



The Red Cross Society of Bosnia and Herzegovina (RCSBiH) Community Health Mobile Teams rising awareness of the importance of vaccines. Photo: RCBiH

Appeal: MDRBA016	Total DREF Allocation: CHF 118,430	Crisis Category: Yellow	Hazard: Epidemic
Glide Number: EP-2024-000050-BIH	People Affected: 15,000 people	People Targeted: 7,650 people	People Assisted: 7,648 people
Event Onset: Slow	Operation Start Date: 20-04-2024	Operational End Date: 31-08-2024	Total Operating Timeframe: 4 months

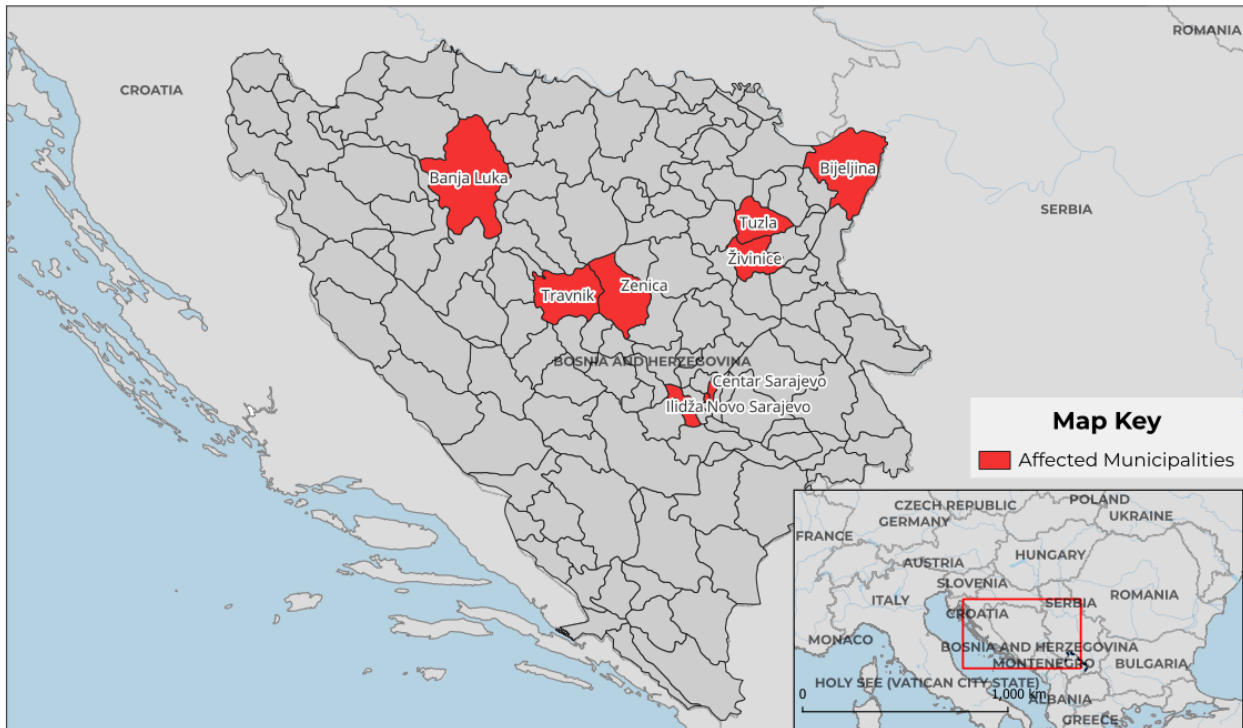
Targeted Areas: **Federacija Bosne i Hercegovine, Republika Srpska**

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech Republic, Canada, Denmark, Germany, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend to all for their generous contributions.

Description of the Event

Bosnia and Herzegovina - Epidemic

28 October 2024



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. Map data sources: GADM, IFRC. Map produced by: IFRC Europe Region Office, Budapest.

The above map captures the affected areas of Bosnia and Herzegovina.

Date when the trigger was met

09-04-2024

What happened, where and when?

The measles outbreak in Bosnia and Herzegovina started in early 2024. Initially, in January and February 2024, the highest number of cases were recorded in Bijeljina, Banja Luka, and the Tuzla Canton, specifically in the cities of Tuzla and Živinice. Following the epidemiological situation in Bosnia and Herzegovina through daily, weekly, and monthly reports from the Institute of Public Health, it was noted that in the last week of March 2024, the number of confirmed measles cases suddenly increased fourfold, especially in Sarajevo. Monthly data revealed a notable increase, with cases rising from 76 in January to 289 in February, and surging to 949 in March. Measles cases have also been reported in the Brčko District of Bosnia and Herzegovina. In addition to measles, cases of pertussis (whooping cough) and varicella (chickenpox) have also been recorded. Additionally, 88 cases of pertussis were reported in the Zenica-Doboj Canton between January and March 2024.

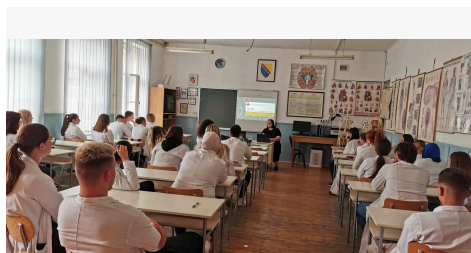
According to official data from the Institute of Public Health of the Federation of Bosnia and Herzegovina, from January to April 2024, a total of 1,749 cases of measles were reported. The highest numbers were recorded in the Sarajevo Canton, with 1,243 cases, followed by Tuzla Canton with 423 cases, Zenica-Doboj Canton with 56 cases, and Central-Bosnia Canton with 23 cases.

