

Programme Update



International Federation
of Red Cross and Red Crescent Societies

Global Measles and Polio Initiative

Appeal No. MAA00032

4/08/2008

This report covers the period 01/01/2008 to
30/06/2008



The Pakistan Red Crescent Society volunteers participated in the historic five-phase measles campaign from 2007 to 2008. The campaign, the largest-ever national measles vaccination effort, reached over 63 million children ages nine months to 13 years with measles vaccination.

International Federation.

In brief

Programme purpose: The International Federation's Global Measles and Polio Initiative aims to support Red Cross Red Crescent National Societies to work with partners and provide community social mobilization before, during and after vaccination campaigns to reduce measles and polio morbidity and mortality. Through their volunteer networks and with support from the Global Initiative, Red Cross Red Crescent National Societies will help to ensure **access, equity and impact** of mass supplementary immunization activities to help reach the global targets of 90 per cent measles mortality reduction by 2010 (compared to 2000), and to achieve certification of global polio eradication.

Programme summary: The Global Measles and Polio Initiative continues to grow in 2008, with increased interest from global immunization partners to collaborate with Red Cross Red Crescent National Societies to maximize vaccination coverage during mass campaigns. In the first half of 2008, eight National Societies submitted proposals for funding from the Global Initiative. National Societies have already been active in two large-scale campaigns (Pakistan measles and Nigeria polio campaigns), with a total of more than 10 National Societies planning involvement in measles and polio supplementary immunization activities (SIAs) during the remainder of the year.

A core group of donors has enabled the International Federation to support National Societies for their participation in mass immunization campaigns, and assisted the International Federation in continuing to raise the profile of the Red Cross Red Crescent as a key partner in campaign social

mobilization. With this visibility, has come a renewed demand for National Society support to measles and polio campaigns, particularly within countries where the Red Cross Red Crescent has previously been a leading partner. The sustained involvement of National Societies has been recognized in the global achievements recently celebrated, namely the 2007 announcement that global measles mortality had been reduced by 68 per cent (from an estimated 757,000 deaths in 2000 to 242,000 deaths in 2006), with the largest percentage reduction in estimated measles mortality during this period occurring in the African region (91 per cent).¹ In announcing this success, the role of Red Cross/Red Crescent volunteers has been continually highlighted: "Through the tireless efforts of millions of health workers and volunteers from our Red Cross and Red Crescent family...we literally go door-to-door informing, educating and motivating mothers and caregivers about the critical need to vaccinate their children. These mobilization efforts are essential for our success, helping us consistently reach more than 95 percent of the vulnerable population and saving countless lives."²

In 2008, there are more than **20 countries** planning mass measles campaigns. Polio eradication efforts continue in the remaining four endemic (Afghanistan, India, Nigeria and Pakistan) and re-infected countries. National Societies have been requested to intensify their involvement in these campaign activities, particularly in the realm of polio eradication, and will continue to rely on resources and support provided by the Global Measles and Polio Initiative to fulfil this role as a leading national social mobilization partner.

At the secretariat level, health and care staff continue to provide technical support to National Societies, coordinate with global partners, document Red Cross Red Crescent contribution to global measles and polio goals, and advocate for the increased involvement of National Societies and their volunteers in various global fora. The secretariat continues to prioritize the analysis of volunteers' added value during mass campaigns and plans to include operational research components in select post-campaign evaluations. At the 2008 World Health Organization (WHO) World Health Assembly, the contribution of the Red Cross Red Crescent was again noted during a statement on progress towards the global immunization strategy.³ The scope of the International Federation's support to measles and polio activities from 2000-2007 has been recently published in the 2nd edition of *Partnering for Community Impact*.⁴

Support to the Global Measles and Polio Initiative has been strong in the first half of 2008, but with the substantial request for financial and technical support by National Societies and International Federation regional and zonal colleagues, funds are urgently needed if the Global Initiative is to meet the demand. With current proposals received from National Societies in Benin, Burkina Faso, Central Africa Republic, Chad, Côte d'Ivoire, Georgia, Nepal, and Nigeria, the Global Measles and Polio Initiative requires additional funding to fully support 2008 campaign plans.

