

# Annual report



International Federation  
of Red Cross and Red Crescent Societies

## Global Measles & Polio Initiative

Appeal No. MAA00032

23 May 2011

This report covers the period 1 January to 31 December 2010.



A child in the Gambia smiles during the April 2010 national polio campaign. Almost 600 Gambia Red Cross volunteers supported the campaign through house-to-house activities. **International Federation**

### In brief

**Programme outcome:** In support of Strategy 2020; and the Millennium Development Goal #4: a two-thirds reduction in child mortality between 1990 and 2015, the International Federation of Red Cross and Red Crescent Societies (IFRC) liaise with global immunization partners to ensure their continued involvement in measles and polio supplementary immunization activities (SIAs). These activities serve to increase uptake of services during both mass vaccination campaigns and routine immunization services, and to reduce global measles and polio morbidity and mortality.

The immunization programme works to highlight vaccines as a global health “best buy,” and positions the IFRC to use its role in humanitarian diplomacy to advocate for increased access to immunization, and to achieve the global goal of polio eradication and measles elimination.

#### Programme(s) summary:

- During 2010, IFRC further built its profile as a key partner in polio eradication. Intensified demand for national and global involvement in the Global Polio Eradication Initiative (GPEI) saw extended requests to the IFRC for additional support in a number of areas, including operationally through National Society support to national immunization days (NIDs), e.g. polio campaigns, and globally through heightened involvement in advocacy for polio eradication.
- The IFRC played a significant role in the development of the GAVI Alliance civil society organization (CSO) constituency in 2010. At a meeting in March 2010 a formalized structure for the GAVI CSO Constituency was agreed upon. At the request of the CSO Constituency, the IFRC hosted a half-time Communications Focal Point (CFP) (for 6 months) to support the development of the constituency. In October 2010, the IFRC organized the first meeting of the CSO Steering Committee, and was elected its first

Chair.<sup>1</sup>

- Sixteen (16) National Societies were supported with funds from the Global Measles & Polio Initiative to participate in twenty-eight (28) vaccination campaigns, mobilizing approximately 14,157 volunteers. Over 1.9 million households were visited by Red Cross/Red Crescent volunteers during these campaigns, and 4,530,150 beneficiaries were reached, many of which were children under 5 years (or the target age group) for vaccination.
- Funds provided through *other* means (emergency response, bilateral) supported seven (7) National Societies in outbreak response to measles epidemics (in Cameroon and Malawi), and polio epidemics (in the Republic of the Congo, Tajikistan, Kyrgyzstan). Bilateral support (from American Red Cross) enabled National Societies in Madagascar and Senegal to support their measles campaigns. Vaccination activities were also included in the disaster response operations in Haiti and Pakistan.
- To work towards the 2010 global measles mortality reduction goal (as outlined in the *Global Immunization Vision and Strategy, GIVS*), the IFRC continued to support the Measles Initiative (MI) through raising awareness of the MI's severe funding shortage, and the importance of continued support to this highly successful initiative. The critical funding shortage was ongoing during the time of this update, and had resulted in the postponement of a number of measles campaigns in 2010.
- Measles outbreaks were rampant in 2010, particularly in the Africa region. Twenty-eight (28) African countries experienced outbreaks, with over 127,000 confirmed cases of measles and over 1,400 deaths. DREF funding to National Societies in Cameroon and Malawi enable their National Societies to support the outbreak response.
- The IFRC used its observer status at the 63<sup>rd</sup> WHO World Health Assembly to deliver statements during two agenda items: measles elimination and polio eradication.
- The IFRC heightened its role in global advocacy for achieving polio eradication, measles elimination, and expanding access to vaccines in 2010. At the MDG Summit in New York (September 2010), the IFRC organized an event entitled "*Unfinished business: reaching the MDGs with lessons learned from global polio eradication.*" The event brought together prominent speakers from the Afghan Red Crescent, the Nigerian Ministry of Health, WHO, UNICEF, Rotary International, and the Bill & Melinda Gates Foundation, to an audience of over 100 people.
- "Immunization: unfinished business", an advocacy report, was launched at the MDG Summit.<sup>2</sup>

**Financial situation:** The total 2010 budget was CHF 1'457'090, of which CHF 1'786'660 (122 per cent) covered during the reporting period (including opening balance). Overall expenditure during the reporting period was CHF 1'413'395 (97 per cent) of the budget.

