

# Plan 2010-2011



International Federation  
of Red Cross and Red Crescent Societies

## Global Measles and Polio Initiative

### Executive summary

As part of its contribution to child survival programming, the International Federation's Global Measles and Polio Initiative aims to enable Red Cross Red Crescent National Societies to continue their work as key social mobilization partners in the two related successful global health initiatives: the Measles Initiative (MI) and the Global Polio Eradication Initiative (GPEI).<sup>1</sup> Flexible funds and technical support provided through the Global Measles & Polio Initiative allow National Societies to respond to Ministry of Health requests to provide community level social mobilization before, during and after mass vaccination campaigns. Involvement in these inter-agency health partnerships allows the International Federation to retain its role as a leading civil society contributor to the health-related Millennium Development Goals (MDGs), specifically to Goal 4 (Reduce under five mortality by two-thirds between 1990-2015) and Global Agenda Goal 2.

With support from the Global Initiative, the International Federation and National Societies will help to ensure that the targets laid out in the WHO/UNICEF Global Immunization Vision and Strategy (GIVS) 2006-2015, namely a 90 per cent measles mortality reduction by 2010 (compared to 2000) and global polio eradication, are achieved.<sup>2</sup> This requires strengthening uptake of routine immunization at the district and national level, and organizing high quality supplementary immunization activities (SIAs), i.e. campaigns, for measles and polio where immunity gaps exist.

Red Cross Red Crescent involvement in social mobilization around mass vaccination activities has been recognized in the achievement of global benchmarks towards these goals, namely the 2009 announcement that global measles mortality had been reduced by 78 per cent (from an estimated 750,000 deaths in 2000 to 164,000 deaths in 2008), with the largest percentage reductions occurring in the WHO Eastern Mediterranean Region (93 per cent) and the WHO Africa region (92 per cent).<sup>3</sup> In announcing this remarkable achievement, Measles Initiative partners noted:

*"There are thousands of health workers and volunteers from our Red Cross and Red Crescent family who deserve much of the credit for this success. They give their time to literally go door-to-door informing, educating and motivating mothers and caregivers about the critical need to vaccinate their children... This mobilization helps us to consistently reach more than 90% of the vulnerable population and save countless lives."<sup>4</sup>*

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<sup>1</sup> The Measles Initiative was founded in 2001 by the American Red Cross, United Nations Foundation (UNF), US Centers for Disease Control and Prevention (CDC), WHO and UNICEF. The International Federation was present at the launch and has been a key partner that participates in all global planning and coordination meetings. The Global Polio Eradication Initiative (GPEI), launched in 1988, is spearheaded by WHO, Rotary International, CDC and UNICEF, and is the single-largest, internationally-coordinated public health project to date.

<sup>2</sup> Global Immunization Vision and Strategy. WHO/UNICEF, 2006-2015. Available at: [http://www.who.int/vaccines-documents/DocsPDF05/GIVS\\_Final\\_EN.pdf](http://www.who.int/vaccines-documents/DocsPDF05/GIVS_Final_EN.pdf)

<sup>3</sup> Progress in global measles control and mortality reduction, 2000-2007. WHO Weekly Epidemiological Record. No. 49, 2008, 83, 441-448. <http://www.who.int/wer/2008/wer8349/en/index.html>

<sup>4</sup> Global measles deaths drop by 74%. Press release WHO/UNICEF/American Red Cross/CDC/UN Foundation. 4<sup>th</sup> December 2009. <http://www.measlesinitiative.org/docs/mi-press-release.pdf>

Even with this notable success, challenges remain. In 2010, measles outbreaks reminded partners that while routine immunization rates remain below threshold levels there is the necessity to continue large scale vaccination campaigns. Progress towards global polio eradication also met hurdles in 2010 with an outbreak in Tajikistan that resulted in more than 450 polio cases (as of October 2010 Tajikistan's polio case count represented more than 75 per cent of the global polio count) and infected surrounding countries. With these setbacks, there comes renewed demand for National Society support to vaccination campaigns, particularly in countries where high quality social mobilization and communications activities will make all the difference in maximizing campaign vaccination coverage levels.

