

# Mid-Year report



## Global Measles & Polio Initiative

Appeal No. MAA00032

09/09/2001

This report covers the period 1 January to 30 June 2011.



A Philippines National Red Cross volunteer helps with the rapid coverage assessment after the April 2011 measles campaign.

### In brief

**Programme outcome:** In support of 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 will liaise with global immunization partners to ensure its continued involvement in measles and polio supplementary immunization activities (SIAs). These activities will 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 programme also aims to increase the IFRC's participation in key vaccination-related global health partnerships, mainly the Global Polio Eradication Initiative (GPEI), Measles Initiative (MI) and the GAVI Alliance.

#### Programme(s) summary:

- During the first half of 2010, IFRC significantly scaled up its support to the GAVI civil society organization (CSO) Constituency, a group of more than 180 organizations which work to support the goals of the GAVI Alliance. Through a newly hosted position, and by organizing various meetings of the GAVI CSO Steering Committee and Constituency, the IFRC has emerged as a key partner to the GAVI Alliance.
- The IFRC continued to build its profile as a global advocate for immunization and improving equity in vaccination. Activities included participating in the first Global Immunization Week, co-hosting an event at the 64<sup>th</sup> World Health Assembly, and speaking on behalf of all civil society at the first GAVI Alliance Pledging Meeting, among other advocacy activities.
- Work on the forthcoming Decade of Vaccines (DoV), announced by Bill and Melinda Gates in Davos (2010), continued in 2011. The IFRC participated in a working group of the DoV.
- From January to June 2011, the concentration of the Global Measles & Polio Initiative has been on supporting National Societies to meet the requests of their Ministries of Health

(MoH) and other vaccination partners of providing supplementary social mobilization during campaigns.

- Four (4) National Societies were supported with funds from the Global Measles & Polio Initiative to participate in their measles and polio campaigns, mobilizing approximately 4,100 volunteers. Three other proposals had been approved at the time of this writing for activities to happen in the second half of 2011.
- In addition to National Societies directly funded by the Global Measles & Polio Initiative, National Societies in Cambodia, Chad, Mali, Republic of the Congo, and Kenya, participated in their vaccination campaigns through other support (emergency response funds or bilateral support). Outbreak response activities which had commenced in 2010 in countries such as Malawi, Republic of the Congo, Tajikistan, Uganda, were concluded during the first half of the year.

**Financial situation:** The total 2011 budget is CHF 969,150, of which CHF 1'061'340 (110%) covered during the reporting period (including opening balance). Overall expenditure during the reporting period was CHF 294'856 (30%) of the annual budget.

The 2011 Global Measles & Polio Initiative budget will have to be revised upwards due to the IFRC's new role as hosting the GAVI CSO Constituency Communications Focal Point, and organizing the meetings of the GAVI CSO Steering Committee and Constituency. Funds for these activities have been provided by the GAVI Alliance.

The high coverage of the Global Measles & Polio Initiative is due to this unanticipated funding from the GAVI Alliance.

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

Global Measles & Polio Plan 2010-2011

<http://www.ifrc.org/docs/appeals/annual11/MAA0003211p.pdf>

Global Measles & Polio Initiative 2010 Report

<http://www.ifrc.org/docs/appeals/annual10/MAA0003210ar.pdf>

**No. of people we have reached:** Through activities funded by the Global Measles & Polio Initiative during the first half of 2011, four (4) National Societies have reached almost 700,000 households with vaccination messaging. In the Philippines, PNRC volunteers vaccinated more than 88,000 people against measles.

**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 IFRC also participates in the GAVI Alliance CSO Constituency to help represent the voice of civil society in promoting uptake of new and under-utilized vaccines. GAVI Alliance partners include UNICEF, the Bill and Melinda Gates Foundation, WHO, The World Bank, developed and recipient governments, research and technical institutes, vaccine industry and civil society organizations.

National Society activities to support the achievement of polio eradication and the elimination of measles in affected countries are done in partnership with national 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. This is done through weekly coordination teleconferences and various planning fora.

## Context

In 2011, the IFRC has been gaining increasing recognition as a key humanitarian partner in immunization. IFRC's global level advocacy for vaccines and ability to provide in-country support to immunization programmes through Red Cross Red Crescent National Societies, sets it apart from other civil society actors. This recognition has been expressed through partner requests to scale up collaboration with the IFRC, and increasing demand for National Society support to immunization campaigns.