Financial situation: The total 2008 budget is CHF 1,052,407 (USD 1,002,292 or EUR 646,839), of which 98 per cent covered. Expenditure overall was 10 per cent. Proposals received to date in 2008 exceed Appeal income, thus there is a need to revise the Measles and Polio Appeal

¹ Progress in Global Measles Control and Mortality Reduction, 2000-2006. WHO Weekly Epidemiological Record. No. 48, 2007, 82, 417-424. <http://www.who.int/wer/2007/wer8248.pdf>

² Measles deaths in Africa plunge by 91 percent: Africa leads strong decline in global measles deaths. American Red Cross Press Release. 29th November 2007. http://www.redcross.org/pressrelease/0,1077,0_314_7319,00.html

³ Global immunisation strategy statement by Kate Elder, International Federation health and care department, to committee A of the World Health Assembly, in Geneva. 21st May 2008. <http://www.ifrc.org/docs/news/speech08/ke210508.asp>

⁴ Partnering for Community Impact. International Federation. <http://www.ifrc.org/Docs/pubs/health/measle-polio-final-report.pdf>

budget.

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

For more detailed information on measles and polio, go to:

Appeal 2008-2009: <http://www.ifrc.org/docs/appeals/annual08/appGA2.pdf>

Plan 2008-2009: <http://www.ifrc.org/docs/appeals/annual08/MAA00032pln.pdf>, for Global Measles and Polio Initiative

Report 2006-2007:

http://www.ifrc.org/cgi/pdf_appeals.pl?annual06/MAA60004r0607.pdf, for Malaria, Measles and Polio (Integration of the Malaria, Measles and Polio programmes)

Appeal 2006-2007 <http://www.ifrc.org/docs/appeals/annual06/MAA60004.pdf>, for Malaria, Measles and Polio (Integration of the Malaria, Measles and Polio programmes)

Programme Update no. 1: <http://www.ifrc.org/docs/appeals/annual06/MAA6000101.pdf> for Measles and Polio

Annual Report:

http://www.ifrc.org/cgi/pdf_appeals.pl?annual06/MAA60001Measles&PolioRep0607.pdf, for Measles and Polio

More info is also available at:

<http://www.ifrc.org/what/health/diseases/measles/index.asp>

<http://www.ifrc.org/what/health/diseases/polio/index.asp>

<http://www.measlesinitiative.org/index3.asp>

<http://www.polioeradication.org/nid.asp>

No. of people we help: Since 2001, the Measles Initiative has supported the vaccination of more than 500 million children in over 50 countries. Between 2001 and 2006, approximately 314 million children were vaccinated against measles in the WHO Africa region alone. In addition, from 2000 to 2006, global routine measles immunization coverage reached an estimated 80 per cent for the first time, up from 72 per cent in 2000. In the area of polio vaccination, more than 400 million children under the age of five were vaccinated multiple times against polio in 2007 in 27 countries. In total, more than 2.2 billion doses of oral polio vaccine (OPV) were administered during 164 vaccination campaigns, primarily in the remaining endemic countries (Afghanistan, India, Nigeria and Pakistan), in re-infected countries and in high-risk areas.

At a result of these efforts, measles deaths in Africa fell by 91 per cent from an estimated 396,000 in 2000 to 36,000 in 2006, reaching the United Nations 2010 goal to cut measles deaths by 90 per cent four years early. Significant progress has also been made towards the four (4) milestones for polio eradication, including an average 51 per cent decline in the number of polio-infected districts by the end of 2007 relative to 2006.

Our partners: The Measles Initiative and Global Polio Eradication Initiative are each made up of five and four spearheading partners, respectively. Each initiative also includes more than 25 international agency, government, private, non-governmental organizations (NGO) and humanitarian actors, of which the International Federation is a key partner. Weekly global conference calls are the principal means for coordinating, collaborating, sharing resources and planning national efforts. The International Federation's work on measles and polio is supported by the American, Finnish, New Zealand, Norwegian and Swedish Red Cross Societies

Context

Mass vaccination campaigns provide a platform for the integration of other highly successful health interventions, and are an area where the Red Cross Red Crescent has a unique added value. Systems established by the Global Polio Eradication Initiative lay the foundation for the advent of the Measles Initiative, which has supported the distribution of more than 29 million insecticide-treated bed nets for malaria prevention, 30 million doses of de-worming medicine, and more than 87 million doses of vitamin A since its founding. The International Federation's involvement in measles morbidity and mortality reduction, and polio eradication, has been notable since both initiatives were founded in 2001 and 1988, respectively.