In the last week of March 2024, a meeting was held with representatives from the World Health Organization (WHO) country office in Bosnia and Herzegovina. In the first week of April, another meeting was held with representatives from the Institute of Public Health. Official information from both the Institute of Public Health and the WHO country office from 9 April confirmed the need for the Red Cross Society of Bosnia and Herzegovina (RCSBiH) to be involved in supporting efforts to control epidemics and conduct promotional and educational campaigns.

Additionally, a meeting between the RCSBiH and the Public Health Institute of the Federation of Bosnia and Herzegovina was held on 9 April regarding the current measles and epidemics in the country. It was agreed to launch more concrete activities with local



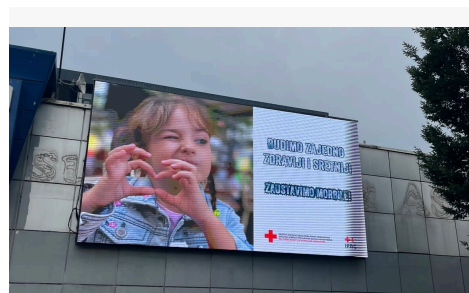
communities, highlighting the importance of enhanced vaccine promotion. Consequently, the meeting acted as a catalyst for initiating the Disaster Relief Emergency Fund (DREF) request.



RCSBiH volunteers conducting a measles awareness workshop with medical school students.



RCSBiH volunteers conducting a measles awareness workshop with parents.



RCSBiH mass campaigns promoting vaccination.



Training for volunteers and mobile teams.

Scope and Scale

Nationwide data has indicated that there have been 99 cases of measles among children aged zero to one years old, 731 among children aged one to four 4 years old, and 483 cases among children aged five to nine years old. Additionally, there have been 130 cases of measles reported among individuals aged 30 to 65 years.

Due to the high number of cases, a measles epidemic was declared in the Sarajevo Canton on 10 February 2024. In addition to the measles outbreak, Sarajevo Canton has also been burdened with a higher number of pertussis cases. The Ministry of Health of the Sarajevo Canton declared an epidemic of pertussis, also known as whooping cough, on March 12 for the territory of the canton. A total of 112 cases of pertussis were recorded in the Sarajevo Canton from January to March 2024.

A measles epidemic was also declared in Bijeljina in February 2024, followed by one in Banja Luka. According to official data from the Institute of Public Health of Republika Srpska, there have been 40 cases of measles and 125 cases of pertussis reported. The highest number of pertussis cases was recorded in Banja Luka, totaling 105 people. In the Brčko District of Bosnia and Herzegovina, 28 cases of measles have been reported. According to official data, the vaccination rate in this area is only 52%.

Finally, due to the deteriorating epidemiological situation in the Tuzla Canton, the Ministry of Health of the Tuzla Canton issued an order declaring a measles epidemic on 23 February 2024, upon the proposal of the Institute of Public Health of the Tuzla Canton. In addition to measles, 69 cases of pertussis were recorded in the Tuzla Canton from January to March 2024.

Additional complications arose due to high rates of chickenpox infections. During the period from January to March 2024, close to 1,500 cases of chickenpox were recorded in Bosnia and Herzegovina. The highest numbers were reported in the Sarajevo Canton (357), Tuzla Canton (308), Una-Sana Canton (296), and West Herzegovina Canton (260). This data represents the situation for January and February 2024.

By the end of the first week of April, a total of 1,243 cases of measles have been reported in the Sarajevo Canton. The majority of cases were among children aged one to four years (42.4%), followed by the age group of five to nine years (29%) and the age group of 10 to 14 years (11%). Two deaths from these diseases have been confirmed in Sarajevo.

The measles outbreak expected to lead to increased cases of severe illness, hospitalizations, and fatalities, especially among unvaccinated or under-vaccinated individuals, infants, children, and those with compromised immune systems, as evidenced by the two fatalities

already confirmed.

The national healthcare infrastructure was also experiencing additional strain due to increased demand for medical services, hospital beds, and medications. People who have not received the recommended measles and pertussis vaccinations were at higher risk of contracting and spreading the diseases, particularly infants who are too young to be fully vaccinated. Young children, especially those under one year old, were highly vulnerable to severe complications from measles and pertussis and at risk of long-term health effects.

According to the national health authorities, less than 60% of the population in Bosnia and Herzegovina is vaccinated against measles and rubella. In 2022, Bosnia and Herzegovina achieved a vaccination rate of 60% with two doses of the measles vaccine, which is significantly below the prescribed level of the World Health Organization (WHO). According to the WHO, at least 95% of children must be fully vaccinated, meaning they should receive two doses of the MMR (measles, mumps, rubella) vaccine to achieve herd immunity and prevent further spread of the epidemic. Historically, prior to the COVID-19 pandemic, vaccination rates were significantly higher, resulting in isolated and very low case numbers of communicable diseases. However, following the pandemic, there has been a decline in trust of vaccines and the public healthcare system due to the mis- and disinformation, including various myths, especially those suggesting vaccines cause autism and various autoimmune diseases. This distrust is evident by the fact that currently, among people infected with measles, the vaccination rate is around 0.5%.

The total number of measles cases in Bosnia and Herzegovina, as of the end of the DREF operations, was 6,998. The largest epidemiological peak occurred in May, reaching nearly 2,000 registered cases, followed by a sharp decline that continued through August. During this period, the Red Cross conducted its most extensive activities in raising awareness, promoting health, and engaging with communities.

The highest number of cases was recorded in Sarajevo Canton, accounting for 63.6%, followed by Zenica-Doboj Canton with 19.3 per cent, and Tuzla Canton with 11.3 per cent, while a smaller number of cases were registered in Central Bosnia Canton and the Republika Srpska. Of the total cases, 51.7% were male, and 48.3% were female. The majority of the infected were children aged one to four years, followed by those aged five to nine years. Regarding vaccination status, 86% of the cases were unvaccinated individuals, 1.5% were vaccinated, 4.3% were partially vaccinated (first dose), and for 8.2% of the cases, the vaccination status was unknown. The largest epidemiological surge occurred in May, reaching nearly 2,000 registered cases, followed by a sharp decline that continued through August. During this period, the Red Cross conducted its most extensive activities in raising awareness, promoting health, and engaging with communities.

