



## Lessons Learned Workshop Report

# Bosnia and Herzegovina Epidemic - Measles Outbreak 2024 DREF Operation

October, 2024



DRUŠTVO CRVENOG KRSTA/KRIŽA BOSNE I HERCEGOVINE  
ДРУШТВО ЦРВЕНОГ КРСТА/КРИЖА БОСНЕ И ХЕРЦЕГОВИНЕ  
RED CROSS SOCIETY OF BOSNIA AND HERZEGOVINA

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## ABOUT THIS REPORT

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For the purpose of showcasing the successful implementation of [the Disaster Response Emergency Fund \(DREF\) operation for Measles Outbreak in Bosnia and Herzegovina](#) as well as identifying areas for improvement, the Red Cross Society of Bosnia and Herzegovina (RCSBiH) facilitated a three-day lessons learned workshop. The workshop involved a retrospective analysis of the DREF operation's outcomes to assess challenges, strengths and areas for improvement. The goal was to enhance future humanitarian efforts and response in epidemics by applying practical experiences and feedback.

This workshop, supported by the International Federation of Red Cross and Red Crescent Societies (IFRC) Country Cluster Delegation to Central and South-Eastern Europe (CCD CSEE), brought together actors from different backgrounds:



**RCSBiH:** Mobile Teams coordinators and volunteers.



**United Nations agencies:** Representatives from the World Health Organization (WHO) and United Nations International Children's Emergency Fund (UNICEF).



**Academic sector:** Representatives of public educational institutions.



**Public and private healthcare sector:** Doctors and healthcare professionals directly involved in the DREF operation, as well as those who were not directly engaged.

### The purpose of the lessons learned workshop was to:

- 1 Identify and promote key lessons to improve the quality, impact, and reach of the DREF Operation implemented by the RCSBiH in health emergencies related programming.
- 2 Contribute to global learning and evidence on the implementation of health emergencies.
- 3 Provide a basis for the development of tools to help translate the lessons learned into practical and concrete action by National Societies.



The workshop utilized a number of methods. In particular:

- **Presentation** of the achieved results.
- **Working groups** where participants discussed challenges, explored solutions and recommended actions for future improvements.
- **A roundtable discussion** with various actors aimed at exploring further actions, enhancing coordination, and developing strategies to improve future responses and strengthen collective efforts.



*Presentation of the achieved results of the DREF Operation. Sarajevo, August 2024. Photo: RCSBiH*



*Working Groups of the Mobile Teams. Sarajevo, August 2024. Photo: RCSBiH*



*Roundtable session. Sarajevo, August 2024. Photo: RCSBiH*

## OVERVIEW OF THE DREF OPERATION

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The outbreak of measles in Bosnia and Herzegovina began at the beginning of 2024. Initially, in January and February 2024, the highest number of cases was recorded in Bijeljina, Banja Luka, and the Tuzla Canton, specifically in the cities of Tuzla and Živinice. Subsequently, the number increased in the Sarajevo Canton, especially in the mid-March.

Cases have been reported among individuals aged 0 to 14 and 30 to 65 years, with most of the affected individuals being unvaccinated. In addition to measles, cases of pertussis (whooping cough) and varicella (chickenpox) are also being recorded. Cases are confirmed mainly among children aged 1 to 4 years (42.4 per cent), followed by the age group of 5 to 9 years (29 per cent) and the age group of 10 to 14 years (11 per cent).

According to official data from the Public Health Institute of the Federation of Bosnia and Herzegovina and the Public Health Institute of the Republika Srpska, as of the end of August, a total of 7,155 measles cases were registered with the highest number of cases recorded in Sarajevo Canton, accounting for 62.3 per cent of the total number of cases. Most of the affected individuals were children, particularly in the age group of 1 to 9 years. At the end of May, an epidemic of measles was also declared in the Brčko District of Bosnia and Herzegovina due to the increased number of cases, with 112 cases registered, over 50 per cent of which fall into the 5 to 18-year-old age category, and 24 people were hospitalized.

In response to this situation, the RCSBiH activated the DREF and, through various activities, worked on raising public awareness about the importance of vaccination. With the support of mobile teams, volunteers, and medical professionals, daily efforts were made to educate citizens from different backgrounds. Numerous informational and educational campaigns were created, and public health education was conducted. This is the first public health DREF for RCSBiH, and with the engagement of existing staff trained in Health in Emergencies, along with the support of medical volunteers, all planned activities were successfully implemented. Strong cooperation was upheld with the World Health Organization (WHO) Country Office and the IFRC CCD CSEE.