Progress towards polio eradication continues, with the most notable developments in 2011 being the regular convening of the newly established Independent Monitoring Board (IMB). The IMB is comprised of global experts from a variety of fields relevant to the work of the GPEI, and was established at the request of the Executive Board (EB) and the World Health Assembly (WHA) in 2010; it meets quarterly to independently evaluate progress towards each of the major milestones of the Global Polio Eradication Initiative (GPEI) Strategic Plan 2010-2012. The IMB met in April and July 2011.<sup>1</sup>

As of 20<sup>th</sup> July 2011, there had been 286 wild poliovirus (WPV) cases in 2011, compared to 576 WPV cases during the same period in 2010. Fourteen (14) countries were reporting WPV cases in 2011. Despite progress in key countries, particularly India, polio cases in "re-established transmission" countries such as Angola, Chad, the Democratic Republic of the Congo (DRC), is particularly alarming. Massive ongoing polio outbreaks in Chad (89 WPV as of 20<sup>th</sup> July) and DRC (71 WPV cases as of 20<sup>th</sup> July) reminded the polio eradication community that quality of campaigns and access to the most hard-to-reach areas is critical if polio transmission is to be interrupted. Outside of Africa, polio eradication in Pakistan was proving to be most challenging (60 WPV cases as of 20<sup>th</sup> July). At the time of this writing, IFRC Geneva, South Asia Regional Delegation and Country Delegation, were working with the Pakistan Red Crescent to develop a long-term polio engagement plan. IFRC will prioritize funding from the Global Measles & Polio Initiative to these key countries for polio eradication.

The 2010 polio outbreak in Tajikistan which saw 457 polio cases had finally concluded, as more than one year passed since the last WPV case had been reported. The outbreak in the Republic of the Congo, however, had last reported a WPV case in January 2011. National Societies in both countries (and surrounding countries) had been significant partners in the outbreak response activities. Emergency Appeals to support these National Society activities had concluded by mid-2011. IFRC's media outreach to draw attention to the severity of these outbreaks and the progress made in polio eradication included producing a video on "What's in 1%?" and the development of a 2011 calendar on *Milestones in Polio Eradication*.<sup>2</sup>

Progress towards measles elimination continued to be marred by measles outbreaks in early 2011. A number of measles campaigns which had been postponed from 2010 due to budget restraints were held in early 2011, including in Mali and Central African Republic. As of March 2011, when the Global Measles Management Meeting was held at WHO Headquarters in Geneva, the Africa (AFRO) region had planned to target 56.7 million people with measles vaccination during the scheduled measles campaigns (SIAs) in 2011; this was contingent upon securing additional funding, and having countries meet the expected 50% contribution to campaign operational costs. The annual Measles Initiative Advocacy Meeting was scheduled to take place at the American Red Cross Headquarters in September 2011.

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<sup>1</sup> Reports of the Independent Monitoring Board (IMB) can be found at <http://www.polioeradication.org/Aboutus/Governance/IndependentMonitoringBoard/Reports.aspx>

<sup>2</sup> See the video *What's in 1%: Polio outbreak in the Republic of Congo* at [http://www.youtube.com/watch?v=osiRhu91ilw&feature=player\\_embedded](http://www.youtube.com/watch?v=osiRhu91ilw&feature=player_embedded), and the 2011 calendar *Milestones in Polio Eradication* was profiled in Polio Newsletter 37 – Quarter 1 & 2, 2011 <http://www.polioeradication.org/Mediaroom/NewsletterPolioNews/No37Quarter122011.aspx>

By mid-2011, the GAVI Alliance had achieved a momentous milestone with the successful outcomes of its first Pledging Meeting, hosted by the governments of the United Kingdom and Liberia, and the Bill & Melinda Gates Foundation. IFRC's Secretary General, Mr Bekele Geleta, spoke at the Pledging Meeting, which was held in London, on behalf of *all* civil society, and delivered a CSO Call to Action which had more than 170 organizational signatories.<sup>3</sup> Raising approximately \$4.3 billion, exceeding the initial target of \$3.7 billion, the GAVI Alliance was now in the position to review the record number of proposals received from GAVI-eligible countries for introduction of new and under-utilized vaccines, such as pneumococcal vaccine and rotavirus vaccine, by mid-2011. The GAVI Alliance Secretariat was also anticipating the arrival of its new Chief Executive Officer (CEO), Dr Seth Berkley.

The GAVI Alliance civil society organization (CSO) Constituency continued to develop in 2011, with approximately 180 organizational members registered. The second meeting of the CSO Steering Committee and a meeting of the broader Constituency were organized by the IFRC in early July 2011 (photo to right). After being elected Chair of the GAVI CSO Steering Committee at its first meeting in October 2010, the IFRC increased its engagement with the Constituency during the first half of 2011. A new position of GAVI CSO Communications Focal Point, was being hosted in the Health Department of IFRC Headquarters starting in June. The Communications Focal Point, which is funded by the GAVI Alliance, is intended to facilitate the work of the broad CSO Constituency, helping it to achieve its goals as a strong partner in the GAVI Alliance.