The challenge now rests in sustaining our long-term commitment to these successful global health partnerships to their target goals, and remaining active partners to ensure that the most vulnerable and hard-to-reach have equitable access to vaccination services. In 2009 and 2010, the International Federation received specific requests for intensified involvement in polio eradication, and was able to meet these expressed partnership needs with support from the Global Measles and Polio Initiative. The programme will continue in 2011 to do this by:

- Promoting the Red Cross Red Crescent role in mass immunization through continued participation in the Measles Initiative and Global Polio Eradication Initiative
- Providing flexible funds for National Society involvement in 2011 measles and polio campaigns as they are confirmed by Ministries of Health and each respective Initiative
- Supporting Zonal and regional secretariat staff to provide technical support, including updates on latest global guidelines, for National Society capacity building in the area of immunization
- Developing Red Cross Red Crescent-specific tools and guidelines on vaccination social mobilization

The Global Measles and Polio Initiative 2010-2011 will aim to reach all eligible children with measles and/or polio vaccination during mass campaigns through essential social mobilization activities conducted by National Societies. The International Federation, as a contribution to child survival efforts, will continue to play a significant role in the two global vaccination partnerships, as well as the GAVI Alliance, helping to reduce childhood deaths due to vaccine-preventable diseases. This will be done by working within the International Federation's secretariat structure (headquarters/Zones/regions/country delegations) to support National Societies as leading country-level social mobilization partners and liaise with global measles and polio partners to profile the Red Cross Red Crescent role in these successful inter-agency initiatives.

The International Federation also plays a significant role in the GAVI Alliance civil society organization (CSO) constituency by serving as a member of the GAVI CSO Steering Committee and hosting the constituency's Communication Focal Point. In 2011, the International Federation will continue to support the development of a robust civil society group around the GAVI Alliance's mandate – to accelerate the uptake and use of underused and new vaccines amongst the world's poorest countries. The total 2011 budget is CHF 1.0m ([Click here to go directly to the summary budget of the plan](#)).

## Context

For the first time, in 2008 it was announced that child deaths dropped below 10 million. Despite the downward trend in under-five mortality, preventable childhood deaths remain intolerably too high; the enormous gap between childhood deaths that occur in developed countries versus developing countries is unacceptable. Equity of access to proven health interventions is an area where the International Federation can make an immense contribution to Millennium Development Goal 4 on reducing child mortality.

Vaccination is one of the most cost-effective health interventions. The GIVS four strategic areas, namely: 1) protecting more people in a changing world; 2) introducing new vaccines and technologies; 3) integrating immunizations, other linked health interventions and surveillance in a health systems context; and 4) immunizing in the context of global interdependence; set the globally-agreed upon framework for reaching vaccination-related health goals.

The International Federation, with our membership of 186 Red Cross and Red Crescent National Societies and their collective volunteer networks, has an important role to play in reaching global vaccination targets.

### ***Global Immunization Vision and Strategy (GIVS) Goals***

#### **By 2010 or earlier**

- **Increase coverage.** Countries will reach at least 90% national vaccination coverage and at least 80% vaccination coverage in every district or equivalent administrative unit.
- **Reduce measles mortality.** Globally, mortality due to measles will have been reduced by 90% compared to the 2000 level.

#### **By 2015 or earlier (as the case may be)**

- **Sustain coverage.**
- **Reduce morbidity and mortality.**
- **Ensure access to vaccines of assured quality.**
- **Introduce new vaccines.**
- **Ensure capacity for surveillance and monitoring.**
- **Strengthen systems.**
- **Assure sustainability.**



The International Federation advocates for the role of National Societies at the global, regional and national levels. As a member of the civil society group of the GAVI Alliance, the leading donor for vaccination in the poorest 72 countries, the International Federation helps to represent civil society as an important partner in increasing uptake of vaccines.