Coverage of the 2010 Plan exceeded the budget due to unexpected funds from the GAVI Alliance. At the request of the GAVI CSO Constituency, the IFRC hosted a half-time Communications Focal Point, and organized the first meeting of the CSO Steering Committee. Both of these activities were financed by the GAVI Alliance, and had not been anticipated thus were not originally budgeted in the 2010 Plan.

In addition, income from a new donor in 2010, the Bill and Melinda Gates Foundation, allowed the IFRC to scale up its supports to National Societies for polio eradication activities.

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

[Global Measles & Polio Plan 2010-2011](#)

<sup>1</sup> See the GAVI CSO Steering Committee video made during the October 2010 meeting at [http://www.youtube.com/user/ifrc#p/a/u/1/\\_r0nIPymzOA](http://www.youtube.com/user/ifrc#p/a/u/1/_r0nIPymzOA)

<sup>2</sup> IFRC. Immunization: unfinished business. October 2010.

[http://www.ifrc.org/Global/Publications/Health/Immunization\\_Advocacy\\_Report2010\\_EN.pdf](http://www.ifrc.org/Global/Publications/Health/Immunization_Advocacy_Report2010_EN.pdf)

**No. of people we have reached:** Through support to sixteen (16) National Societies which conducted social mobilization activities during twenty-eight (28) vaccination campaigns over 1.9 million households were visited by Red Cross/Red Crescent volunteers, and 4,530,150 beneficiaries were reached, many of which were children under 5 years (or the target age group) for vaccination.

**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, non-governmental organizations (NGO) and humanitarian actors, of which the IFRC is a key partner. The IFRC's work on measles and polio is supported by the American, Finnish, Norwegian and Swedish Red Cross Societies. The Bill and Melinda Gates Foundation was a new donor to the Global Measles & Polio Initiative in 2010.

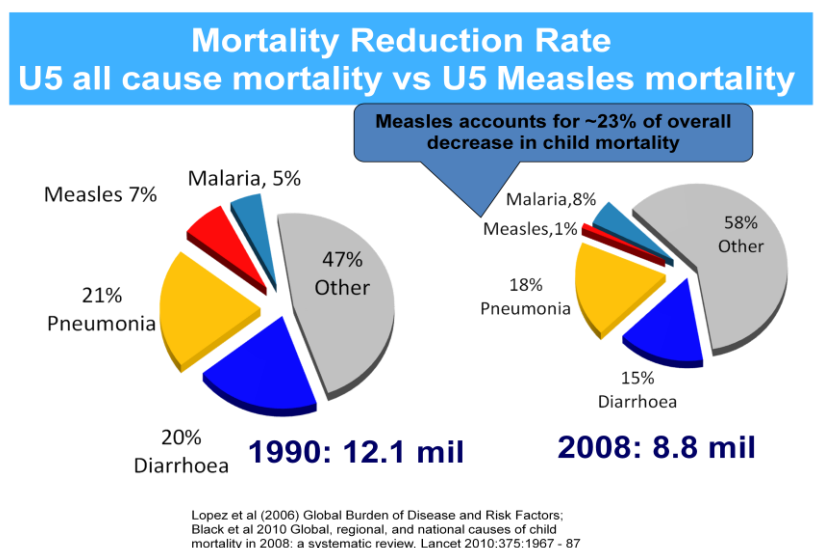
The IFRC also Chairs the GAVI Alliance CSO Steering Committee, a group of fifteen (15) CSOs which work to support the GAVI Alliance to make vaccines available to the world's poorest countries. The GAVI CSO Constituency is a network of more than 185 members which work with the Steering Committee and the GAVI Alliance partners to achieve their goals of introducing new vaccines into the routine immunization schedule.

National Society activities to support the achievement of polio eradication and the elimination of measles in affected countries are done in partnership with local actors, including the Ministry of Health, WHO, UNICEF, and civil society organizations. Vaccination campaigns are organized through an inter-agency coordinating committee (ICC), of which the National Society is typically a partner. At the global level, the IFRC and donor National Societies work with partners, such as WHO and UNICEF, to facilitate the work of these two global vaccination initiatives.