In 2011, the GPEI and the MI, each continue to face significant budgetary gaps. Vaccination, as the most cost-effective health services, is the right of each child, thus the IFRC continues to do its part to support these initiatives through global advocacy for their important goals, and operational support in affected countries through the National Society network. The IFRC prioritizes support to National Societies' work in measles and polio to ensure access, equity and impact of supplementary immunization activities.

## Progress towards outcomes

### Outcome(s)

- Promotion of Red Cross Red Crescent role in mass immunization through participation in the Measles Initiative and the Global Polio Eradication Initiative.
- Provision of flexible funds for National Society involvement in 2010-2011 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.

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<sup>3</sup> The CSO Call to Action can be viewed at <http://www.ifrc.org/PageFiles/86397/Civil%20Society%20Call%20to%20Action%20-%20GAVI.pdf>. Bekele Geleta's speech at the GAVI Alliance Pledging Meeting (13<sup>th</sup> June 2011) can be viewed at <http://www.ifrc.org/en/news-and-media/opinions-and-positions/speeches/2011/saving-childrens-lives--the-gavi-alliance-pledging-conference-for-immunization/>

## Achievements

In 2011 thus far, there have been eleven (11) proposals received by the Global Measles and Polio Initiative requesting technical and financial support for campaign activities. Proposals were submitted by National Societies in Benin, Burkina Faso, Cameroon, Central African Republic, Côte d'Ivoire, DRC, the Gambia, Kyrgyzstan, Nepal, Pakistan, and Philippines. Of these proposals, seven (7) supplementary immunization activities were funded by the Global Initiative (70 per cent)<sup>4</sup>. A number of these activities had not yet taken place by the time this report was written.

Activities financed by the Global Initiative mobilized 4,100 volunteers in the first half of 2011. The IFRC has also continued to play an important global role in global immunization initiatives, and in the promotion of routine immunization. This has included using its observer status at the 64<sup>th</sup> WHO World Health Assembly to deliver two immunization-related statements, as well as co-hosting an IFRC / Médecins Sans Frontiers side event titled the *Global Immunization Vision and Strategy (GIVS): Getting the Balance Right*.<sup>5</sup>

IFRC also celebrated the first Global Immunization Week through various media activities, including producing a video.<sup>6</sup>

Significant time was spent supporting the development of the GAVI Alliance civil society organization (CSO) Constituency, including volunteering to host the Communications Focal Point position, and helping to prepare CSOs' role in the Pledging Meeting held on 13<sup>th</sup> June. The CSO Call to Action, delivered by IFRC's Secretary General at the Pledging Meeting, included more than 170 CSO signatories, including twelve (12) Red Cross Red Crescent National Societies. The second meeting of the GAVI CSO Steering Committee was hosted at the IFRC Geneva on 4-5<sup>th</sup> July, followed by a meeting of the broader CSO Constituency on 6<sup>th</sup> July 2011.

### **Red Cross Red Crescent National Society vaccination activities Asia**

At the time of this update, a proposal from the Pakistan Red Crescent Society (PRCS) had recently been approved by the Global Measles & Polio Initiative for a longer-term project to support polio eradication in this key country. The approval is an exceptional 1-year project (longer than most activities funded by the Global Measles & Polio Initiative), where 90 PRCS volunteers will support a number of polio NIDs/SNIDs in the high risk areas of Karachi (GADAP area) and Balochistan (Pashin and Killa Abdullah districts).

**Cambodian Red Cross Society (CRCS)** participated in its national measles campaign through ongoing programmes supported by the Danish & French Red Crosses.

**Nepal Red Cross Society (NRCS)** received funding from the Global Measles & Polio Initiative to participate in the February and March polio rounds. 1,444 volunteers were mobilized in 14 (of a total 75) districts in the country, helping to reach approximately 505,000 households with polio messaging. Outreach to 735 schools by NRCS supervisors and volunteers helped school teachers to promote the campaign to their attendees. This activity built on NRCS's ongoing HIV and CBHFA programmes.

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<sup>4</sup> Of the 6 proposals funded, three were for measles SIAs (Benin, CAR, Philippines) and 4 for polio NIDs (Côte d'Ivoire, Kyrgyzstan, Nepal, Pakistan).