Source Information

Source Name	Source Link
1. Public Health Institute of Republika Srpska	https://www.phi.rs.ba/
2. Public Health Institute of Sarajevo Canton	https://zzjzks.ba/
3. Public Health Institute of Federation Bosnia and Herzegovina	https://www.zzjzfbih.ba/

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No
Please provide a brief description of those additional activities	-

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC has a well established presence in the country as the Country Cluster Delegation for Central and South-Eastern Europe (CCD CSEE) is located in Sarajevo, the capital of Bosnia and Herzegovina. The IFRC provided technical support in preparing the DREF application. The RCSBiH collaborated with the health team at the IFRC Regional
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	Office for Europe and Central Asia regarding the measles epidemic and its DREF application.
Participating National Societies	The Turkish Red Crescent is present in country as well as the Swiss Red Cross. However, they were not involved directly in this response.

ICRC Actions Related To The Current Event

The International Committee of the Red Cross (ICRC) is present in country, however, they did not participate in this particular response effort.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	<p>The Federal Public Health Institute, Public Health Institute of the Republika Srpska, Health Department of the Brčko District Bosnia and Herzegovina, Ministries of Health in both Republika Srpska and the Federation of Bosnia and Herzegovina, and Public Health Institutes of Sarajevo and Tuzla Cantons were providing data on the number of affected people. They also coordinated with primary health centers in the immunization process.</p> <p>When a drastic increase in cases was observed at the end of March, the RCSBiH collaborated with Public Health Institutes in both Republika Srpska and the Federation of Bosnia and Herzegovina, responding to their request for support in promoting health and emphasizing the importance of vaccination, as well as conducting educational activities in communities.</p> <p>During the last week of March, the headquarters of RCSBiH, along with entity health coordinators, maintained contact with public health institutes, aiming to urgently address the current situation. Additionally, meetings were held with the WHO office in Bosnia and Herzegovina on 29 March and with the Public Health Institute of the Federation of Bosnia and Herzegovina on 9 April, focusing on the ongoing measles and pertussis epidemics in the country. It was agreed to implement more concrete activities with local communities, highlighting the significance of enhanced vaccine promotion. The DREF team was in frequent contact with representatives of the entity Institutes of Public Health, particularly regarding the creation of educational and promotional materials.</p>
UN or other actors	<p>The WHO country office and the United Nations International Children's Emergency Fund (UNICEF) were providing general support to Public Health Institutes with the immunization process, and offering advice during this outbreak. Communication was also established between these organizations and the RCSBiH.</p> <p>The RCSBiH had excellent cooperation with the WHO country office. Representatives from the WHO country office were present at both training sessions organized for volunteers, acting as lecturers. Additionally, during the workshop on lessons learned, representatives from the WHO country office and UNICEF were present and participated in the discussions. Collaboration was also established with the academic community, where a professor from the Faculty of Health Studies at the University of Sarajevo was involved as a lecturer.</p>



Needs (Gaps) Identified



Health

The healthcare system in Bosnia and Herzegovina is a complex mix of public and private providers, with significant variations between entities and regions due to the country's decentralized structure. Public healthcare in Bosnia and Herzegovina is funded through compulsory health insurance contributions, which cover a portion of the population. However, there are challenges with funding, resource allocation, and infrastructure in many areas. Public hospitals are often overburdened and may face shortages of medical supplies and equipment. The healthcare system faces challenges such as unequal access to healthcare between urban and rural areas, an aging population, limited resources, and the need for modernization and investment in healthcare infrastructure. There is no Ministry of Health at the national level and the Ministry of Civil Affairs is in charge for the coordination of Ministry of Health in Republika Srpska and Federation of Bosnia and Herzegovina. Additional complex situation is in Federation of Bosnia and Herzegovina where each of ten Cantons has their own Cantonal Ministry of Health and Public Health Institute.

According to the national health authorities, less than 60% of the population in Bosnia and Herzegovina is vaccinated against measles and rubella. In 2022, Bosnia and Herzegovina achieved this vaccination rate of 60% with two doses of the measles vaccine, which is significantly below the prescribed level of the WHO. According to the WHO, at least 95% of children must be fully vaccinated, meaning they should receive two doses of the MMR (measles, mumps, rubella) vaccine to achieve herd immunity and prevent further spread of the epidemic.

The Institute of Public Health of the Federation of Bosnia and Herzegovina and the Institute of Public Health of Republika Srpska conduct occasional promotional campaigns for routine immunization and ad hoc promotions according to current needs, but there is plenty of room for improvement. Additionally, Public Health Institutes are limited in terms of human and other resources. According to the Law on the RCSBiH and the laws on the Red Cross of the Federation of Bosnia and Herzegovina and the Red Cross of Republika Srpska, one of their public mandates is the promotion and protection of public health during natural disasters, epidemics, and pandemics. In this regard, Public Health Institutes have expressed interest in active involvement of the Red Cross in educational and promotional activities in this situation.

It is necessary to develop various public health promotion campaigns focusing on overall health protection and vaccination promotion. The low vaccination rates among the national population is particularly concerning. Moreover, it is necessary to educate Red Cross volunteers in the areas of health in emergencies, public health, vaccinations and risk communication. By educating volunteers and creating Community Health mobile teams in affected areas (nine cities/municipalities in six cantons/regions) the RCSBiH set out to be able to deliver timely and effectively proper messages and work on promotion and education of population on the importance of regular immunization.