## Context

In 2010, a critical year for both the Measles Initiative and the Global Polio Eradication Initiative, the IFRC was a key civil society partner for reaching these vaccination-related goals. Measles campaigns were under threat as the Measles Initiative faced a severe funding crisis, resulting in the postponement of important campaigns. Despite improvements in measles routine immunization coverage (by 2009 there was 89 per cent global coverage of measles-containing vaccine), the threshold was not high enough to prevent outbreaks where campaigns had to be postponed: over 1,400 measles deaths occurred in the Africa region in 2010. The cost of vaccinating a child against measles is 1 US dollar.

WHO estimated that the effect of decreased financial and political commitment to measles campaigns could result in a return to over 500,000 measles deaths a year by 2012, fully reducing the remarkable gains made against measles to date. Measles mortality reduction is a key indicator of MDG 4 – reduction of child mortality by 2/3 by 2015 – thus the shortage of funding for the Measles Initiative impacts our progress towards MDG 4. The slide above (courtesy of UNICEF and WHO), illustrates the contribution of decreased measles mortality on MDG 4 between 1990 – 2008:



23 per cent of overall reduction in child mortality was due to decreased measles deaths. At the 2010 WHO World Health Assembly, countries endorsed interim targets as milestones towards an eventual global measles eradication goal.

On 18<sup>th</sup> June 2010 the Global Polio Eradication Initiative (GPEI) Strategic Plan 2010-2012 was officially launched by a number of polio eradication partners, with particular emphasis placed on the funds needed to fully implement the plan. The strategic plan, which put forward milestones over the next three years for the final eradication of wild poliovirus by 2013, includes the IFRC as an operational partner.<sup>3</sup> The IFRC participated in the launch with high level representation.

Strides towards polio eradication in the endemic countries was positive in 2010, but a number of outbreaks in countries continued to threaten the global goal. In 2010, there were 1,292 reported wild poliovirus (WPV) cases: 232 cases in the endemic countries (Nigeria, Pakistan, India and Afghanistan), and 1,060 cases in the non-endemic countries. Red Cross Red Crescent National Societies were called upon to provide intensified volunteer support during synchronized regional polio campaigns which aimed to interrupt wild poliovirus (WPV) transmission. Additionally, in the outbreak countries National Societies provided immense support during multiple vaccination rounds. An enormous WPV outbreak in Tajikistan (458 cases) reminded the global community that no country is immune to the crippling effects of polio until we achieve global eradication. Including the outbreak in the Republic of the Congo which numbered 384 cases, approximately 65 per cent of the global WPV cases in 2010 were in these two countries. National Societies in both countries played an important role in the outbreak response through provision of DREF (Red Crescent Society of Tajikistan received CHF 260,221, and Red Crescent Congolese Red Cross received CHF 200,000). In addition to support to outbreak response, Red Cross Red Crescent National Societies in a number of countries (14) continued their support to polio campaigns to ensure that the West Africa outbreak which happened in 2009 was definitively done.

The GAVI Alliance, which supports introduction of new and under-utilized vaccines, and health systems strengthening in the 56 poorest countries, had a successful year with supporting the introduction of pneumococcal vaccine in a handfull of countries. GAVI held its first high level advocacy meeting in the Hague in March, followed by another advocacy meeting in October 2010.<sup>4</sup> These meetings were all in preparation for the first GAVI Pledging Conference which is scheduled to take place in London in June 2011. IFRC played a significant role in the continued development of the GAVI CSO Constituency in 2010. In March 2010, a broad meeting of civil society organizations was convened in Geneva where a formal CSO Constituency structure was agreed upon. At the request of the CSO group, the IFRC agreed to host a half-time Communications Focal Point to support the Constituency. This position was funded by the GAVI Alliance, and worked closely with the IFRC, member CSOs and the GAVI Secretariat.

In October 2010, the first meeting of the GAVI CSO Steering Committee was organized and hosted by the IFRC in Geneva, bringing together twenty (20) CSO representatives ranging from large international organizations such as Catholic Relief Services, Oxfam International, and World Vision, to smaller NGOs working in GAVI-eligible countries (see photo of the CSO Steering Committee at right). At this meeting, the IFRC was elected Chair of the GAVI CSO Steering Committee. In cooperation with the broader network of CSOs, the IFRC is working closely with the GAVI Alliance to



<sup>3</sup> See GPEI Strategic Plan 2010-2012 at <http://www.polioeradication.org/content/publications/GPEI.StrategicPlan.2010-2012.ENG.May.2010.pdf>

<sup>4</sup> See *Investing in immunisation through the GAVI Alliance : The Evidence Base* at [http://www.gavialliance.org/media\\_centre/features/2010\\_03\\_12\\_evidence\\_base.php](http://www.gavialliance.org/media_centre/features/2010_03_12_evidence_base.php)

profile the importance of making new vaccines, such as pneumococcal vaccine and rotavirus vaccine, available to the least developed countries so that a further 4.2 million lives can be saved by 2015.