According to data from the Public Health Institute of Sarajevo Canton, during the month of July, an increase in vaccinated children was recorded, and interest in vaccination grew. In a short period of time in Sarajevo, 80 percent of the children in the target group were vaccinated with the first dose of MRP, out of those planned for the first half of the year, which means that the activities and campaigns conducted by the RCSBiH had an impact.

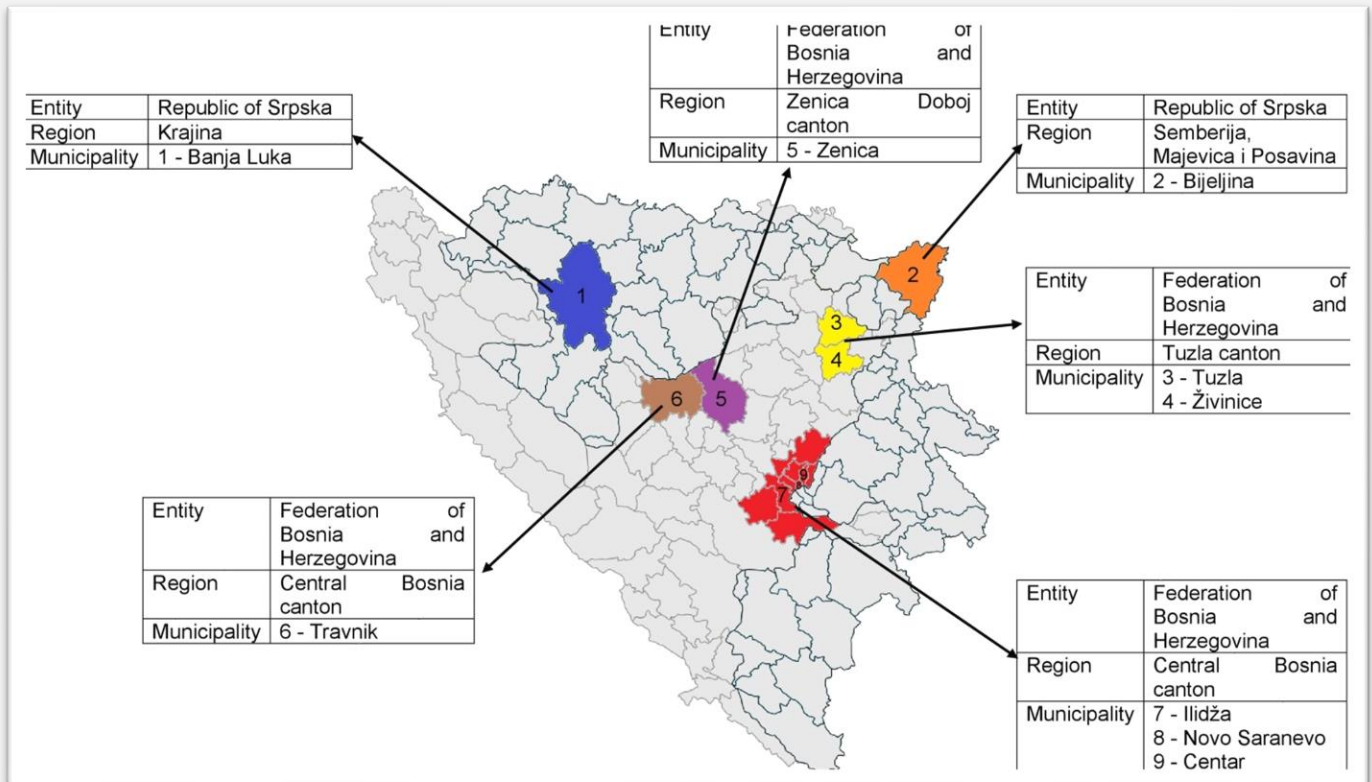


*“This is the first time, the RCSBiH is conducting public health DREF operations, and it is in response to a measles epidemic in Bosnia and Herzegovina. With the support of the IFRC, we successfully carried out all planned activities, worked on promoting and protecting public health, promoting vaccination and providing education in local communities. Such operations demonstrate that the Red Cross is an extension of health systems both globally and locally, and that the capacities, knowledge, and experience that the Red Cross possesses in this field should be fully directed toward citizens. Together, we should work to safeguard the entire population.”*