The escalating situation, characterized by a rising number of confirmed cases among children and older adults, compounded by mis- and disinformation and vaccine hesitancy stemming from past experiences during the COVID-19 pandemic, highlights the critical need for developing targeted methodologies and concrete actions within communities. This approach aimed to focus on Mental Health and Psychosocial Support (MHPSS) in order to address, not only the direct impacts of the outbreak, but also the underlying psychological and social challenges during and after the emergency. Enhancing community trust in vaccines and debunking prevalent myths through tailored educational campaigns are essential components of these strategies, ensuring comprehensive support and resilience building. Promoting a culture of vaccination during this crisis and fostering it continuously afterwards will be vital to sustaining public health and preventing future outbreaks.



Community Engagement And Accountability

Due to misinformation about vaccines among the population, many young parents decided not to vaccinate their children, worrying about possible health issues. Additionally, the COVID-19 pandemic has led to a decrease in public trust in vaccines, contributing to low vaccination rates. Therefore, there was a need for increased efforts to promote health, emphasize the importance of immunization, and prevent diseases.

It was essential to raise awareness about vaccines and their effectiveness within the population while building trust through open, honest, and timely communication. Engaging community members and volunteers to identify key influencers helped advocate for vaccination. Establishing feedback channels to address questions, concerns, and misinformation, along with responding promptly, was crucial.

Kindergartens and schools, where close interactions among children occur, are potential transmission hubs; therefore, raising awareness



about vaccination and ensuring accessibility in these settings was crucial, as parents play a critical role in vaccination decisions as primary caregivers.

Additionally, Bosnia and Herzegovina hosts a significant migrant population. The priority was to ensure vaccination access for migrant families, including children and parents; as well as targeted vaccination efforts directed towards children without parents.

In response to the measles outbreak, it was crucial to prioritize three key areas: i) accessibility, ensuring vaccines were readily available to the population; ii) accurate information, dispelling myths and providing reliable details to combat misinformation; and iii) community engagement, by involving local leaders, conducting targeted awareness campaigns, community sessions, and implementing feedback mechanisms, as this aspect has been overlooked.

Information on parental vaccine hesitancy, as well as fears among pregnant women and young mothers, was gathered from the Institute of Public Health and the World Health Organisation (WHO), drawing on their field experiences. Furthermore, based on official data from the Institute of Public Health, there was notable vaccine resistance within Roma communities. To address this, the Institute has advised the RCSBiH to collaborate with Roma non-governmental organisations (NGOs) and conduct activities through these organizations. A rapid assessment of vaccine refusal reasons was conducted during the first week of the DREF operation.

Operational Strategy

Overall objective of the operation

The overall objective of the response supported by the DREF was to directly assist 7,650 people affected by the measles epidemic in Bosnia and Herzegovina (and over 600,000 indirectly through information campaigns), covering a four-month period. The response focused on specific geographic areas in the Federation of Bosnia and Herzegovina: the Sarajevo Canton, where two epidemics have been declared (measles and pertussis), Tuzla Canton (city of Tuzla and city of Živinice), Zenica-Doboj Canton (city of Zenica), and Central-Bosnia Canton (city of Travnik); and in Republika Srpska: the Krajina Region (City of Banja Luka) and Semberija Region (city of Bijeljina).

Support was centered on providing reliable information through various health promotion campaigns and events, engaging in activities within local communities to raise awareness about epidemics and disseminate accurate information about protection. Additionally, efforts were made to increase public trust in vaccines and provide education for vulnerable groups, as well as to offer MHPSS to those in need.

The primary focus of operations was on promoting the importance of immunization and raising awareness about the significance of vaccination uptake.

Operation strategy rationale

During the epidemic, measures outlined in laws on the protection of the population from infectious diseases were implemented. These measures include education on the prevention of infectious diseases, early detection of sources of infection and transmission routes, reporting and quarantining of infected patients, hospitalization, and treatment. Additionally, efforts were made to enhance the immunization of children, with the RCSBiH playing a significant role.

RCSBiH established Community Health Mobile Teams (CHMTs) through the DREF operation in nine cities/municipalities where the highest numbers of measles cases were recorded. Specifically, one team was established in the city of Banja Luka (part of Krajina region; Republika Srpska) and the city of Bijeljina (part of Semberija region; Republika Srpska). Additionally, teams were set up in the cities of Tuzla and Živinice (part of Tuzla Canton), where an epidemic has been declared, and in the city of Zenica (part of Zenica-Doboj Canton; Federation of Bosnia and Herzegovina) and the city of Travnik (Central Bosnia Canton; Federation of Bosnia and Herzegovina), where infection cases were increasing. Furthermore, three teams operated in the Sarajevo Canton, specifically in the local municipalities of Ilidža, Novo Sarajevo, and Centar. These teams supported the Ilidža, Novo Sarajevo, and Centar branches, which have declared both measles and pertussis epidemics and have the highest number of reported cases still on the rise. Community Health Mobile Teams are formed by Red Cross volunteers experienced in public health and first aid activities.

These Community Health Mobile Teams were tasked with working directly with local communities. Their duties included visiting kindergartens, engaging with teachers, organizing information sessions with key community groups, and distributing educational brochures for children to take home to their parents. Additionally, the teams organized outreach days and citizen education initiatives. They also conducted surveys to understand the reasons for non-vaccination among citizens. Posters were placed in public areas and locations with high foot traffic, such as post offices, municipal halls, and health centers. Each team consisted of three members, preferably with medical backgrounds.

To prepare the teams, training in Public Health and Vaccine Promotion was organized, equipping members with uniforms, information



stands, and tablets for conducting surveys and daily reporting via KoBo. The training sessions included Risk Communication and Community Engagement (RCCE) and Psychosocial Support (PSS), incorporating Psychological First Aid (PFA).