In 2010, the IFRC Global Measles and Polio Initiative played a large role in funding National Society participation in a number of vaccination campaigns (28), and strengthened the IFRC's global profile as a key stakeholder in polio eradication, measles elimination and introduction of new vaccines. Within its humanitarian diplomacy work, the IFRC continued to advocate for access to live-saving vaccines for the most vulnerable and marginalized groups, and for the importance of completing the global goal of polio eradication. As a respected member of civil society, the IFRC played a convening role within the GAVI CSO Constituency, which has emerged as a key partner in the GAVI Alliance.

## Progress towards outcomes

### Outcome(s)

- Promotion of Red Cross Red Crescent role in the Measles Initiative, the Global Polio Eradication Initiative, and the GAVI Alliance.
- Provision of flexible funds for National Society involvement in 2010-2011 mass measles and polio campaigns.
- Provision of vaccination-specific technical support to zonal/regional/country delegation offices and National Societies.
- Development and dissemination of Red Cross Red Crescent-specific tools and guidelines on vaccination social mobilization.

### Achievements

In 2010, there were twenty-eight (28) proposals funded by the Global Measles and Polio Initiative in sixteen (16) countries. Activities financed by the Global Initiative mobilized more than 14,000 volunteers to contribute to global partnership efforts to reduce measles morbidity and mortality and eradicate polio.

More than 4.5 million people were reached by Red Cross Red Crescent volunteers with vaccination messages, in approximately 2 million households.

The IFRC also continued to play an important global role in both vaccination initiatives, and in the promotion of routine immunization. This has included delivering statements on the measles and polio agenda items during the 63<sup>rd</sup> WHO World Health Assembly, significant participation in the GAVI Alliance CSO Constituency, organizing an event on polio eradication at the MDG Summit, and global advocacy around polio eradication, measles elimination, and introduction of new vaccines.<sup>5</sup>

### Asia

Proposals for measles SIAs were received from two National Societies in Asia: Bangladesh and Indonesia. Additionally, The Philippine National Red Cross participated in their measles outbreak response, though with funds generated internally.

The **Bangladesh Red Crescent Society** mobilized 740 volunteers in 11 districts during the February national measles campaign. The campaign targeted approximately 17 million children for vaccination. A Value of Volunteers (VIVA) analysis was completed on the BDRCS's activity which found that the national society's volunteer investment was cost effective. Funds for this activity came from the American Red Cross as a backdonor to the Global Initiative.

---

<sup>5</sup> For the WHO interventions please see <http://www.ifrc.org/news/speeches.asp>

## Europe

**The Red Crescent Society of Tajikistan (RCST)** supported polio outbreak response activities with support received from the DREF (260,221 Swiss francs). Mobilizing 400 volunteers in 20 districts of Tajikistan, the RCST helped to distribute communications materials to approximately 2.6 million people to promote vaccinations against polio.<sup>6</sup> RCST continued to play a major role in the outbreak response throughout 2010, and in early 2011 were continuing to work with victims of the polio outbreak.

**Kyrgyzstan Red Crescent Society (KRCS)** received DREF funding (81,579 Swiss francs) to mobilize 600 volunteers during the national polio immunization days in July and August 2010. Nation-wide campaigns were organized when the outbreak in Tajikistan was discovered to protect surrounding countries. No polio cases were identified in the country. In 2011, KRCS continued to play an active role in the continued prevention activities.

## Africa

At the time of this report, numerous measles outbreak response activities were continuing across Africa. In 2010, National Societies in a handful countries supported the response through different means, including DREF. One National Society (Zambia Red Cross) received funding from the Global Initiative in 2010 to participate in their planned measles campaign; an additional two (Malagasy Red Cross and Senegalese Red Cross) received bilateral funding from the American Red Cross.

