facilitate access of the most vulnerable populations to immunization services.
- Questions and concerns of the NGO (indigenous and international) community are brought to the attention of the GAVI Board and its policy-making mechanisms.
- Communication and representation mechanisms for NGOs become an increasing part of the decision-making process in the world of immunization, and can be maintained and handed-over to the next NGO representative at the end of the Federation's two-year tenure.
- A suitable organization is selected to take-over the NGO representative role after 30 June 2004.

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BUDGET 2004

PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.50/2004

Name: Africa - measles and polio

PROGRAMME:

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	0	0	0	0	0	0
Clothing & textiles	0	0	0	0	0	0	0
Food	0	0	0	0	0	0	0
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	0	0	0	0	0	0	0
Medical & first aid	0	0	0	0	0	0	0
Teaching materials	0	0	0	0	0	0	0
Utensils & tools	0	0	0	0	0	0	0
Other relief supplies	0	0	0	0	0	0	0
SUPPLIES	0	0	0	0	0	0	0
Land & Buildings	0	0	0	0	0	0	0
Vehicles	318,240	0	0	0	0	0	318,240
Computers & telecom	0	0	0	0	0	0	0
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	18,720	0	0	0	0	0	18,720
CAPITAL EXPENSES	336,960	0	0	0	0	0	336,960
Warehouse & Distribution	0	0	0	0	0	0	0
Transport & Vehicules	355,680	0	0	0	0	0	355,680
TRANSPORT & STORAGE	355,680	0	0	0	0	0	355,680
Programme Support	249,860	0	0	0	0	0	249,860
PROGRAMME SUPPORT	249,860	0	0	0	0	0	249,860
Personnel-delegates	374,400	0	0	0	0	0	374,400
Personnel-national staff	1,123,200	0	0	0	0	0	1,123,200
Consultants	0	0	0	0	0	0	0
PERSONNEL	1,497,600	0	0	0	0	0	1,497,600
W/shops & Training	0	0	0	0	0	0	0
WORKSHOPS & TRAINING	0	0	0	0	0	0	0
Travel & related expenses	516,720	0	0	0	0	0	516,720
Information	287,080	0	0	0	0	0	287,080
Other General costs	600,100	0	0	0	0	0	600,100
GENERAL EXPENSES	1,403,900	0	0	0	0	0	1,403,900
TOTAL BUDGET:	3,844,000	0	0	0	0	0	3,844,000