

The logo features the word "Appeal" in a white, serif font, followed by a white chevron symbol pointing to the right. The text and symbol are set against a solid orange rectangular background.

*The International Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 185 countries.*

Appeal number MAA00018

7 March 2007

## AVIAN INFLUENZA (AI) PREPAREDNESS, MITIGATION AND RESPONSE

### Special Focus on Africa

#### In brief

**Update no. 4, Period covered: April to December 2006.**

**Appeal launched on 20 April 2006 for CHF 17.4m (USD 13.4m or EUR 11m) for up to the end of 2007.**

**Appeal coverage: 18.3%. <[Click here to go directly to the Contributions List on the website](#)>**

**Outstanding needs: CHF 13.8m (USD 11.3m or EUR 8.6m).**

**Disaster Relief Emergency Funds (DREF) allocated: CHF 691,000 (USD 531,000 or EUR 438,000).**

**Summary:** Since November 2006, a number of countries in Asia and Africa have been experiencing a new wave of outbreaks of avian influenza (H5N1 virus) in birds, after an absence of outbreaks for a period of time. According to the latest statistics from the World Health Organization (WHO), since 2003, the H5N1 strain is known to have infected 277 people and killed 167 in eleven countries across Asia, Europe, Middle East and Africa (source dated 1 March 2007: [www.who.int](http://www.who.int)).

Although only two human cases of avian influenza (AI) have been reported in Africa to date, outbreaks in poultry and wild birds were experienced in a number of countries, mostly in Western and Eastern Africa – **Nigeria, Niger, Burkina Faso, Cameroon, Cote d'Ivoire and Djibouti**. In majority of these countries, the poultry and wild bird outbreaks occurred during the first half of 2006.

In **Nigeria**, the number of outbreaks recurred during the second half of 2006 and continued in January 2007. A total of 17 out of 36 states have reported outbreaks among birds, while one human case was confirmed in January 2007. A 22-year-old woman from Lagos died of avian influenza on 16 January 2007; her mother had died with similar symptoms 12 days earlier, although she was not tested for the disease. One human case was reported in **Djibouti**, where a 2-year-old girl from a rural village near the Somali border became sick on 23 April 2006 (following contact with birds), though her infection was not reported until 11 May 2006.

During the better part of 2006, African Red Cross and Red Crescent Societies, through their unique local networks and support from the International Federation, continued to reinforce or to scale up preparedness, mitigation and response efforts. This was done in coordination with their respective governments, with the national societies playing key roles in country avian influenza task forces (AITFs).



This update is being issued for information on measures that Red Cross and Red Crescent societies in Sub-Saharan Africa have taken in response to the increasing threats of AI to humans. A number of national societies (Cameroon, Chad and Central African Republic) have submitted proposals to access funds available from this global appeal, while the Kenya Red Cross Society and Nigerian Red Cross Society received support from the Federation's Disaster Relief Emergency Fund (DREF).

Given the potential magnitude and shuddering nature of the threat posed by AI and its possible conversion into pandemic influenza (PI) with disastrous consequences, the Federation's members in Africa use their networks and existing experience, knowledge and outreach capacity to set up and conduct a range of community level activities aimed at preventing transmission of avian influenza from birds to humans. The Federation continues to seek donor support for an additional **CHF 13.8 million** required to enable national societies to implement activities in this appeal.

## **Background**

Recognizing the disastrous potential for avian influenza (AI) transforming into human pandemic influenza (PI), the International Federation continues to support the prevention and containment activities, globally, regionally and at country level. This support consists of technical, coordination, representation, as well as funding support to the national societies with their respective activities and plans of action related to implementing successful measures in avian and human influenza prevention and preparedness. It is anticipated that these initiatives will provide viable risk reduction and increase the relevant national and global response capacities to AI and pandemic influenza.

The AI appeal is broadly designed to focus on capacity building, scaling-up of capacity and management, contingency planning for concomitant disasters, communications and service continuity planning. The Federation presently supports the national societies of Chad, Cameroon, Central African Republic, Nigeria and Kenya.

## **Operational developments**

Taking into consideration the potentially great consequences of the avian influenza for the countries affected especially in terms of economic losses, loss of income and assets of the poultry farmers as well as the threat to human life, the need for national societies to fully assume their roles as auxiliaries to the national and local authorities is evident. The Federation's regional delegations in Dakar, Harare and Nairobi strongly focus their strategy on supporting the national societies in avian influenza preparedness and response, taking into account the auxiliary and community-based roles of the societies.