Civil society has a particular advantage in being able to reach vulnerable populations in geographically remote and hard-to-reach areas for vaccination. Through social mobilisation and by involving people at community level, the International Federation has proven successful in contributing to high vaccination coverage rates and impact on morbidity and mortality reduction among children living in measles and polio-affected countries. The value added of Red Cross Red Crescent National Societies is their ability to mobilise thousands of trained volunteers in a short period of time, and to continue to follow up after large scale interventions by promoting uptake of routine immunization. This role helps National Societies to be more active members in country level planning mechanisms, forge closer relationships with their Ministries of Health, and increase the visibility of the Red Cross Red Crescent as a partner in vaccine-preventable childhood mortality reduction. Through their participation in measles and polio activities, Red Cross Red Crescent National Societies are reenergising their volunteer networks for a vital global target to ensure **access, equity and impact** in populations most at risk for measles and polio.

***Child mortality could be reduced by approximately 25 per cent by 2015 through immunization***

At the global level, the International Federation participates in global measles and polio management and planning activities convened by the Measles Initiative and Global Polio Eradication Initiative. As an observer at the annual WHO World Health Assembly (WHA), the International Federation has delivered statements on the Red Cross Red Crescent role in measles and polio efforts in 2004, 2005, 2007, 2008 and 2010.

#### ***Measles Mortality Reduction – the current situation***

As a proxy indicator to childhood vaccination, MDG 4 includes vaccination against measles as an indicator for child survival: *proportion of one-year-old children immunized against measles.*<sup>5</sup> Despite the

<sup>5</sup> Health in the Millennium Development Goals. Available at: <http://www.who.int/mdg/goals/en/index.html>

availability of a safe and effective vaccine, measles still kills an estimated 450 people each day. In 2008 an estimated 164,000 people, the majority of them children, died from measles.<sup>6</sup> Most of these measles deaths occur in the most vulnerable and disadvantaged populations, such as malnourished children, in refugee settings and where regular health services are not available.

Stunning progress has however been made against measles. Efforts by the Measles Initiative, governments, and the International Federation have helped to reduce global measles mortality by 78 per cent and 4.3 million deaths were averted due to accelerated measles activities between 2000-2008.



With the success of measles campaigns in Africa (where there has been a 92 per cent reduction in mortality), the majority of measles deaths now rest in South-East Asia; India alone accounts for an estimated 67 per cent of global measles mortality (India is the only priority country to not yet have held a measles 'catch-up' campaign).

***Between 2000 and 2008, global routine measles coverage increased from 72 per cent to 83 per cent, showing that campaign efforts can positively impact routine immunization.***

The International Federation, through support to National Societies, promotes the strategy for reaching the 90% measles mortality reduction goal by 2010 through:

- *Strong routine immunisation.* The first dose of measles vaccine is given to children at the age of nine months or shortly thereafter through routine immunization services. At least 90% of children should be reached by routine immunization services every year, in every district.
- A *'second opportunity'* for measles immunisation is provided to all children. The second opportunity for measles immunization is given either through routine immunization services or through periodic supplementary immunization activities (SIAs). SIAs target large populations (entire nations or large regions) and aim to vaccinate all children regardless of prior vaccination history.
- *Surveillance* Standard measles surveillance guidelines, a global laboratory network, and national case based surveillance developed and implemented.
- *Improved clinical management of measles cases* including vitamin A supplementation and adequate treatment of complications, if needed, with antibiotics.

At the end of 2008, the Measles Initiative had vaccinated over 600 million children in 60 countries, with significant vaccination coverage achieved with the involvement of Red Cross Red Crescent volunteers. The International Federation, through support raised by the Global Measles and Polio Initiative, has enabled National Societies to participate in over 60 separate national or sub-national measles campaigns with the mobilization of more than 130,000 volunteers. Progress, however, remains fragile as was realized in 2009 when select countries experienced measles outbreaks, such as that in Burkina Faso which affected more than 53,000 people. Until routine immunization reaches a high enough level to protect all children from these deadly vaccine-preventable diseases, campaigns will need to continue.

### ***Global Poliomyelitis Eradication – the current situation***

Despite tremendous progress in reducing the incidence of polio and the high global commitment to its eradication, polio still exists. Polio will continue to threaten children, and even adults, everywhere as long as it exists somewhere. In 2009, 1,604 wild poliovirus (WPV) cases were identified in 23 countries; in 2009, an outbreak across Africa infected countries which had not reported polio cases in more than a decade.<sup>7</sup> High quality polio campaigns that reach all eligible children are critical if progress towards polio eradication will continue to move forward.