To further progress towards polio eradication, multiple synchronized national and sub-national immunization days (NIDs/SNIDs) were carried out in 2010, with extensive Red Cross Red Crescent support. Multi-country (up to 20 countries at a time) campaigns were held across the polio “importation belt” was held in March, April, May, August, October and November. Fourteen (14) National Societies supported these rounds through mobilizing of volunteers in the hardest to reach areas; many National Societies were active in multiple rounds.

The **Red Cross of Benin** supported their April and November polio rounds. In April, 340 volunteers in six “communes” to help reach a total of 307,000 children under 5 years for polio vaccination. In November 2010, the national society mobilized 200 volunteers in seven “communes” (specifically targeting the most resistant areas), reaching 85,400 households.

The **Burkinabe Red Cross Society** mobilized 740 volunteers and 55 supervisors in eight regions (32 districts) during the May round. National Society activities reached 83,000 households, and 590,400 people. An additional 398,000 people were reached through community-based focus group activities.

The **Cameroon Red Cross Society** was active in two polio rounds in 2010. In the April round, CRC mobilized 650 volunteers, helping to visit more than 692,500 households with vaccination messages. Of the approximately two million eligible children countrywide, there was an administrative vaccination coverage of 105 per cent. National Society volunteers identified and resolved 250 cases of refusal, convincing caretakers to vaccinate their children against polio. In addition to providing volunteer support, IFRC’s Central Africa regional office supported independent monitoring (IM) of the campaign by taking responsibility for IM in one region (Nord).

Regions	Number of health districts	Number of volunteers	Households visited	Number of refusals	Number of refusals resolved
<b>Adamaoua</b>	5	80	19,474	152	124
<b>Est</b>	5	140	11,630	200	134
<b>Extrême-</b>	17	280	348,251	N.D	N.D

<sup>6</sup> For a web story on the Red Crescent Society of Tajikistan’s contribution to the polio outbreak response, please see <http://www.ifrc.org/docs/news/10/10052801/index.asp>

<b>Nord</b>					
<b>Nord</b>	10	150	313,191	N.D	N.D
<b>Total</b>	<b>37</b>	<b>650</b>	<b>692,546</b>	<b>352</b>	<b>258</b>

In the December 2010 round, CRC mobilized 1,290 volunteers in 4 regions. Volunteers visited 278,000 households and identified and resolved 902 refusals. Again the CRC support Independent Monitoring activities by training and supporting 12 monitors in the Nord region.

Cameroon Red Cross received DREF funding to support the measles outbreak response activities in Langui refugee camp in March 2010.



A CAR volunteer vaccinates a child against polio during the April 2010 national round.

The **Central African Red Cross Society** recruited and deployed 600 volunteers, 60 local supervisors and 17 regional supervisors, during the April polio campaign that targeted 800,000 children for polio vaccination. In the seven health areas in which the National Society conducted social mobilization, Red Cross volunteers visited approximately 15,000 households, and vaccinated 624,980 children with oral polio vaccine (OPV).

The **Red Cross of Chad** mobilized volunteers during the April and May polio rounds with funds from both

the Swedish Red Cross and the Global Initiative (with the Bill & Melinda Gates Foundation as the

backdonor). Activities were conducted in 14 (out of 22) regions, and 1,200 volunteers were mobilized in each round. Through visits to 41,400 households, RCC volunteers vaccinated 265,220 children.

The **Red Cross Society of Côte d'Ivoire** mobilized volunteers during the April and October polio rounds. In the April round, 470 volunteers, 40 supervisors and 10 medical coordinators supported the activities. Red Cross volunteers visited 92,050 households, vaccinating 332,6000 children. Activities also helped to reconcile 90 refusals. The National Society conducted social mobilization in 10 (out of a total 83) districts (listed below).

<b>Red Cross Districts</b>	<b>Eligible children (&lt;5 yrs)</b>	<b>Number of volunteers</b>
Yamoussoukro	69,358	57
Toulepleu	15,449	35
Grand-Bassam	54,048	46
Oume	57,921	46
Abengourou	151,471	57
Bongouanou	74,726	35
Bondoukou	86,828	46
Blouquin	30,844	46
Tabou	47,971	35
Man	81,479	57
<b>Total</b>	<b>670,095</b>	<b>460</b>

In the October polio round, the National Society mobilized 550 volunteers and supervisors to reach approximately 602,000 children under 5 years in the 10 districts targeted.