**Eastern Africa:** Only one case of avian influenza contamination from birds to humans has been detected in the Eastern Africa region. Following a poultry outbreak in **Djibouti** in April 2006, the Djibouti Ministry of Health confirmed the first case of human infection with the H5N1 avian influenza virus. The case was of a 2-year-old girl from Bahour (near Dammarjouk, in the district of Arta), about 6 km from the Somali border, in May 2006.

On 25 March 2006, **Sudan** reported the first poultry outbreak in Juba, and another one on 13 April 2006. It was well-established that the virus was mainly spreading from birds to birds via trade. Other countries in the region remain at high risk of the epidemic due to their location on the birds' migratory path, porous borders as well as cross-border trade in poultry and poultry products. There had been suspected cases in Kenya and Ethiopia but tests ruled out the fatal H5N1 prototype.

**Southern Africa:** In February 2006, the Federation regional delegation in Harare formed a task force to engage all national societies in preparedness to respond to any eventualities in the region and to identify focal persons in each country. Information and publications on AI issued by the Federation Secretariat in Geneva – prepared in line with the World Health Organization (WHO) guidelines – have been shared with the health focal persons of the ten countries in the Southern Africa region. These tools include detailed information and recommendations on actions

the national societies need to undertake as part of their actions towards avian influenza prevention and control, concrete recommendations for preparedness to respond to a pandemic outbreak as well as some recommendations on staff and volunteer protection.

Following the global networks established with the United Nations Children's Fund (UNICEF), WHO and other stakeholders, the regional delegation in Harare regularly participates in regional meetings on information sharing and inter-agency dissemination of updates and reports. It also provides information on AI preparedness from the global Red Cross Red Crescent network.

**West and Central Africa:** The H5N1 strain was confirmed in **Nigeria** in February 2006, making Nigeria the first country in West Africa to record a case of an AI outbreak. This first case was reported in a poultry farm in Kaduna State. In late September 2006, over 250 chickens in Anambra State died of the H5N1 virus. In November and December 2006, the virus was reported in two previously unaffected states, Borno and Kwara, and re-appeared in Kano and Ogun states. In January 2007, infections among birds were reported for the first time in the north-western state of Sokoto; Katsina State also reported several cases on two farms. In a farm in Sokoto, more than 21,000 chickens were culled. Kano, Nigeria's commercial capital, reported seven affected farms and culled more than 10,000 birds. A total of 17 out of 36 states and the Federal Capital Territory have reported outbreaks among birds, and more than 700,000 birds have been culled to control the outbreak from spreading further.

The outbreaks in Nigeria pose serious threats to West and Central Africa, with fears of it spreading to neighbouring countries through uncontrolled legal and illegal trade in infected domestic and wild birds (or their products) as well as through migration of wild birds. Nigeria shares its border with Cameroon, Chad, Togo, Benin and Niger. However, some cases were also reported in poultry farms in Cote d'Ivoire, which does not share a border with Nigeria.

There are significant population movements and commercial exchanges along the borders of Nigeria with Central African countries, especially with the North West and Far North provinces of Cameroon. On its part, Cameroon shares borders with the North, Far North, and East provinces of Central African Republic (CAR). The North and Far North provinces of Cameroon stand as crossroads and important regions where people from Cameroon, Nigeria, Chad and CAR meet for commercial purposes.

In Central Africa, the first case of AI in birds was diagnosed in a bird's carcass in Maroua, Far North **Cameroon**, and was announced on 12 March 2006. According to reports, about 2,000 birds migrated from Eastern Europe to the northern parts of Cameroon (Lake Chad, Lagdo Dam and Waza Park), the South-West parts of the country and cereal farms of Yagoua and Ndop. Furthermore, Cameroon is geographically close to Nigeria, which had already recorded a number of cases. The cases in Cameroon were handled with caution, as the affected province is heavily populated and at the same time, is one of the poorest provinces in the country. Due to a lack of resources, the health infrastructure is not reliable in this region, thus unable to cope with major disease outbreaks.