Additionally, a Community-Based Mental Health and Psychosocial Support (CBMHPSS) training was conducted in six cantons experiencing active epidemics, aimed at volunteers not directly linked with the Community Health Mobile Teams (CHMTs). This training focused on health emergency response, addressing mental health and psychosocial issues during emergencies. The trained volunteers were enabled to provide individualized support and reassurance to families, promote activities restoring normalcy for affected children and families, and establish links for specialized care when needed. They also focused on educating about managing stress during outbreaks using direct methods and social media. All volunteers were trained in CHMPSS and RCCE focusing on different approaches to working with children.

To address vaccine hesitancy and misinformation, a PSS helpline was established at RCSBiH headquarters. This line also supported families affected by the closure of hospitals during measles and whooping cough epidemics, ensuring their social and emotional well-being. The PSS helpline was promoted through the RCSBiH website, social media, and other media outlets, making access to information readily available.

These trained volunteers were to:

- Provide individualized support and calm to families through community outreach to foster collaboration in cases of vaccine hesitancy, including listening, acknowledging, and respecting people's concerns while providing relevant information; building trust was essential for changing behavior.
- Provide direct support to affected persons, liaising with healthcare personnel to identify vulnerable cases and community members for inclusion in PSS activities.
- Provide PFA and PSS for affected families, setting up activities that fostered "normalcy," such as play and recreational activities for children, support groups, sports, and creative activities, while addressing distress and ensuring respect and dignity.
- Provide psychoeducation through direct methods and social media on coping with stress related to the outbreak, normal reactions, and how to support children, using creative methods when appropriate.
- If appropriate and in collaboration with relevant social service authorities, provide support to orphans and vulnerable children.
- Establish links and referral mechanisms for affected people and their family members to access specialized care if needed.

Considering the fear of vaccines among the population, especially among young parents and pregnant women, and the strength of misinformation, it was important to work on this front as well. Additionally, a PSS helpline was established at the headquarters of RCSBiH to support citizens.

To reach a larger audience, billboards were placed at the most frequented locations in Sarajevo, Banja Luka, Bijeljina, Tuzla, Živinice, Travnik, and Zenica. The RCSBiH employed a traditional leaflet distribution method to convey essential information about measles, including its definition, transmission and prevention. The leaflets featured an appealing design and deliberately avoided the photos of viruses and masks, which had become prevalent during the COVID-19 pandemic. The RCSBiH also engaged medical doctor – pediatric specialist to provide interviews in a daily newspaper, women's magazines, aiming to reach mothers and young women effectively. Articles were featured in the daily newspaper Dnevni Avaz, the online portal Klix, and the magazine Azra. To maximize outreach, a comprehensive promotional campaign was conducted on social media platforms. DREF operation for the measles epidemic was supported by META as a main partner in delivering key messages. Vaccination campaigns were supported by Facebook, Instagram and TikTok with the aim of making key messages and research reach a large number of people in Bosnia and Herzegovina. These platforms were chosen due to their significant user bases among the target demographics. The campaign aimed to reach a broad audience and enhance public awareness and encourage informed health practices.

Following the initial needs assessment, further assessments were conducted during the DREF operation, including additional research. Throughout the activities, volunteers actively engaged with the local population by conducting surveys to evaluate their knowledge, attitudes, and perceptions about measles and vaccination. The survey aimed to identify gaps in awareness, misconceptions, and specific community needs related to the outbreak and immunization efforts. The data collected offered critical insights into the public's understanding, concerns, and expectations. This feedback was systematically analyzed and used as the foundation for designing and implementing activities throughout the operation. Promotional campaigns, poster and billboard designs, and the approach to working within local communities were all tailored to reflect the findings from the survey. By aligning the interventions with the community's expressed needs and preferences, the operation ensured that the activities were not only relevant but also effective in addressing the barriers to vaccination and promoting greater public health awareness.

In addition to these surveys, a comprehensive Perception Study was carried out, which included a variety of focus groups and interviews with key stakeholders. These included healthcare workers, infectious disease specialists, staff from public health institutes, representatives from Roma organizations, educators, and other relevant groups. The study aimed to explore the underlying reasons behind vaccine hesitancy and gather insights on how different communities perceive the risks of diseases like measles and the role of vaccination in preventing outbreaks. The combination of these detailed assessments and research methods provided a deeper understanding of the local context, which helped to shape more targeted and effective strategies to address vaccine hesitancy. The



findings from these activities were crucial in tailoring interventions to the specific concerns and cultural contexts of different groups, ensuring that communication strategies were both relevant and impactful.

Targeting Strategy

Who was targeted by this operation?

The operation primarily targeted young parents, pregnant women, children, teachers in kindergartens, migrant groups, and the wider public. Additionally, the operation targeted social institution centers/homes for orphans and vulnerable children, delivering information materials and sessions to both residents and workers.

Targeting young parents and pregnant women was essential because they are directly responsible for making healthcare decisions for their children. Educating them about the importance of vaccination and dispelling myths and misconceptions help increase vaccination rates among children.

One important aspect of this operation was prioritizing children through CBMHPSS activities, which included visits to kindergartens and orphanages, as well as engaging workshops tailored for children. The RCSBiH distributed toys and provided education on healthy lifestyles. Additionally, the RCSBiH distributed brochures on vaccines to parents and guardians. Teachers and caregivers in kindergartens play a crucial role in the health and well-being of young children. Educating them about vaccination protocols, symptoms to watch for, and preventive measures can help contain outbreaks in educational settings.

Migrant populations often encountered barriers to accessing healthcare services, including vaccination. Targeting migrant groups in vaccination campaigns ensured that this vulnerable group was not left behind, helping to prevent outbreaks in migrant communities and the broader population.

Moreover, prioritizing vaccination efforts among the Roma population was essential as they are facing unique challenges, including cultural barriers, language differences, and historical marginalization.

Additionally, general awareness campaigns targeting the public at large was essential to dispel misinformation, promote vaccination as a public health imperative, and encourage community-wide participation in vaccination programmes.