<sup>6</sup> Measles Initiative Key Statistics. Available at : <http://www.measlesinitiative.org/docs/mi-key-statistics.pdf>

<sup>7</sup> Global Polio Eradication Initiative Case Count. Available at: <http://www.polioeradication.org/casecount.asp>

Only four countries in the world remain polio endemic (i.e. have never interrupted WPV transmission): India, Pakistan, Nigeria, and Afghanistan. The International Federation, through support to National Societies, promotes the strategy for eradicating polio through:

- *High infant immunisation coverage* with four doses of OPV in the first year of life
- *Supplementary doses* of OPV to all children under five years of age during SIAs
- *Surveillance* for wild poliovirus through reporting and laboratory testing of all acute flaccid paralysis (AFP) cases among children under fifteen years of age
- *Targeted “mop-up” campaigns* once wild poliovirus transmission is limited to a specific focal area

Partners of the Global Polio Eradication Initiative, including the International Federation, helped to deliver a total of 2.46 billion doses of oral polio vaccine (OPV) to 340 million children in 2008. This was done through the organization of 241 SIAs conducted in 36 countries.<sup>8</sup> In response to the 2009 outbreak across Africa, the International Federation launched a continental Emergency Appeal (7<sup>th</sup> April for CHF 2.4 million) that supported the involvement of fifteen National Societies in multiple rounds of their national campaigns.<sup>9</sup> This outbreak activity was done in addition to the International Federation’s longer-term engagement in polio eradication, which continues to



support activities in the endemic countries and countries with persistent transmission of WPV circulation through funds raised by the Global Measles and Polio Initiative. Focussing on supporting campaigns with effective social mobilization activities so that every child under five years of age is vaccinated with multiple doses of OPV to stop polio transmission and protect children against polio paralysis will continue to be the priority in the coming years.

The International Federation has been a key member of these two successful international health partnerships to reduce measles mortality and eradicate polio through high quality vaccination campaigns. As the organisation with the largest presence in the community, Red Cross Red Crescent volunteers have an irreplaceable role to play in social mobilisation and awareness raising to achieve high vaccination coverages. Active engagement of community-based volunteers will be necessary to meet the Millennium Development Goals and other targets of the Measles Initiative and Global Polio Eradication Initiative.



## Priorities and current work with partners

<sup>8</sup> Progress towards interrupting wild poliovirus transmission worldwide, 2008. WHO Weekly Epidemiological Record. No. 14, 2009, 84, 109-116. <http://www.who.int/wer/2009/wer8414.pdf>

<sup>9</sup> International Federation Africa Polio Emergency Appeal. Available at: [http://www.ifrc.org/cgi/pdf\\_appeals.pl?09/MDR61004-65005-63002.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?09/MDR61004-65005-63002.pdf)

In 2010 there are **25 countries** tentatively planning mass measles campaigns that target almost **188 million** people with measles vaccination. Intensified polio eradication efforts will continue in the **remaining four endemic** (India, Pakistan, Nigeria, and Afghanistan) **and re-infected countries**. The priority of the International Federation, in maintaining a high profile of involvement with global measles and polio activities, will be to enable National Societies to respond to their Ministry of Health requests for social mobilization support through provision of flexible funds available in the Global Measles and Polio Initiative.

The platform for the International Federation's involvement in measles and polio campaigns is through our partnership with the highly successful Measles Initiative and Global Polio Eradication Initiative, thus ensuring consistency with global standards. Campaign schedules are set by partners based upon epidemiological needs, available resources and Ministry of Health plans. 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 priority for 2010-2011 will be to support child survival activities through involvement in measles and polio campaigns and promotion of routine immunization. Emphasis will be on developing plans for high quality social mobilization that are based upon the growing evidence base of effective vaccination communication strategies. As a significant communications partner of these two global initiatives, the International Federation will continue to advocate for local resourcing of National Society activities with immunization partners while maintaining a global profile of our comprehensive work in vaccination.

