Immunization: The Last Mile First

Working in some of the most challenging operating environments, IFRC is dedicated to supporting the efforts of Red Cross Red Crescent National Societies to reach the world’s most vulnerable with life-saving vaccines.

www.ifrc.org
Saving lives, changing minds.

International Federation of Red Cross and Red Crescent Societies
THE ISSUE

In the past decade, several challenges have limited the full life-saving impact of vaccines. It is estimated that each year 20 million children do not receive routine infant immunizations. Most of these children live in fragile, conflict-affected and vulnerable communities, where delivery of vaccination services is limited.

Other challenges affecting immunization coverage include misinformation about the value and importance of vaccines for child health. This has led to a resurgence of vaccine-preventable diseases like measles, with large outbreaks and many deaths.

2018 DTP1 COVERAGE RATE AND NUMBER OF UNVACCINATED CHILDREN

REACHING THE LAST MILE FIRST

As its core mandate, Red Cross and Red Crescent (RCRC) prioritizes healthy and resilient communities. Life course immunization is the foundation of healthy communities. The RCRC movement can address some of the key challenges facing immunization programs by working at the community level, reaching inaccessible areas, and extending health services to the most vulnerable. As a community-based organization, RCRC National Societies can play a key role in increasing demand for critical vaccination services.

THE IMPACT

RC/RC National Societies contribute to immunization through:

- Community engagement
- Vaccination campaign support & social mobilization
- Routine immunization service delivery
- Community-based surveillance
- Outreach / mobile health clinics
- Outbreak response
- Vaccination during emergencies and in humanitarian settings
Addressing the critical gaps to prevent death and disability from measles.

While an effective and safe vaccine is available, measles continues to cause unnecessary deaths.

A five-fold increase of reported measles cases between 2017 and 2018 prompted the Philippine Red Cross (PRC) to implement a comprehensive strategy to address the need for quick response and longer-term change. During the peak of the outbreak, PRC supported measles case management with temporary Measles Care Units; provided vaccines to 260,000 children in vulnerable communities; and reached over one million people with important health promotion messages. After the outbreak, PRC worked with the Department of Health to map the most vulnerable communities to improve measles vaccination coverage and address the root cause of the outbreak.

In 2017, Indonesia launched a national measles vaccination campaign targeting millions of children. Palang Merah Indonesia, with the support of the American Red Cross and IFRC, reinforced government efforts, with innovative, community-based interventions targeting disenfranchised children living at the margins of society. Working with community organizations, schools and social workers, and coordinating efforts across various ministries, Red Cross volunteers conducted outreach activities in factories, orphanages, and shelters – identifying thousands of unregistered and unvaccinated children in the urban slums of greater Jakarta.

Ensuring access to infant vaccines in humanitarian settings and underserved communities.

If you face any challenges or issues related to time, budget, or resources, or if you feel overwhelmed with tasks and responsibilities, consider seeking help from your colleagues or mentors. They can provide support, guidance, and advice to help you navigate through difficult situations.

It is crucial to identify and address the root cause of the issue to ensure long-term solutions. This might involve collaborating with other departments, seeking external resources, or implementing new strategies that are more efficient and effective.

By doing so, you will not only resolve the immediate problem but also create a sustainable solution that benefits everyone involved. Remember that seeking support and resources is a sign of strength, not weakness.

If you are feeling frustrated or exhausted, it might be helpful to take a break and recharge your energy. This can help you approach the problem with a fresh perspective and renewed focus.

In summary, addressing critical gaps and ensuring access to infant vaccines require a comprehensive strategy that involves quick response, longer-term change, and collaboration with various stakeholders. By identifying the root cause and seeking support, you can develop effective solutions that benefit everyone involved.

Case study: Philippines and Indonesia

Case study: Central African Republic
Supporting vaccination of children living in fragile, conflict, and vulnerable settings.

Children living in conflict-affected areas have limited or no access to life-saving vaccines and are often the last to be reached. Accessing the last mile first in Afghanistan is a testament to the versatility and dedication of National Societies and demonstrates that no child is unreachable.

The Afghanistan Red Crescent Society (ARCS) provides routine immunization in 45 basic health centers and 31 mobile health teams throughout Afghanistan. ARCS is working in particularly insecure areas in the Eastern and Southern parts of the country to reach large pools of children without access to services.

In conflict-affected areas, ARCS staff and volunteers are implementing a mixed approach of service delivery and outreach through community engagement, access negotiations, mobile health teams, and health clinic camps.

“We will not make a difference until and unless we are where the needs are the greatest, and that is where the hardest to reach and most vulnerable are.”

IFRC Secretary General Mr. Elhadj As Sy

Case study: Nigeria

Reducing early childhood mortality through demand creation for life course immunization.

Roughly 60% of children born in Nigeria every year do not get fully vaccinated before their first birthday. In response, the Nigerian Red Cross Society (NRCS), through the support of IFRC and CDC, has developed a comprehensive approach to identify missed children and ensure they are brought to health facilities for vaccination.

Trained volunteers mobilize caregivers by using a system of coloured immunization-status cards that track defaulters, line-list newborns, and promote the complete vaccine schedule. Red Cross volunteers leverage their rapport with caregivers and share the benefits of immunization. As a NRCS volunteer states, “It’s through the process of engagement you help people realize life is very important. And immunization provides life.”
More children are being immunized than ever before, but...

The last mile still needs our attention.

Support the Red Cross Red Crescent to reach the last mile first through:

- Vaccination during emergencies and in humanitarian settings
- Community engagement
- Routine immunization service delivery
- Vaccination campaign support & social mobilization
- Community-based surveillance
- Outbreak response
- Outreach / mobile health clinics

19.4 million children under 1 year did not receive routine immunization in 2018.

In 2018, 13.5 million children did not receive any doses of vaccine.

Global vaccination coverage has plateaued at 86% and is at risk of backsliding.

About half of all missed children live in 6 countries: Nigeria, India, Pakistan, Indonesia, Ethiopia and the Democratic Republic of the Congo (DRC).

Vaccine hesitancy is on the rise, eroding progress against highly preventable diseases.

40% of unvaccinated children live in fragile or humanitarian settings, including countries affected by conflict.
WHERE WE WORK

The Red Cross and Red Crescent Societies are ideally placed to help promote vaccination and strengthen immunization systems. Trained Red Cross and Red Crescent volunteers, who are trusted members of the communities they serve, can help to reach the inaccessible and disenfranchised populations.

Together with National Societies and partners, IFRC is developing community-centered approaches to reach the last mile first.

**Chad**
Red Cross
Conducting community-based surveillance for vaccine-preventable diseases

**Pakistan**
Red Crescent
Working with IFRC to provide immunization through integrated primary health care initiatives

**Papua New Guinea**
Red Cross
Supporting polio outbreak response vaccination campaigns through social mobilization

**Bangladesh**
Red Crescent
Providing vaccination during emergencies and population movements

**America**
Red Cross
Founding partner of the Measles & Rubella Initiative, supporting measles elimination activities globally

**Kenya**
Red Cross
Piloting Periodic Intensification of Routine Immunization (PIRI) projects in underperforming districts

**Mali**
Red Cross
Partnering with the Netherlands Red Cross on pneumonia education and prevention

For more information on the IFRC Global Health Programmes:
Dr. Emanuele Capobianco
Director, Health & Care Department
Email: Emanuele.capobianco@ifrc.org

The International Federation, the National Societies and the International Committee of the Red Cross Together constitute the international Red Cross and Red Crescent Movement.