All target groups were focused in geographic areas where epidemics have been declared, such as Canton Sarajevo (with nine municipalities), Tuzla, Živinice, Bijeljina, and Banja Luka, as well as in the cities of Zenica and Travnik, where there has been a significant increase in measles cases.

Explain the selection criteria for the targeted population

The selection criteria were informed by epidemiological data that highlighted a higher number of infections within the age group of zero to ten years. This data served as a critical indicator of where the outbreak was most prevalent and where intervention efforts could have the most significant impact on controlling the spread of the diseases.

Young children, especially those under ten, were more vulnerable to measles and pertussis due to their developing immune systems. They were also more likely to experience severe complications or adverse outcomes if they contracted these diseases. Targeting this age group aimed to protect them directly and prevent further transmission within communities.

Children, particularly those in school or daycare settings, contributed significantly to the spread of infectious diseases due to close contact and interactions with peers. Focusing on young children not only protected them but also helped disrupt the transmission chain, ultimately reducing overall community transmission rates.

Achieving higher vaccination rates among young children was crucial for establishing herd immunity. By vaccinating a significant portion of this age group, the broader community, including vulnerable populations such as infants too young to be vaccinated, could also be protected indirectly.

Prioritizing vaccination efforts among young children aligned with public health principles aimed at preventing morbidity and mortality, reducing the healthcare burden, and safeguarding population health, especially among the most vulnerable segments of society.



Total Targeted Population

Women	-	Rural	10%
Girls (under 18)	-	Urban	90%
Men	-	People with disabilities (estimated)	-
Boys (under 18)	-		
Total targeted population	7,650		

Risk and Security Considerations

Please indicate about potential operation risk for this operations and mitigation actions

Risk	Mitigation action
The main operational risks identified included a lack of interest in vaccinating children, widespread myths and rumors within the population, a general distrust in vaccines, and the presence of mis- and disinformation.	<p>Developing and disseminating a variety of promotional and educational materials helped raise awareness and reduce misinformation.</p> <p>Collaboration with teachers in kindergartens, engaging young parents, and publishing engaging posts on social media were key strategies. Billboards were placed in high-traffic areas, and informative posters were displayed in locations with significant foot traffic, such as post offices, municipal halls and primary health centers. These actions served as effective mitigation measures.</p>

Please indicate any security and safety concerns for this operation

There were no security and safety concerns for this operation.

Has the child safeguarding risk analysis assessment been completed?

No

Implementation



Budget: CHF 40,610

Targeted Persons: 2,650

Assisted Persons: 6,294

Indicators

Title	Target	Actual
Number of CHMTs (Community Health Mobile Teams) established	9	9



Number of volunteers trained in public health and vaccine promotion (incl. RCCE)	40	40
Number of volunteers trained in CBMHPSS (incl. RCCE)	30	30
Number of health in emergencies manuals for volunteers printed out	150	283
Number of people provided with PFA and MHPSS	500	1,420
Number of people indirectly reached through promotional campaigns in digital and traditional media	600,000	3,000,000
Number of people reached through educational workshops for communities (100 sessions in total in affected areas)	2,000	2,814
Number of people supported by PSS helpline	150	175
Number of people reached by street campaigns on measles prevention and the importance of vaccines	-	1,885

Narrative description of achievements

From 16 to 19 May, a training session was conducted for the established mobile health teams from nine local Red Cross organizations involved in DREF operation. The preparation for the training involved DREF staff, medical doctors, and representatives from various sectors of IFRC (Health in Emergencies, CEA) contributing to the agenda creation. The training took place in the Sarajevo Canton and gathered 40 participants. The main focus of the training was on the epidemiological situation regarding measles in Bosnia and Herzegovina, public health, the Red Cross's approach to health preservation and protection, the importance of vaccination, community engagement and accountability, risk communication, campaign creation, etc. Notebooks and pens were provided for volunteers during this training. This training also covered Risk Communication & Community Engagement topics.

Community based MHPSS and Risk Communication training for volunteers was conducted in Banja Luka from 10 to 13 June. Training was prepared by the DREF team and with great support from the MHPSS delegate at the IFRC Cluster delegation for Central and South-eastern Europe, who was one of the facilitators along with the WHO country office representative. The main focus of the training was on MHPSS while working with different target groups, psychological first aid, risk communication and public campaigns, as well as promotion of vaccines. As part of this training, special workshops were conducted focusing on different approaches to working with children. During the training, 30 participants attended. Also, Secretary General of the RCSBiH together with the secretaries of the Red Cross Federation of Bosnia and Herzegovina, Red Cross of Republika Srpska and Red Cross of Brčko District of Bosnia and Herzegovina attended the training in order to discuss with volunteers about their important role within the response to measles outbreak. Notebooks and pens were provided for volunteers during this training.

Health in Emergencies manuals previously prepared by the RCSBiH were printed thanks to this DREF operation and distributed to mobile teams and volunteers for use as materials in local communities.

The PSS hotline was activated in June and is still active after the operation ended. During the May and June, psychologist engaged with the DREF operation was fully engaged with the preparation of different sessions and participated as facilitator for the CBMHPSS training. By the end of July, 26 persons called the PSS line to share personal worries for vaccinating their kids. During August, 149 persons were calling the psychologist available via the PSS line. The calls were mostly related to inquiries about potential side effects of the measles vaccine, where the vaccine can be obtained, and similar topics. People calling mainly expressed fear of vaccination due to its alleged connection with autism and other diseases, based on unverified information found on various websites. The calls were brief, and no lengthy call was recorded. 1420 people were provided with PFA.

In August, doctors involved in the DREF operations managed to organize 13 workshops for a total of 507 participants. The workshops were held in companies (such as IT companies), as well as in various associations like the association of women with breast cancer, Roma associations, students, and the general population.