**Namik Hodžić**  
**Secretary General of the RCSBiH**

# DREF IN NUMBERS

<b>118,430.15</b>	<b>CHF allocated</b>
<b>9</b>	<b>Mobile Teams established</b>
<b>70</b>	<b>Volunteers trained in public health, vaccine promotion, RCCE and Community Based Mental Health and Psychosocial Support (CBMHPSS)</b>
<b>1,420</b>	<b>PFA and MHPSS services provided to vulnerable groups in communities</b>
<b>112</b>	<b>Workshops on health promotion and raising awareness about immunization held</b>
<b>1,885</b>	<b>People reached by street campaigns</b>
<b>175</b>	<b>People supported via PSS line</b>
<b>1,364</b>	<b>People participated in survey regarding their attitudes toward vaccines and their knowledge of measles symptoms and prevention</b>
<b>3,000,000+</b>	<b>People reached through digital and traditional media</b>



Map of DREF operations in 9 local communities. Photo: RCSBiH

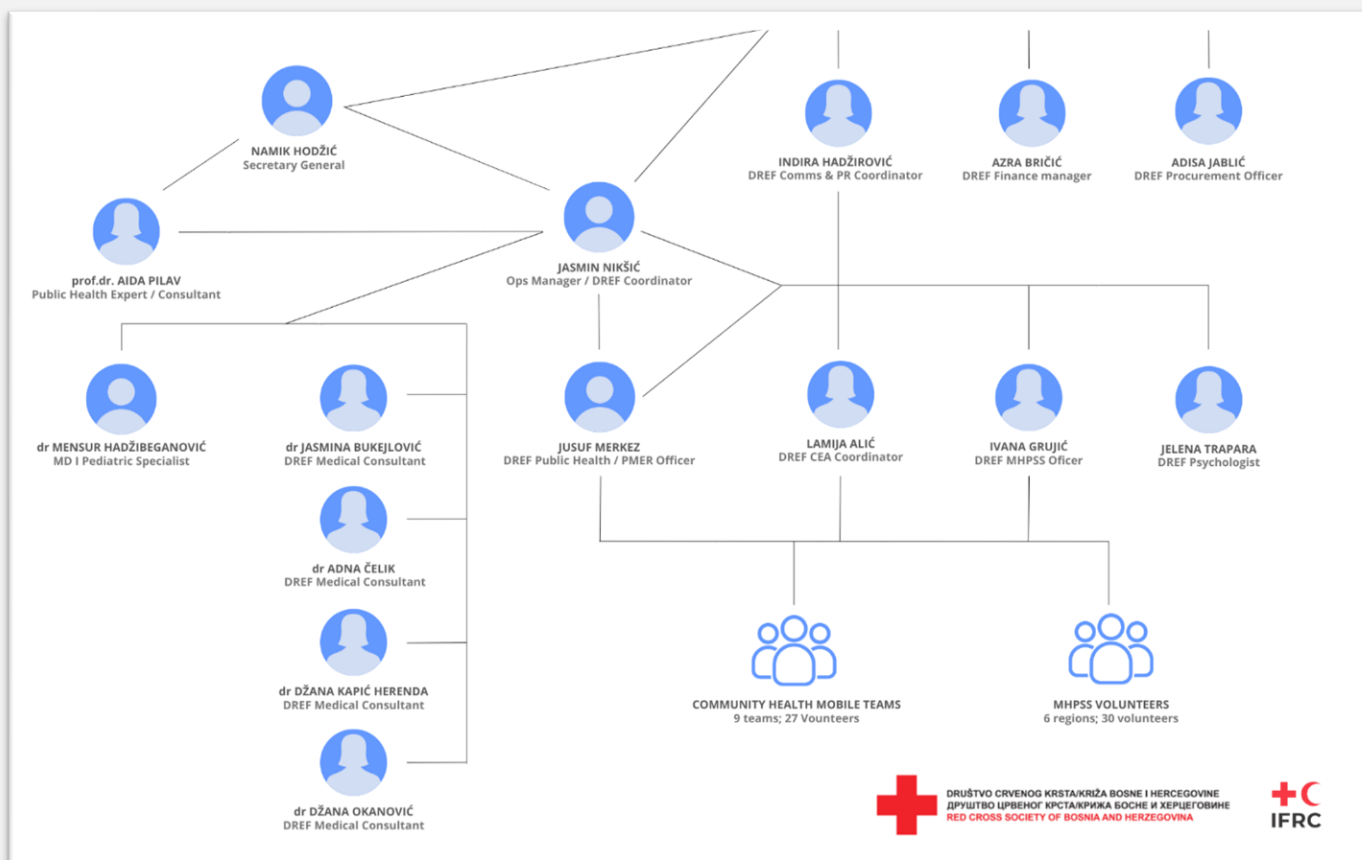
# ACHIEVEMENTS

## 1

### TEAMS COORDINATION

There have been 9 Mobile Teams established consisted of 3 team members per team (in total 27 members). Additionally, 30 volunteers have been trained in Community Based Mental Health and Psychosocial Support, to assist the work of Mobile Teams.