In 2007, the American Red Cross Society, the United Nations Foundation (UNF), the U.S. Centres for Disease Control and Prevention (CDC), UNICEF and WHO announced a historic 91 per cent reduction in measles mortality in Africa and an impressive 68 per cent decrease worldwide (compared to 2000). On behalf of the Global Polio Eradication Initiative, Rotary International, CDC, UNICEF and WHO also celebrated success after the February 2007 high level consultation mandated an intensified polio eradication response, helping to reduce type 1 polio (the most paralytic) by 81 per cent (over 2006 levels) by the end of the year. The 2008 WHO World Health Assembly acknowledged these achievements and adopted resolutions to support their continued progress.⁵

National Societies play a critical role in providing volunteer support before, during and after measles and polio campaigns. Red Cross Red Crescent volunteers provide the additional manpower required to disseminate campaign information, dispel vaccine-related myths, reach the most geographically remote areas and maximize vaccination coverage among the most vulnerable and hard to reach. To facilitate this involvement, National Societies work in partnership with country-level planning committees, including the inter-agency coordinating committees (ICC) and the national social mobilization working groups. Support provided by the Global Measles and Polio Initiative helps National Societies to participate in their national committees and planning groups, formulate social mobilization plans and budgets, mobilize volunteers for the vaccination campaign and prepare reports on the work achieved. The social mobilization activities undertaken by National Societies support the strategic directions of International Federation's global health and care strategy, while enhancing the capacity of National Societies themselves, and increasing their visibility as a leading national partner in social mobilization.

A priority of the International Federation and its zonal delegations is to ensure a continuum of support for all National Societies involved in campaigns, including pre- and during-campaign social mobilization and sustainable post-campaign follow-up. National Societies that participate in mass vaccination campaigns are building upon their community-based first aid (CBFA) competencies and applying the African Red Cross Red Crescent Health Strategy (ARCHI 2010) on volunteer management systems. This involvement, through the network of community-based volunteers which are able to access the most vulnerable and hard to reach groups, not only helps to increase vaccination coverage, but contributes to the organizational development of National Societies and the visibility of the Red Cross Red Crescent Movement as a key vaccination and child survival partner.

⁵ WHO WHA Resolution EB122.R1 Poliomyelitis: mechanism for management of potential risks to eradication. WHO WHA Resolution EB122.R7 Global immunization strategy.

Progress towards outcomes

Outcome(s)/Expected result(s)

1. Provision of technical support to zonal/regional offices and National Societies for proposal development, campaign planning, implementation and follow-up.
2. Mobilization and provision of funds for National Society involvement in 2008 to 2009 measles and polio campaigns.
3. Development of tools and guidelines to support National Society and volunteer involvement in vaccination campaigns.
4. Promotion of National Society role and advocacy for involvement of Red Cross Red Crescent in global and regional forums.
5. Support for National Society capacity building through involvement in all aspects of vaccination campaign preparation, implementation and follow-up.

Achievements

In 2008, there have been ten proposals received by the Global Measles and Polio Initiative for campaigns scheduled to take place in the second half of the year. Proposals were submitted by the National Societies in Benin, Burkina Faso, Central Africa Republic, Chad, Côte d'Ivoire, Malawi, Nigeria (for both polio and measles campaigns), Georgia and Nepal. The cumulative number of proposed volunteers to be mobilized exceeds 3,000 across the ten scheduled campaigns which aim to vaccinate over 33 million eligible children against measles and polio. Additionally, National Society proposals are expected for other 2008 campaigns to be held in the Democratic Republic of the Congo, Egypt, India, Nepal, Pakistan, and Yemen, among others. There is currently a critical shortage of funds, which is prohibiting all proposals from being fully funded unless additional pledges to the Global Initiative are received.