## Secretariat programme in 2010-2011

The 2010-2011 Global Measles and Polio Initiative, to complement activities outlined in the maternal, newborn, child health and immunization section of the health department plan (please see *Secretariat programmes in 2010-2011* section/page 15) will aim to provide flexible funding and technical support to National Societies for their involvement in the Measles Initiative and Global Polio Eradication Initiative-organized vaccination campaigns. The Global Initiative will also continue to profile the International Federation as a key vaccination and child survival partner.

The target population is all eligible beneficiaries of measles and polio campaigns in areas where the National Society conducts social mobilization activities. Measles campaigns typically target children aged 9-59 months while polio campaigns target children 0-59 months. National Society campaign plans will be developed in coordination with national-level planning bodies (primarily the inter-agency coordinating committee – ICC – the body responsible for organizing vaccination campaigns), and will focus on areas where supplemental social mobilization activities are most needed (as defined by national communications strategies and campaign partners); this is most often in geographically remote areas or with most hard-to-reach and/or vulnerable groups).

Campaign schedules are subject to change due to a variety of factors, thus making annual planning difficult, but tentative 2010 Measles Initiative-supported campaigns include: Bangladesh, Burkina Faso, Cambodia, DRC, the Congo, Ethiopia, Ghana, Haiti, India, Indonesia, Madagascar, Myanmar, Pakistan, Papua New Guinea, Senegal, Somalia, and Sudan.<sup>10</sup>

In 2010-2011, polio eradication beneficiaries will include the un- and under-immunized in the four endemic countries (India, Pakistan, Nigeria, and Afghanistan), the 're-established transmission' countries (those reporting wild poliovirus circulation for more than 6 months) and countries re-infected with polio.

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<sup>10</sup> Measles Initiative-supported campaigns are determined based upon build up of susceptible populations ('follow-up' campaigns every 2-4 years), epidemiological profile of measles in the country and available resources to support Ministries of Health in organizing campaigns. Proposed campaign schedules for the EURO, PAHO and WPRO regions were not available at the time of this publishing.

Beneficiaries of the Global Measles and Polio Initiative also include National Societies themselves which build upon their capacities and strengthen their volunteer networks through involvement in large scale campaigns. National Societies have increased their visibility as credible campaign partners as evidenced by the increasing request for Red Cross Red Crescent social mobilization during vaccination campaigns. Particular attention will be paid to opportunities where campaign involvement can strengthen longer-term community-based health programming.

Coordination activities, including involvement with the GAVI Alliance, are further outlined in the related section of the health and social services plan.

## Health and social services / Global measles and polio initiative

### a) The purpose and components of the programme

<b>Programme purpose</b>
<p>In support of Global Agenda Goal 2: to reduce the number of deaths, illnesses and impact from diseases and public health emergencies, and Millennium Development Goal #4: a two-thirds reduction in child mortality between 1990 and 2015, liaise with global immunization partners to ensure the continued involvement of the International Federation and Red Cross Red Crescent National Societies in measles and polio supplementary immunization activities to increase uptake of services during both mass vaccination campaigns and routine immunization services and reduce global measles and polio morbidity and mortality.</p>

The global measles and polio initiative programme budget is 2.0m (USD 1.9m and EUR 1.3m).