The **Red Cross of the Democratic Republic of the Congo** was active in 4 phases of polio campaigns which took place in August, September, October and November 2010. During the August and September rounds, 400 volunteers were mobilized in 20 'zones santé' of 2 provinces, reaching 40,000 households. In the October and November rounds, 1,000 volunteers were mobilized in three regions: Kasai-Oriental, Kasai-Occidental, and Maniema provinces. Eighty-one (81) per cent of the children in those regions were reached by Red Cross social mobilization activities. Funds from the Global Initiative for the polio vaccination activities were used to initiate CBHFA in the country.



**The Gambia Red Cross Society** received funding from the Global Initiative to participate in two polio rounds during 2010 (April and June). There were 570 volunteers active in three regions (Banjul, Western Region, Kanifing Municipal Branch). Volunteers reached 31,075 households, and thousands of community members with band performances. A video was made of the National Societies activities.<sup>7</sup> Below a Gambia Red Cross volunteer vaccinates a child during the April polio round.

The **Liberian Red Cross Society** was active during the March and April polio rounds with funds provided by the Global Initiative. There were 450 volunteers mobilized in five counties for the March round, helping to visit 89,290 households and vaccinating 80,130 children with OPV. During the April 2010 polio round, 700 volunteers were mobilized to visit 236,070 households, and vaccinated 122,634 children.

The **Mali Red Cross** received funding from the Global Initiative to participate in two polio rounds (April and May) during the first half of the year, and the October 2010 polio round. During each of the April and May polio rounds, 450 volunteers were mobilized in 15 districts of two regions (Kayes and Koulikoro); 31,700 households were reached and 133,800 people were reached. During the October 2010 round, 450 volunteers were again mobilized and visited 45,057 households, reaching 193,506 people with polio messages.

The **Red Cross Society of Niger** mobilized 600 volunteers and 26 volunteer supervisors during the April polio campaign to reach approximately 320,500 people in 557 villages. The National Society worked in four regions and 12 communes to support the campaign with supplemental social mobilization activities. Approximately 149,130 households were visited. Indirectly, the NS was able to reach approximately 80 per cent of the population through radio spots that were broadcast both nationally and within community contexts.



The **Senegalese Red Cross Society** received funding from the Global Initiative to participate in two polio rounds during the first half of the year. In January 2010, after 12 years without polio, Senegal reported its first cases of wild poliovirus. To support the vaccination response effort, approximately 880 volunteers were mobilized in eight (of the total 14) regions, primarily serving as vaccinators (as requested by the MoH). In the regions where the National Society conducted social mobilization, there was found to be a 10.7 per cent increase in vaccination coverage (from rounds 1 to 3), as compared to 4.1 per cent in areas where there was no Red Cross intervention. In the June 2010 polio round, the National

<sup>7</sup> Senegalese Red Cross volunteers  
 Watch the video *Kick Polio Out of the Gambia!* At  
 April polio vaccination campaign.  
<http://www.youtube.com/watch?v=5i9oGAY9Z3Q>

Society again provisioned 800 Red Cross volunteers were served as official vaccinators for the campaign in 8 regions.

The **Sierra Leone Red Cross Society** mobilized 630 volunteers during the early May polio vaccination round (which had been postponed from April due to the insufficient vaccine stock that was stuck in Europe because of the ash cloud). All 14 National Society branches participated in the campaign through their CBHP programme, and 47 hard to reach areas were particularly targeted. Volunteers visited 47,736 households, and vaccinated 443,130 children.

**Togolese Red Cross** received funding from the Global Initiative to participate in the April polio round, mobilizing 350 volunteers in 4 districts (Tone, Oti, Kpendjal, and Tanjouare). Volunteers visited 54,560 households, and vaccinated 81,050 children with OPV. Red Cross activities identified 581 “0 dose” children (children who had never been vaccinated against polio).

**Zambia Red Cross** mobilized 300 volunteers in three districts (Mambew, Mpongwe, and Siavonga) for their July measles campaign. Volunteers visited 5,470 households and reached 16,200 children. Funds for this activity came from the American Red Cross as a backdonor to the Global Initiative.