In total, there were 112 workshops with 2,814 participants (32 workshops organized by medical doctors for 1,246 participants and 80 workshops for 1,568 participants organized by mobile teams). Also, mobile teams organized 23 street campaigns activities and reached 1,885 people.



Lessons Learnt

- Immunization campaigns should also target schools and universities. By integrating educational initiatives into these institutions, the promotion of vaccination can reach a broader audience, including students and educational staff. This comprehensive approach will help increase awareness, encourage vaccine uptake, and ultimately contribute to better public health outcomes.
- To improve outreach and effectiveness, it is crucial to involve public institutions in the communication strategy. Public institutions, organizations, and agencies working in the health sector should actively engage in publicly disseminating information about measles. Their involvement will enhance the reach and impact of health messages, ensuring that accurate and comprehensive information is effectively communicated to the public.
- Education of staff at medical institutions. To enhance the effectiveness of measles prevention and response efforts, it is essential to focus on the education of staff at medical institutions. Training programmes should be implemented to ensure that medical personnel are well-informed about measles, its symptoms, and preventive measures. Additionally, distributing relevant educational materials within these institutions will support staff in disseminating accurate information to patients and the community.

Challenges

• The official data on the number of measles outbreaks was not available as it was not collected by the official institutions. Therefore, the RCSBiH offered their capacity to overcome the issue by providing essential support and resources, despite the lack of detailed outbreak information. Their efforts included organizing informational sessions, distributing educational materials, and mobilizing resources to address the situation effectively. In the absence of official data on measles outbreaks, the RCSBiH took proactive steps to mitigate the issue by offering their resources and support. They organized informational sessions, distributed educational materials, and mobilized their teams to provide critical public health information. By filling the gap left by official institutions, RCSBiH ensured that communities received timely guidance on measles prevention and vaccination, helping to manage the outbreak despite the lack of detailed data. Their efforts mitigated the impact of missing information, contributing to a more coordinated and informed response.



Community Engagement And Accountability

Budget: CHF 51,744

Targeted Persons: 630,000

Assisted Persons: 1,364

Indicators

Title	Target	Actual
Number of people indirectly reached through info provision campaigns including social media, dissemination of promotion materials and info day activities	630,000	3,000,000
Number of community members who feel that information provided by RC was timely, regularly, accessible, and clear during community outreach events	5,000	5,381
Number of community feedback received	2,000	1,846
Operational decision made based on feedback received from the community	1	1
Number of RCCE trained staff and volunteers	60	70

Narrative description of achievements

At the outset of the DREF operation, a comprehensive survey was conducted to evaluate the knowledge, attitudes, and perceptions of citizens about measles and vaccination. The survey aimed to identify gaps in awareness, misconceptions, and specific community needs related to the outbreak and immunization efforts. The data collected offered critical insights into the public's understanding, concerns, and expectations. This feedback was systematically analyzed and used as the foundation for designing and implementing activities



throughout the operation. Promotional campaigns, poster, brochures, and billboard designs, and the approach to working within local communities were all tailored to reflect the findings from the survey. By aligning the interventions with the community's expressed needs and preferences, the operation ensured that the activities were not only relevant but also effective in addressing the barriers to vaccination and promoting greater public health awareness.

During the reporting period, two types of educational brochures were printed out and distributed to all Red Cross local branches engaged with the DREF operation and volunteers were actively engaged with the distribution to general population and target groups. Health in Emergencies manuals were printed out as well and distributed to all volunteers and Red Cross local branches involved in this operation.

Educational brochures on health and vaccines have been created, printed out and distributed to all Red Cross local branches involved in DREF response to measles outbreak, containing basic information about measles, symptoms, transmission methods, and prevention methods, with an emphasis on the importance of immunization. The information in the brochures was sourced from the WHO. To enhance the media campaign and effectively disseminate crucial information about measles, the RCSBiH implemented a unique leaflet distribution strategy. In response to the ongoing measles outbreak and the heat wave, leaflets were distributed in the form of paper fans. These paper fan-shaped leaflets were included with the most sold newspapers.

In collaboration with the Red Cross Republika Srpska, an interview with medical focal point dr. Jasmina Bukejlović on measles prevention and the importance of vaccines was prepared and published in July 2024 in the annual Red Cross of Republika Srpska magazine. During the reporting period several online meetings were held with medical doctor, a pediatric specialist, in order to prepare interviews for mass media on measles. Interview with pediatric specialist was published on two digital and one print media.

In collaboration with META and IFRC during May, promotional posts were placed on social media platforms such as Facebook and Instagram, aimed primarily at inviting citizens to share their opinions. The Communications and PR Coordinator of the RCSBiH, involved in the DREF operation, actively participated in creating these posts and visuals.

During July and August, a massive campaign was launched through LED screens in seven local communities (on the most frequent places like shopping malls, local health facilities) Also, public health mobile teams as well as medical doctors continued with workshops and focus groups in their communities on measles prevention and promotion of vaccines. In total medical doctors educated 1,246 people.

RCSBiH organized two training sessions for volunteers and members of mobile teams: Public Health & Vaccine Promotion and Community-Based Mental Health and PSS. Both training sessions included topics related to Risk Communication and Community Engagement. All 70 volunteers who participated in these two training sessions also attended workshops on the mentioned topics.

Workshops in local communities began after organizing training for volunteers. In May, eight workshops were organized in various local communities, including Sarajevo Canton (Ilidža, Novo Sarajevo, and Centar Sarajevo municipalities), Tuzla, and Živinice. Besides volunteers, the workshops were organized by medical doctors involved in the DREF operation. The workshops were intended for volunteers from local Red Cross organizations, students of the Secondary Medical School, employees of an IT company in Sarajevo, students of the Secondary Graphic School in Ilidža and others. A total of 200 participants attended these workshops. In June they organized 16 workshops for 400 persons as well as different street campaigns with sharing information and educational brochures. With the street campaign they have reach 280 persons. In July, teams organized 27 workshops in local communities with 810 participants and 11 street activities.