<sup>5</sup> For the WHO WHA interventions please see <http://www.ifrc.org/en/news-and-media/opinions-and-positions/speeches/2011/routine-immunization-systems-must-be-significantly-strengthened-to-prevent-polio-outbreaks/> and <http://www.ifrc.org/en/news-and-media/opinions-and-positions/speeches/2011/more-than-20000-community-based-volunteers-mobilised-by-national-societies-to-support-immunisation-activities-in-2010/>. For information on the IFRC/ MSF side event please see <http://www.msfacecess.org/main/vaccines/event-getting-the-balance-right-global-immunisation-vision-strategy/>

<sup>6</sup> See the video at <http://www.youtube.com/watch?v=ZLvGEYYXuXw>

**Philippine National Red Cross (PNRC)** mobilized 350 volunteers in 52 barangays (of 14 municipalities) to support the measles campaign which commenced in April 2011. Funding for this activity was used to help start CBHFA in a number of PNRC districts. Approximately 85% of the PNRC volunteers were nurses, thus the local government requested their support in actually vaccinating children during the campaign. PNRC nurse volunteers vaccinated approximately 88,000 people during the campaign. Volunteers supported the post-campaign rapid coverage assessment, as well. At the time of this writing, PNRC had been granted an extension to their project to support follow-up measles campaign activities. Funding for this came from the Global Measles & Polio Initiative.

## **Europe**

**The Red Crescent Society of Kyrgyzstan (RCSK)** supported polio outbreak response activities with funds received from the Global Measles & Polio Initiative in April and May 2011. Mobilizing 180 volunteers, 30 newly built districts in Bishkek suburbs were targeted; volunteers visited approximately 30,000 households to promote polio vaccination. RCSK's activity also included an informational campaign which broadcasted both radio and television adverts to promote the campaign, and performed puppet shows in eight districts.

## **Africa**

At the time of this update, a proposal from the Red Cross of Benin had recently been approved by the Global Measles & Polio Initiative, which would be contributing partial funding for a measles campaign social mobilization activity jointly financed by the IFRC and American Red Cross.

A proposal from the Red Cross Society of Côte d'Ivoire for social mobilization during the July polio campaign had also been approved by the Global Measles & Polio Initiative. Further information on the activity will be included in the annual report.

**Central African Red Cross Society** received funds from the Global Measles & Polio Initiative to participate in their measles campaign as part of the first Global Immunization Week. 690 volunteers were mobilized in 20 villages of 3 "préfecture sanitaire" reaching more than 164,000 households with immunization and other health messages.

**Mali Red Cross** received bilateral support from the American Red Cross to participate in their national measles campaign at the end of February 2011. 1,000 volunteers were mobilized in three regions (Koulikoro, Mopti and Bamako), directly reaching 631,300 people with vaccination messages.

## **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. The IFRC is, however, exploring options with WHO and internally to better prepare for National Society participation in polio campaigns, and to transfer funds in good time for campaign preparations.

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.

## **Working in partnership**

- At the global level, the highly successful Measles Initiative, founded by the American Red Cross, US Centers for Disease Control and Prevention (CDC), the United Nations Foundation,

UNICEF and WHO has been a model for other public health partnerships. There are more than 25 other global partners (not including individual National Societies) participating in the Measles Initiative. 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 the WHO headquarters.
- The GAVI Alliance is a public-private partnership that aims to create greater access to the benefits of immunization through the provision of long-term financial and material support to 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. The IFRC is a member of the Steering Committee. Additionally, in order to better coordinate the work of the civil society constituency supporting the GAVI Alliance mandate in immunisation, a Communications Focal Point has been selected. The IFRC is hosting this person in the Geneva secretariat.
- At the national level, National Societies' work is in partnership with country-level planning committees, including the Inter-Agency Coordinating Committees 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

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. 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. The IFRC is also a key member of the GAVI Alliance civil society constituency, which supports GAVI's mandate to introduce new and under-utilized vaccines in the world's poorest countries. With GAVI's success, it is estimated that an additional 4 million lives can be saved by 2015.

## Looking ahead

National Society proposals are expected for other measles and polio campaigns scheduled in the second half of 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.

<b>How we work</b>	
<p><i>All Federation assistance seeks to adhere to the <a href="#">Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief</a> and is committed to the <a href="#">Humanitarian Charter and Minimum Standards in Disaster Response (Sphere)</a> in delivering assistance to the most vulnerable.</i></p>	
<p>The IFRC's vision is to:</p> <p>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.</p>	<p>The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:</p> <ol style="list-style-type: none"><li>1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.</li><li>2. Enable healthy and safe living.</li><li>3. Promote social inclusion and a culture of non-violence and peace.</li></ol>
<b>Contact information</b>	
<p>For further information specifically related to this report, please contact:</p> <ul style="list-style-type: none"><li>• <b>At the secretariat in Geneva: Gabriel Pictet, Unit Manager, Health Department; email: <a href="mailto:gabriel.pictet@ifrc.org">gabriel.pictet@ifrc.org</a>; phone: +41 22 730 4568; and fax: +41 22 733 0395.</b></li></ul>	