There is a risk of the epidemic spreading to the Central African Republic (CAR) and Chad or to other provinces of Cameroon. In either case, the population movements may accelerate the spread of the epidemic to uncontrollable levels. Given the situation, and the clear humanitarian need, the Red Cross/Red Crescent is best placed to scale-up preparedness and response capacities, with the existing capacities and experience of volunteers, necessary, in containing major outbreaks of deadly diseases such as cholera and meningitis thus contributing to government prevention and control of AI as well as prevention of a possible pandemic influenza (PI) outbreak.

## Red Cross and Red Crescent action – Progress and constraints

### Eastern Africa

All the governments in the Eastern Africa region have already established their national avian influenza task forces, which have integrated their national societies. The main role of the national societies is using their volunteer network to complement the efforts of the national avian influenza task forces, by facilitating access to relevant information by local communities already benefiting from national society community level programmes.

The avian influenza task force of the Federation regional delegation in Nairobi has developed a regional contingency plan. The 14 national societies in the region have received the Federation AI facts and recommendations, WHO documents, international health regulations and other Federation documents. The regional delegation is working with the national societies of Sudan and Eritrea on a funding request that will address the avian influenza and pandemic preparedness.

The Ugandan, Kenyan, Eritrean and Malagasy Red Cross societies as well as the Sudanese and Somali Red Crescent societies have been actively participating in social mobilization teams of the government task forces. The national societies of Djibouti, Seychelles, Tanzania, Rwanda, Comoros and Ethiopia have not yet identified specific roles in their national task forces but are also planning on community sensitization and education campaigns, focusing on AI prevention and control.

Information, education and communication (IEC) materials (in English and French) to be used by the volunteers in the community, as well as volunteer toolkits, have been developed by the regional delegation in Nairobi avian influenza task force and disseminated to all the 14 national societies.

Red Cross/Red Crescent societies of Eastern Africa have developed AI prevention and outbreak preparedness and response plans, focusing on dissemination of IEC materials to the communities, training volunteers on prevention and control of AI, and providing personal protective equipment (PPE) for staff and volunteers.

### **Djibouti**

Following an avian influenza outbreak among poultry in April 2006, the government of Djibouti took the lead role in the intervention on control, mostly focusing on culling of domestic birds in the affected areas. To complement this, the Red Crescent Society of Djibouti was involved in the distribution of IEC materials to the affected communities, providing logistical support and assisting in the culling process.

The senior health officer from the regional delegation in Nairobi conducted a rapid assessment and assisted the Red Crescent Society of Djibouti in preparing a plan of action, which was then handed over to the national society's management. The Djibouti Red Crescent Society also received IEC materials which were prepared by the regional avian influenza task force. The materials, which had been translated into French, were used by the national society in community social mobilization and sensitization. The Federation regional delegation in Nairobi is in discussions with the national society concerning a funding request in order to scale-up its activities.

### **Somalia**

In order to prevent possible cross-border infection, a ban on importation and exportation of poultry products was introduced in Somalia and Djibouti by the respective governments. The Somalia Red Crescent Society developed and adopted IEC materials aimed at sensitizing the community and volunteers on AI, and conducted education and sensitization campaigns at the border with Djibouti.

As a preparedness measure, the Somalia Red Crescent Society was supported by the Federation to purchase 275 AI toolkits (surgical gloves, masks, disposable plastic aprons, clinical thermometers, gumboots, head gear, protection glasses and soap) for use by staff and volunteers in the event of an outbreak. Some of the toolkits were dispatched to Hargeisa, in Somaliland, upon reports of AI in the neighbouring Djibouti. The remaining toolkits were retained in the regional delegation in Nairobi warehouse for future emergency deployment. The national society has also pre-positioned personal protective equipment for staff in health facilities.

The health and disaster management teams of the Federation's Somalia delegation, in consultation with Somalia Red Crescent Society and the regional delegation in Nairobi health teams, developed an AI information brochure. The brochure was translated into Somali language and distributed to all branches, with priority being given to the branches in Somaliland.



Red Crescent staff and volunteers, in collaboration with WHO and other partners, are actively involved in communicable diseases surveillance in Somalia. Any suspected AI outbreak can therefore be noted and reported in good time. So far, no AI case has been reported in Somalia.

### **Sudan**

In response to the AI outbreak in Juba in March 2006, the Sudanese Red Crescent carried out a community IEC campaign on AI prevention and control.