Doctors were actively involved throughout the entire duration of the DREF operations. 13 workshops for 507 participants were conducted in August 2024. Over the entire DREF period, doctors conducted 32 workshops for 1,246 participants. In addition to the doctors, mobile teams also facilitated workshops, organizing 80 workshops for 1,568 participants. In total, 112 workshops were held, reaching 2,814 participants. Additionally, in August, the mobile teams conducted 12 street campaign activities for 419 people. Over the four months of the DREF operations, a total of 23 street campaigns were held, reaching 1,885 individuals.

In the month of August, work was also done on a perception study, during which interviews were conducted with representatives of various institutions, organizations and citizen associations.

During the DREF activities, volunteers were simultaneously collecting feedback from citizens while informing them about the measles outbreak, ways of protection, and promoting vaccines. This was done through every workshop, information session, and street campaign conducted during the period of DREF operations. In total, our teams received feedback from 5,381 people who expressed that the information provided by the Red Cross was timely, regular, accessible, and clear during community outreach events.

Additionally, RCSBH teams received feedback from 1,846 individuals who were attending info sessions about also from a number of individuals who were provided with Psychological First Aid. The most common feedback was that more efforts should be made to improve the visibility of vaccination campaigns, including the use of billboards and social media, and that, in addition to the activities already being carried out, spaces at large shopping malls (such as LED screens) should also be utilized.

Based on the feedback received, the DREF team decided to expand promotional campaigns and advertisements by placing them on LED screens in the largest cities where the epidemic was most prevalent, alongside billboards and social media posts (which was initially



planned). All LED screens were strategically placed near health centers and vaccination points. Through negotiations with the owners of the LED screens and shopping mall management, RCSBH was able to arrange an extension of free advertising to raise awareness among the population. In some cities, these advertisements were active for up to two months after the DREF operation. Furthermore, it was decided at the management level of RCSBH that promotional campaigns about the importance of regular immunization should continue throughout the year and be part of regular Health promotion activities in future.

Lessons Learnt

The RCSBiH employed effective strategies to raise measles awareness. Positive imagery in leaflets reduced fear, making information accessible to all. Paper fan-shaped leaflets distributed with newspapers during a heat wave drew attention, while expert interviews in trusted publications targeted key demographics. A billboard and social media campaign, supported by platforms like Facebook and Instagram, ensured broad outreach. These efforts boosted public awareness, encouraged vaccination, and improved community engagement.

Through survey mobile teams managed to reach 1,364 people who also received information on measles prevention while answering the questionnaire.

Challenges

During the first month of operations, slight delays occurred primarily in the public procurement process, which had been anticipated. Additionally, there was a brief delay in procuring tablets for the mobile teams; however, by the end of the reporting period, the tablets were successfully acquired and ready for use. To address the challenges of delays in uniform arrivals for volunteers, the RCSBiH collaborated with the supplier to expedite procurement procedures. By optimizing the supply chain and establishing more efficient timelines, RCSBiH aimed to streamline the process.



National Society Strengthening

Budget: CHF 26,076

Targeted Persons: 0

Assisted Persons: 0

Indicators

Title	Target	Actual
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Narrative description of achievements

In June, the Red Cross of both entities collected data on volunteers engaged in the response to facilitate insurance coverage for them. Agreements between the RCSBiH headquarters and the entities' headquarters were in progress, allowing funds to be transferred to cover volunteer costs.

After the formation of the Community Mobile Health Teams and gathering information about the team members and their training, insurance for the volunteers was secured for the duration of the DREF operations. During the DREF implementation field visits were conducted by RCSBH DREF team. Also, DREF Ops manager attended on Measles prevention & Vaccine promotion workshop organized by Red Cross Centar Sarajevo branch.

At the end of DREF operations Lessons learned workshop was held in Sarajevo with the support of IFRC CCD Office. The workshop was attended by Community Health Mobile Teams, doctors who were engaged with the operations, project team, UNICEF and WHO representatives, as well as representatives of different schools and universities.

Lessons Learnt

The procurement of uniforms for volunteers was not completed in the first month of operations; however, sizes were collected, and the procurement process was initiated and successfully completed in July. This experience underscored the importance of early planning and timely collection of necessary information, which ultimately facilitated the efficient distribution of uniforms to all mobile team members.



Challenges

There were delays in the arrival of uniforms for volunteers, primarily due to lengthy procurement procedures. This issue was identified as a significant problem affecting the timely distribution of uniforms. To address these challenges, the RCSBiH collaborated with the supplier to expedite procurement procedures. By optimizing the supply chain and establishing more efficient timelines, RCSBiH aimed to streamline the process.



Financial Report

DREF Operation

Selected Parameters			
Reporting Timeframe	2024/04-2025/1	Operation	MDRBA016
Budget Timeframe	2024/4-2024/8	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 26/Mar/2025

All figures are in Swiss Francs (CHF)

MDRBA016 - Bosnia - Measles Outbreak

Operating Timeframe: 20 Apr 2024 to 31 Aug 2024

I. Summary

Opening Balance	0
Funds & Other Income	118,430
DREF Response Pillar	118,430
Expenditure	-109,718
Closing Balance	8,712

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			0
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash			0
PO04 - Health	40,610	37,324	3,286
PO05 - Water, Sanitation & Hygiene			0
PO06 - Protection, Gender and Inclusion			0
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery		18	-18
PO10 - Community Engagement and Accountability	51,744	47,424	4,320
PO11 - Environmental Sustainability			0
Planned Operations Total	92,354	84,766	7,588
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services		1,010	-1,010
EA03 - National Society Strengthening	26,076	23,943	2,133
Enabling Approaches Total	26,076	24,953	1,124
Grand Total	118,430	109,718	8,712

[Click here for the complete financial report](#)

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[Click here for reference](#)