### **Constraints or Challenges:**

A challenge for the IFRC’s Global Measles and Polio Initiative has been the timely receipt of National Society proposals in order to enable a proper technical review by IFRC’s regional/zonal health staff and the secretariat in Geneva. With insufficient time to properly review proposals and ensure that they meet the Global Initiative criteria, transfer of funds to support National Society activities in good time for proper preparations has been a recurring challenge. This challenge is inherent in the polio campaign planning process, as campaigns are often not confirmed by the MoH and WHO until approximately two months before the intended start date.

Availability of sufficient technical assistance to support National Society planning for campaigns is a continuous challenge. The IFRC continues to draw upon in-country partner human resources to support planning processes which include National Societies; however, adequate internal assistance must be available in order for campaign planning to be comprehensive and timely. This slightly improved in 2010, with WHO Headquarters staff often visiting National Societies during their country visits, and working to ensure that the Red Cross Red Crescent is part of the campaign planning process from the beginning.

Adequate funding to meet all National Society requests is a challenge. There are consistently more requests for financial support than the Global Initiative is able to meet.

## Working in partnership

- The primary partners for the Global Measles and Polio Initiative are national societies, which implement the large-scale social mobilization activities around measles and polio campaigns to maximize campaign results. At the national level, national societies participate in the Ministry of Health-convened Inter-Agency Coordinating Committees (ICCs) and the National Social Mobilization Working Groups. This is the core partners group for planning national level immunization programmes and campaigns.
- The GAVI Alliance is a public-private partnership that aims introduce new vaccines in the world’s poorest countries. In 2010, the GAVI Alliance Civil Society Organization Steering Committee was established, which includes 20 civil society organizations from 16 different countries. Members include representatives from international organizations (such as Médecins sans Frontiers, World Vision, Catholic Relief Services); academic institutions (Emory School of Public Health); professional associations (International Paediatric Association); and local NGOs in affected countries. The IFRC is the Chair of the Steering Committee. Additionally, the GAVI Alliance has agreed to fund a Communications Focal Point position to support the work of the GAVI CSO Constituency. The IFRC will host this person in the Geneva secretariat, and serves as a main partner in facilitating the work of the CSO constituency.

- The Measles Initiative, founded by the American Red Cross, US Centers for Disease Control and Prevention (CDC), the United Nations Foundation, UNICEF and WHO, is instrumental in our measles work. The IFRC has been a key partner since its founding in 2001, with the American Red Cross as our entry into the partnership. In 2008, the initiative announced a historic 78 per cent global reduction in measles deaths (compared to 2000); in the Africa region measles mortality has been reduced by 92 per cent (from 2000-2008). 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 US Centers for Disease Control and Prevention (CDC). The IFRC has been a partner since its founding in 1988. Coordination and planning is done through weekly country support team meetings at WHO headquarters, technical advisory group meetings, and the recently constituted Independent Monitoring Board (IMB) on polio eradication.

## 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. Vaccination is also a gender-neutral intervention. It has been demonstrated that both boys and girls are vaccinated at equal levels. 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 vaccinations will only be achieved with the sustained support of civil society partners such as the IFRC. Through involvement 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. National Society activity plans are developed based upon the country campaign plan, and aim to provide supplemental social mobilization in the most hard-to-reach areas and/or populations, either through additional volunteer support in remote geographical regions, or with specific populations (migrants, religious groups, and the most marginalized) that are often forgotten. National Society campaign proposals are evaluated based upon the proportion of "high risk" areas or populations that will be covered through Red Cross Red Crescent activities.

With support to the Measles Initiative, the IFRC is helping to reach the 90 per cent reduction goal in measles deaths by 2010 (compared to 2000). With the organization'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, where increased access to vaccination has the possibility to reduce child mortality by an additional 25 per cent. 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

National Society proposals for financial and technical support for vaccination campaigns continue to be received in 2011. Despite budget deficits of both the GPEI and MI, campaigns will continue in the high-burden areas, which predominately include Africa and Asia.

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 IFRC will therefore continue to actively participate in these successful global partnerships to help reach their critical goals.

## How we work

*All Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\) in Disaster Relief](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.*

The IFRC's vision is to:

Inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

## Contact information

For further information specifically related to this report, please contact:

- **At the secretariat in Geneva: Kate Elder, Senior Health Officer, Health Department; email: [kate.elder@ifrc.org](mailto:kate.elder@ifrc.org); phone: +41 22 730 4323/+41 79 357 1609; and fax: +41 22 733 0395.**