<b>Programme component</b>
<p><b>Component outcome 1</b>  <b>Promotion of Red Cross Red Crescent role in mass immunization through participation in the Measles Initiative and the Global Polio Eradication Initiative</b></p> <p>Activities under component 1:</p> <ul style="list-style-type: none"> <li>• Participate in global planning and coordination activities (e.g. weekly teleconferences, management meetings, advocacy meetings) to promote involvement of National Societies in mass immunization campaigns</li> <li>• Advocate for National Society involvement in national coordination bodies (e.g. Interagency Coordinating Committees, social mobilisation sub-committees)</li> <li>• Collate results and experience of Red Cross Red Crescent for communicating to global immunization partners (Partnering for Impact publication, lessons learned documents, etc)</li> <li>• Conduct an annual planning meeting with Red Cross Red Crescent partners for information exchange and joint planning</li> <li>• Develop research opportunities and join partner evaluations to demonstrate added value of Red Cross Red Crescent National Society involvement in increasing vaccination coverage during campaigns</li> <li>• Document experiences of increased partnerships and capacity building attributable to vaccination campaign involvement</li> </ul>
<p><b>Component outcome 2</b>  <b>Provision of flexible funds for National Society involvement in 2010-2011 measles and polio campaigns</b></p> <p>Activities under component 2:</p> <ul style="list-style-type: none"> <li>• Mobilise resources through continued participation in global planning forums and promotion of Red Cross Red Crescent added value in campaigns to meet dynamic resource needs</li> <li>• Liaise with global partners to promote country level funding allocations to National Societies</li> <li>• Based upon flexible campaign schedules and inline with priority countries, finance well</li> </ul>

developed National Society proposals, as funds are available

### Component outcome 3

#### Provision of vaccination-specific technical support to zonal/regional/country delegation offices and National Societies

Activities under component 3:

- Communicate global campaign information to zonal/regional/country delegation offices for timely National Society preparation
- Coordinate technical support for proposal development, social mobilization planning, pre- and post-campaign activities
- Link funding for vaccination campaign activities to development of National Society capacities in longer-term community-based health programming (CBHFA), particularly in the area of routine immunization and child survival
- Liaise with respective initiative partners and provide technical support for National Societies involvement in post-campaign surveillance activities

### Component outcome 4

#### Development and dissemination of Red Cross Red Crescent-specific tools and guidelines on vaccination social mobilization

Activities under component 4:

- Develop and disseminate templates for use in campaign planning, implementation and reporting
- Develop and support the use of reporting and evaluation tools for improved information on the scope and impact of Red Cross Red Crescent involvement in mass vaccination campaigns
- Support the continued integration of mass vaccination campaigns into ongoing community-based programming (CBHFA *in Action*)

## b) Potential risks and challenges

Due to the tentative nature of campaigns, challenges remain in timely planning and preparation for National Society involvement in measles and polio SIAs. Other potential risks and challenges to the Global Measles and Polio Initiative include unpredictable and insufficient un-earmarked funding to make firm commitments to National Societies. Increasing effort is being made to link National Societies to local level funding mechanisms (for example through UNICEF and WHO country offices), which has been gradually more successful due to the heightened Red Cross Red Crescent profile in mass immunization.

Strong technical support for proposal development, campaign implementation, reporting and follow-up is critical for effective planning and implementation of mass social mobilization activities. Learning has shown that additional short term technical support to National Societies, particularly in the few months before a campaign, has significant impact on the quality of the activity. Securing this technical support continues to be a challenge for the Global Measles and Polio Initiative.

Additionally, the International Federation is consistently asked to communicate its contribution to the Global Immunization Vision and Strategy (GIVS) goals, and to the child survival-related Millennium Development Goals. Without an adequately resourced and supported plan, the International Federation will not be able to fulfil its role as a lead social mobilization partner in the success of measles and polio vaccination campaigns. As the GIVS 2010 measles goal approaches and partners move towards polio eradication, it is critical that the International Federation and National Societies be recognized when the global community celebrates its success.

## Role of the secretariat

### a) Technical programme support

As previously mentioned, adequate technical support to National Societies to plan, implement and follow up campaign social mobilization activities remains a challenge. Thus, coordinating external technical support for National Societies, where requested and when available, will be a priority. In coordination with International Federation Zonal and regional offices, the Global Measles and Polio Initiative will liaise with campaign partners and donors to arrange for technical support when possible. Partnering National Societies with campaign planning capacities will be requested to meet National Society needs at all stages of planning, implementation and follow-up.

### **b) Partnership development and coordination**

The platform for the International Federation's involvement in measles and polio campaigns is through our partnership with the Measles Initiative and Global Polio Eradication Initiative, thus ensuring consistency with global standards. Campaign schedules are set by partners based upon a variety of factors, as noted above. The Geneva secretariat, as a participant in partnership planning fora, will help to coordinate and sustain relations between the International Federation and the two initiative partners. Planning is done through weekly teleconferences and meetings with partnership representatives from respective agency headquarters, and regional WHO bureaus. Global meetings, such as the annual Global Immunization Meeting (GIM), regional Task Forces on Immunization, and annual management meetings convened by both initiatives, continue to be opportunities to build new relationships with other partners. In 2010-2011 emphasis will be placed on further developing relationships with other civil society actors working in immunization.