Effective communication channels were established between the mobile teams and the RCSBiH coordinators, facilitating excellent coordination and engagement with local communities. DREF staff and volunteers engaged within the operation were gathered at the lessons learned workshop to share experience from the field and to highlight good and less effective practices from the operation.



Organigram: Composition of the DREF Team



## KNOWLEDGE EXCHANGE

Before the operation commenced, a series of workshops were conducted by the RCSBiH DREF team to familiarize all Mobile Health Teams with the specifics of the initiative and the medical details involved. These sessions were designed to prepare volunteers thoroughly, equipping them to address questions from the public effectively.

Given the diverse backgrounds of the team members, those without a medical background benefited significantly from learning about medical terminology and the measles and vaccination. This cross-disciplinary exchange of knowledge was facilitated by the support and expertise of the doctors involved in the operation. The collaborative environment fostered mutual learning, with team members gaining insights from one another and receiving guidance from medical professionals, thereby enhancing the overall effectiveness of the initiative.

From 16 to 19 May 2024, the RCSBiH conducted a training on Public Health and Vaccine-preventable Diseases for the established Mobile Health Teams from 9 local Red Cross branches involved in DREF operations. The preparation for the training involved DREF staff, medical doctors, and representatives from



*Training on Public Health and Vaccine-preventable Diseases for the established Mobile Health Teams from 9 local Red Cross branches. May 2024. Photo: RCSBiH*

various sectors of IFRC (Health in Emergencies, CEA) contributing to the agenda creation. The training took place in Sarajevo and gathered 40 participants. The 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.

CBMHPSS and Risk Communication training for 30 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 CCD CSEE who was one of the facilitators together 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. The 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.



*CBMHPSS and Risk Communication training. Banja Luka, June 2024.  
Photo: RCSBiH*

Trainings for volunteers in health, MHPSS, and disaster response was essential for effective crisis management. Implemented sessions for Mobile Health Teams prepared volunteers to address public health risks, including vaccination efforts. These trainings, supported by medical professionals, ensured volunteers were equipped to provide both medical and psychosocial support, strengthening their ability to respond efficiently and improve community resilience.

### 3

## WIDE MEDIA COVERAGE

### Traditional leaflets

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. This approach was intended to avoid causing unnecessary fear or discomfort, as such imagery often led to public resistance and disengagement.

Therefore, the leaflets were designed to be colorful and engaging, featuring smiling children and employing simple language to ensure clarity across all age groups.



Traditional leaflets produced by the RCSBiH

### Innovative leaflets

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.

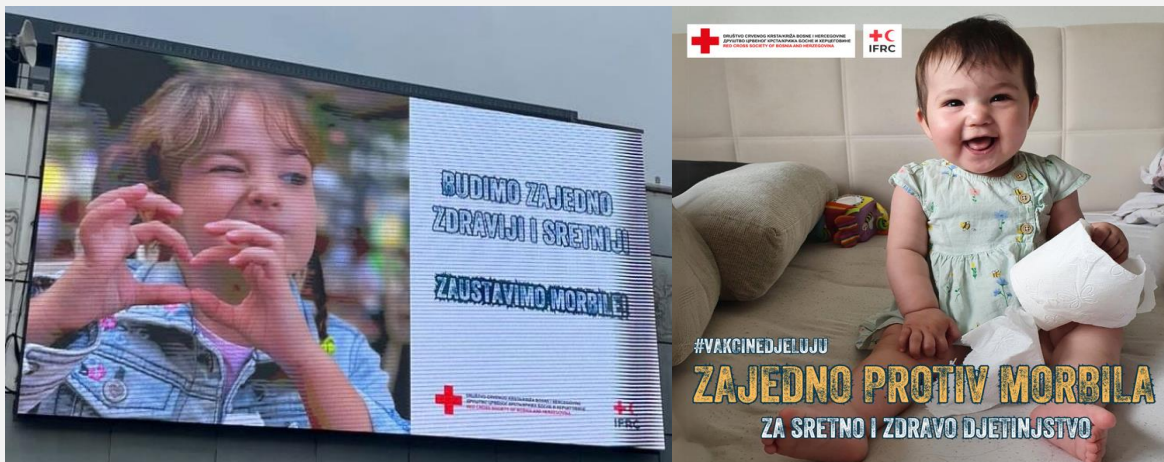
These paper fan-shaped leaflets were included with the most sold newspapers during the month of August. This strategy utilized traditional media effectively, incorporating eye-catching paper fans to enhance public awareness and engagement.