West and Central Africa

Nigerian Red Cross Society (NRCS) received financial support from the Finnish Red Cross Society through the International Federation for their involvement in the July 2008 polio sub-national immunization days (SNIDs). NRCS planned to mobilize over 1,000 volunteers through their existing mother clubs and school unit networks to maximize polio vaccination in 250 local government authority units (LGAs). NRCS, as a standing member of the national social mobilization working group, has been heavily involved in both polio and measles activities and participated in three different campaigns between 2006 to 2007. With new polio outbreaks ongoing in Nigeria, and a nine-fold increase in type 1 polio cases in 2008 (as of 12th June) as compared to 2007, the country accounts for 86 per cent of type 1 cases in the world. Fragility of the gains made against polio in Nigeria has resulted in polio importation to Benin, Niger and Chad. Pending resources, NRCS plans to continue mobilizing volunteers for subsequent polio SNIDs and has already submitted a proposal to the national ICC and the International Federation Global Initiative for measles vaccination rounds in November and December that will target over 25 million children ages nine to 59 months.

Red Cross Society of Benin has submitted a proposal for social mobilization activities around the November measles campaign that will target 1.2 million children. The National Society proposes mobilizing 100 volunteers countrywide for the effort. The International Federation is providing technical support for the proposal development and looking to secure funds.

Burkinabe Red Cross Society has submitted a proposal to mobilize 380 volunteers for the emergency polio rounds in June and July 2008. The polio rounds come after an outbreak of polio in Northern Nigeria which spread to Burkina Faso, among other surrounding countries.

Central African Red Cross Society has proposed mobilizing 500 volunteers and 17 supervisors for the October to December national measles campaign rounds. The International Federation is looking to secure funds for this proposal.

Red Cross Society of Chad has proposed mobilizing 250 volunteers for the ongoing polio SNID rounds. As of June, four polio cases had been reported in 2008 in Chad, which remains a high-risk country for polio transmission.

Red Cross Society of Côte d'Ivoire has proposed mobilizing 600 volunteers for the November measles campaign that will target over three million children. The campaign will be integrated with distribution of Vitamin A, de-worming tablets and insecticide-treated nets (ITNs) to prevent malaria.

Southern Africa

Malawi Red Cross Society proposed mobilizing over 1,900 volunteers in 15 districts for the October measles campaign that will target over two million children.

Asia Pacific

Nepal Red Cross Society (NRCS) has proposed mobilizing 930 volunteers for their two phase measles campaign in September and December. NRCS has been invited by the Ministry of Health to support campaign activities through mobilization of female community health volunteers and teachers in 17 (of the total 75) districts. The campaign will target close to four million children for vaccination, and is the second national campaign in Nepal.

Europe

Georgia Red Cross Society (GRCS) will mobilize 300 volunteers in all districts of Kvemo Kartli province during the September to October national measles and rubella campaign. GRCS has identified this area for activity because of the large Azerbaijani community which is considered most vulnerable and hard to reach. Building upon the recently signed Memorandum of Understanding (MOU) between the International Federation and the WHO/Europe region, GRCS will mobilize communities to be vaccinated through public events, distribution of educational information and door-to-door visits. Funding through the International Federation has already been secured from the American and Norwegian Red Cross Societies for this campaign.

Middle East North Africa

Following upon its successful involvement in Phase 3 of the historic measles campaign, the **Pakistan Red Crescent Society (PRCS)**, with support from the American Red Cross Society, participated in the fifth and final round of measles vaccinations in March 2008. The five-phase campaign aimed to vaccinate 63 million children, aged nine months to 13 years between March 2007 and March 2008. PRCS involvement in both Phases 3 and 5 of the campaign included: radio awareness programmes, announcements in all targeted areas through mobile vehicle speakers, awareness-raising activities in schools and madrassah, advertisement through banners, announcements in mosques, and awareness-raising sessions in communities. For the fifth round of the campaign, which ran from 17th March to 3rd April and targeted over 34 million people, PRCS mobilized approximately 100 volunteers in three districts of Punjab. The heightened visibility of PRCS as a key social mobilization partner within the country has now prompted discussions for intensified National Society involvement in the Pakistan polio eradication effort.