As part of campaign social mobilization planning, all National Society proposals must be approved by the country Inter-Agency Coordinating Committee (ICC), helping to ensure that proposed activities fit within national frameworks and are consistent with partnership goals. National Society involvement in country level planning bodies such as the ICC will help to improve accountability and build long term partnership between the Red Cross Red Crescent, Ministries of Health and national measles and polio partners.

### **c) Representation and advocacy**

Through participation in global planning fora (such as the annual Measles Initiative Advocacy Meeting, Global Measles Management Meeting, Polio Country Support Team meetings, etc) the Geneva secretariat will advocate for Red Cross Red Crescent inclusion in all supplementary immunization activities (outlined in programme component 1). Funds from the Global Measles and Polio Initiative will enable National Societies to attend regional and global meetings to present their vaccination activities and participate in the development of new communications strategies.

As a recognized contributor to both initiatives, the International Federation is often requested to present latest developments to immunization partners, including in the various fora listed above. Communication on the scope of work completed by the International Federation in the area of immunization will continue through participation in these meetings and publications, including the *Partnering for Community Impact*.

## Promoting gender equity and diversity

Involvement of Red Cross Red Crescent volunteers in vaccination campaigns helps to increase immunisation coverage among groups typically not reached during SIAs. Helping to reach the most vulnerable is the value added of National Societies, and a critical component of ensuring equity among vaccination beneficiaries. National Society proposals will be evaluated with a specific focus on proposed activities for targeting the hard to reach, and helping to increase vaccination coverage among the social excluded and most vulnerable.

Increasing emphasis is being put on disaggregating vaccination records by gender to ensure that campaign and routine services reach all eligible children, and that girls are not excluded from these important life-saving measures. Although gender-disaggregated vaccination data is currently scarce, the International Federation will contribute in any way possible to the collection of this data by reporting upon our activities in gender-disaggregated means, as National Society capacities permit.

## Quality, accountability and learning

Special emphasis is being placed on improved monitoring and reporting procedures for National Societies and building a more robust evidence base on the added value of Red Cross Red Crescent activity in immunization. This is done through the provision of technical support when requested by National Societies, International Federation-led evaluations on campaign social mobilisation, and involvement in partner agency campaign reviews. Specifically in the area of polio eradication, partner agencies increasingly recognize quality communications and social mobilization activities as key to campaign success in certain countries. The International Federation will, when possible, participate in these annual communications reviews in polio endemic countries, and the development of polio and routine immunization communications indicators.

Requirement that all National Society social mobilisation plans have been approved by country level partners ensures that the Red Cross Red Crescent is a credible and accountable immunization partner and that its activities fit within national frameworks.

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

Programme Update 2009: <http://www.ifrc.org/docs/appeals/annual09/MAA0003209pu1.pdf>

Annual Report: <http://www.ifrc.org/docs/appeals/annual08/MAA0003208ar.pdf>

Plan 2008-2009: <http://www.ifrc.org/docs/appeals/annual08/MAA00032pln.pdf>

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>

<http://www.polioeradication.org>

How we work	
The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the International Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".	<b>Global Agenda Goals:</b> <ul style="list-style-type: none"><li>• Reduce the numbers of deaths, injuries and impact from disasters.</li><li>• Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.</li><li>• Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.</li><li>• Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.</li></ul>
Contact information	
For further information specifically related to this plan, please contact:	
<ul style="list-style-type: none"><li>• <b>In the International Federation secretariat: Kate Elder, Senior Health Officer, Health and Social Services department; email: <a href="mailto:kate.elder@ifrc.org">kate.elder@ifrc.org</a>; phone: +41 22 730 4323; +41 79 357 1609; and fax: +41 22 733 0395.</b></li></ul>	