Leaflet on measles outbreak produced by the RCSBiH



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.



*Billboards along the street encouraging the prevention of measles. Photo: RCSBiH*

*Vaccination awareness campaigns on social media. Photo: RCSBiH*

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.

## 4

### **EFFECTIVE ENGAGEMENT WITH LOCAL COMMUNITIES**

The RCSBiH organized a series of impactful activities and sessions led by dedicated mobile teams and medical professionals. These initiatives were designed to foster effective engagement with local communities, providing valuable information and support directly to those in need. Through these hands-on efforts, RCSBiH ensured that essential health messages reached individuals in a personal and accessible manner, reinforcing their commitment to community well-being and engagement. All these efforts led to a lower number of people who contracted measles and an increase in the number of individuals vaccinated.

After undergoing training and acquiring the necessary knowledge, the mobile teams began their work in the communities. 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 operations. 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 and others. A total of 200 participants attended these workshops. In total 2,010 people have been reached with community workshops and street activities (by teams, doctors and DREF team).



*Mobile Teams engagement with vaccination awareness campaigns on social media. Photo: the RCSBiH*

## 5

## DATA COLLECTION

As there is no public health institute or ministry of health at the state level, the RCSBiH has taken the initiative to collect data from the entity institutes through DREF operations, processes and consolidates the data. This proactive approach underscores RCSBiH's commitment to addressing the situation and ensuring accurate and timely information.

## STATISTIKA MORBILA U BIH

Entitet

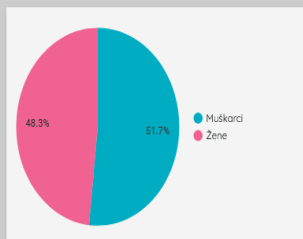
Ukupan broj slučajeva morbila

Mjesec

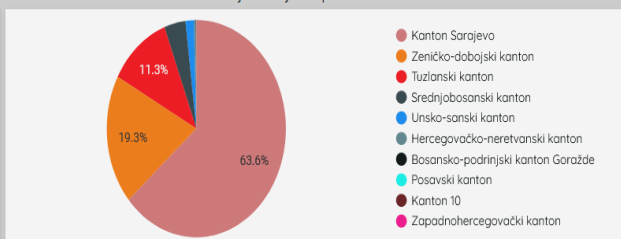
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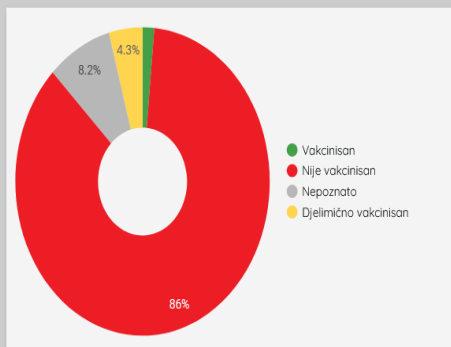
Spolna struktura



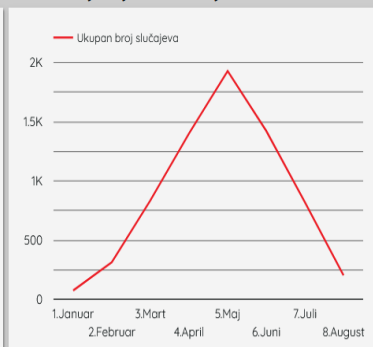
Broj slučajeva po kantonima



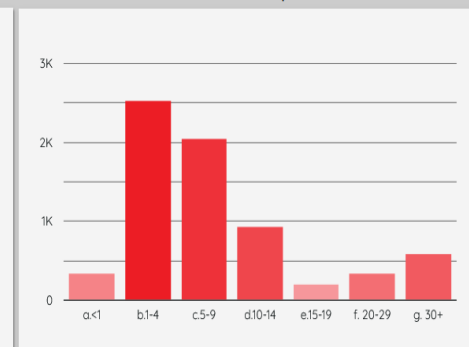
Vakinalni status



Prijavljeni slučajevi morbila



Dobna skupina



Izvor podataka: ZZJZFBiH, <https://www.zzjzfbih.ba/morbili2024>

Realizacija uz podršku:



*RCSBiH Dashboard – data collection on epidemiological situation in Bosnia and Herzegovina connected with measles outbreak* Photo: *RCSBiH RCSBiH Dashboard – data collection on epidemiological situation in Bosnia and Herzegovina connected with measles outbreak.*

Throughout the entire duration of the DREF operations, mobile teams used Kobo Toolbox to collect field data, as well as to survey citizens about their attitudes toward vaccines and their knowledge of the symptoms and prevention of measles. This was an excellent way to quickly collect and process data, as well as to plan activities based on the results obtained from the surveys.

Using tablets procured through DREF and pre-set questionnaires, mobile teams were able to collect feedback from citizens to whom they distributed educational and informational messages about the measles epidemic, modes of transmission, symptoms, and ways of protection.



*Mobile teams using tablets to collect feedback and opinions on the current measles outbreak situation.*

*Photo: RCSBiH*

RCSBiH's proactive data collection from entity health institutes emphasized the importance of centralized coordination in public health responses. The use of Kobo Toolbox enabled rapid data gathering and real-time analysis, allowing for more strategic planning. Mobile teams, equipped with tablets, efficiently surveyed citizens while distributing educational materials, enhancing public engagement. This integration of technology in health outreach not only streamlined operations but also improved community awareness, demonstrating the value of data-driven and tech-enabled approaches in future public health initiatives.

# CHALLENGES

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## LOW INTEREST AMONG THE LOCAL POPULATION

There was a noticeable lack of interest among people in listening to or engaging with information about measles, largely due to prevailing local mentalities and attitudes.

### Mitigation:

- **Distribution of appealing leaflets:** Even if people were not inclined to engage in conversations, distributing visually appealing and informative leaflets helped ensure that the essential information about measles reached a wider audience.
- **Informational sessions at workplace:** To combat low attendance at informational sessions caused by high temperatures, the RCSBiH organized events at workplaces and held informational sessions on measles directly there. This strategy ensured that the largest target group of parents and young people was present and made participation more comfortable by avoiding the heat. Additionally, it saved time for attendees, as they could engage in the sessions without needing to leave their work environment.
- **Annual leaves:** To address the issue of staff being on annual leave, sessions were also organized in other institutions to ensure continuous outreach and engagement.

## OFFICIAL DATA NOT AVAILABLE

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.

### Mitigation:

In the absence of official data on measles outbreaks, the RCSBiH took proactive steps to mitigate the issue by offering their resources and support. The RCSBiH organized informational sessions, distributed educational materials, and mobilized the teams to provide critical public health information. By filling the gap left by official institutions, the 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.

## **DELAY IN UNIFORM DISTRIBUTION**

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.

### **Mitigation:**

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. In partnership with the organizations, existing uniforms were initially utilized or borrowed from others. Once a supplier was selected, it was agreed that uniforms would be delivered promptly, without waiting for payment or the completion of all procedures.

## **WEAK LOCAL ENGAGEMENT**

Local engagement was not as active as anticipated. This lack of active engagement highlighted the need for more effective strategies to stimulate local interest and ensure greater community involvement in future efforts.

### **Mitigation:**

For future operations, it is crucial to formalize an official agreement with the Ministry of Health to enhance collaboration and streamline joint efforts, despite the administrative separation at the country level. This formalization will be crucial for aligning the objectives and ensuring effective management of health initiatives. Building partnerships with local organizations and leveraging community influencers would also help increase participation and enhance the overall impact of their initiatives.

## RECOMMENDED ACTIONS FOR FUTURE OPERATIONS

<b>Distribution of Q&amp;A leaflet</b>	Q&A leaflet should be designed to clearly address common questions and concerns, providing concise and accessible information about the relevant topics. Proper information gathering prior designing the leaflet is crucial to have clear understanding of knowledge gaps targeted population may have and adequately addressing them and emerging questions.
<b>Further strengthening of Mobile Teams</b>	To enhance the effectiveness of our mobile teams, it is essential to further strengthen their operations and developing new channels to improve outreach and communication between Mobile Teams.
<b>Inclusion of traditional media</b>	Utilizing additional communication channels, including traditional media, will significantly improve an outreach. This includes leveraging traditional media such as radio and television.
<b>Promotion of immunization</b>	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.
<b>Inclusion of other actors</b>	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.
<b>Education of staff at medical institutions</b>	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.