At the secretariat level, health and care staff have provided technical support to National Societies, coordinated with global partners, documented Red Cross Red Crescent contribution to global measles and polio goals, and advocated for the increased involvement of National Societies and their volunteers in various global fora. Weekly participation in the Measles

Initiative teleconferences and the Global Polio Eradication Initiative meetings has helped to communicate the role and contribution of the Red Cross Red Crescent to global measles and polio efforts. At the 2008 WHO World Health Assembly, the contribution of the Red Cross Red Crescent was highlighted during a statement on progress towards the global immunization strategy.⁶ The scope of the International Federation's support to measles and polio activities from 2000-2007 was recently published in the 2nd edition of *Partnering for Community Impact*.⁷

Constraints or Challenges

The main constraint for the International Federation's Measles and Polio Initiative has been the lack of sufficient un-earmarked funding to make firm commitments to National Societies. Efforts have been made by National Societies to seek funds at the national level, which have been increasingly successful due to their effective participation in previous campaign activities, but without predictable funding to fill gaps, the sustainability of Red Cross Red Crescent involvement in global vaccination efforts will be compromised.

National Societies are frequently called upon by their Ministries of Health to provide social mobilization to maximize campaign success and reach high coverage levels. Additionally, the International Federation is asked how it is contributing to the realization of the Global Immunization Vision and Strategy (GIVS) goals, and to the child survival-related Millennium Development Goals (MDG 4 - reduce by two thirds the mortality rate among children under five). Without an adequately funded plan, the International Federation and its National Societies will not be able to realize its full potential to support and contribute to the success of the measles and polio vaccination campaigns, and reach globally agreed upon targets.

Working in partnership

- At the global level, the highly successful Measles Initiative, founded by the American Red Cross Society, 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 Red Cross Red Crescent National Societies – participating in the Measles Initiative. The International Federation has been a key partner since its founding in 2001.
- 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.
- At the national level, National Societies work in partnership with country-level planning committees, including the inter-agency coordinating committees (ICC) and the national social mobilization working groups. These are convened by the Ministry of Health and typically include the National Society as a key partner, particularly in social mobilization.

Contributing to longer-term impact

Impact on reducing morbidity and mortality due to vaccine preventable diseases such as measles and polio will only be achieved with the sustained support of civil society partners such as Red Cross Red Crescent National Societies. By being involved in social mobilization activities to increase mass vaccination coverage, Red Cross Red Crescent volunteers are contributing to the success of these campaigns and maximizing the number of beneficiaries. With support to the

⁶ Global immunisation strategy statement by Kate Elder, International Federation health and care department, to committee A of the World Health Assembly, in Geneva. 21st May 2008.
<http://www.ifrc.org/docs/news/speech08/ke210508.asp>

⁷ Partnering for Community Impact. International Federation. <http://www.ifrc.org/Docs/pubs/health/measle-polio-final-report.pdf>

Measles Initiative, the International Federation is helping to reach the 90 per cent reduction goal in measles deaths by 2010 (compared to 2000), as set out in the GIVS targets. From 2000 to 2006, approximately 478 million children aged nine months to 14 years received measles vaccine through SIAs in the 47 priority countries. Due to these successes, WHO estimated that 2.8 million lives have been saved because of measles immunization efforts. The International Federation celebrated its contribution to the 2007 announcement of a 91 per cent reduction in measles deaths in Africa and 68 per cent global reduction in measles mortality. These are concrete steps taken towards MDG 4 – to reduce child mortality.

Looking ahead

Achieving the MDGs and globally agreed upon immunization targets requires more children to be vaccinated against measles, polio and other vaccine-preventable diseases. Progress towards child survival goals will not only rely upon uptake of vaccination campaign activities but will require strengthening and improved access to routine immunization services.

This can only be done with the participation of civil society actors which have a constant presence at the community level, namely Red Cross Red Crescent National Societies. 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 and will seek continued and additional funding for the Global Measles and Polio Initiative.

Outreach to other zones outside of Africa, and increase support from global immunization donors, ex. GAVI Alliance.

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.
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