### **Kenya**

The Kenya Red Cross Society developed and adapted IEC materials for the media and members of the community. This was done as a preparedness measure.

## **West and Central Africa**

Red Cross and Red Crescent activities in West and Central Africa have been mainly focussing on advocacy, social mobilization and awareness campaigns, IEC, behavioural change communication (BCC) and participating in-country task force meetings with other stakeholders such as ministries of health, WHO and UNICEF. The national societies of Central African Republic, Cameroon, Cote d'Ivoire, Ghana, Liberia, Nigeria and Sierra Leone actively participated in these meetings in their respective countries.

In May 2006, a regional workshop was conducted in Dakar, with the participation of 32 representatives from nine national societies, partner national societies (PNSs), the International Committee of the Red Cross (ICRC), the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and the Federation Secretariat in Geneva. The workshop led to the drafting of a West and Central Africa regional strategic framework and contingency plan for avian influenza control and pandemic influenza preparedness (2006 – 2007).

### **Central African Republic (CAR)**

Thanks to the support from the Federation, the Central African Red Cross Society took measures to prevent and prepare any potential outbreak of the AI epidemic in Berberati, a town located along the border with Cameroon. The national society conducted an assessment of the operational capacities of its Berberati local committee and contacted local administrative authorities to discuss measures to be taken. 50 Red Cross volunteers, 3 coaches and a local coordinator were trained and then divided into several groups in the seven sub-divisions of Berberati, where they carried out sensitization activities in mosques, churches and schools using IEC materials. A local radio station and the UN radio station were also used to sensitize a larger number of people on the AI epidemic.

### **Cameroon**

The Cameroon Red Cross Society, with support from the Federation, trained 50 Red Cross volunteers in the various sub-divisions of the Far North Province (30 from Maroua and 20 from Kousseri) on AI prevention and control. Avian influenza IEC materials were also distributed to leaders of target committees to facilitate their sensitization activities. Using the IEC materials, the trained volunteers carried out sensitization campaigns in churches, mosques, markets and other public squares where people often meet.

Please refer to: <http://www.ifrc.org/docs/appeals/annual06/MAA00018CAR&CHAD&CAMfundreq.pdf> for a detailed plan of activities in Cameroon, Chad and CAR.

### **Nigeria**

Like other national societies in the region, the Nigerian Red Cross Society has a team of trained staff and health action team volunteers who have been responding to outbreaks of diseases such as cholera, meningitis and measles. The national society's AI plan of action was developed on the existing structure to increase the knowledge of volunteers and communities on avian influenza.



During the advocacy and awareness campaigns, information on mode of transmission, prevention of the virus as well as the signs and symptoms was discussed and shared in the communities. The awareness campaign was made possible through CHF 100,000 that was allocated from the Federation's Disaster Relief Emergency Fund (DREF). Refer to <http://www.ifrc.org/docs/appeals/06/MDRNG001.pdf> for the DREF Bulletin.

In addition, an avian influenza specialist from the Federation was deployed in Nigeria. The consultant provided technical support to the national society and, in the process, helped build its capacity. A plan of action was developed, followed by a national workshop, which resulted in a national draft contingency plan for the Nigerian Red Cross Society. The contingency plan aims at controlling further spread of avian influenza and enhancing preparedness and prevention of human pandemic influenza.

30 volunteers assisted in distributing 20,000 posters and pamphlets. Sensitization sessions were held in schools, market places and churches as well as on television and radio. During the recent major outbreaks in 17 states of Nigeria, Red Cross volunteers played an important role in gathering information on AI outbreaks as well as culling and subsequent destruction of carcasses.

The regional delegation in Dakar is currently coordinating a funding request proposal to scale up the activities of the Nigerian Red Cross Society in an effort to minimize the risk of further outbreaks in the country. In addition, the Federation plans to address the need for preparedness in countries bordering Nigeria.

#### **Cote d'Ivoire**

The Red Cross Society of Cote d'Ivoire has been active in conducting social awareness campaigns in the country. Although the national society did not receive any funding for these activities, it nonetheless conducted education sessions on the mode of transmission and prevention of AI among the population in market places and schools.

#### **Liberia**

The Liberian Red Cross Society is a member of the national avian influenza task force. The national society recruited and trained five volunteers from each chapter to join the avian influenza response team. The national society also worked closely with the local media to disseminate appropriate information to communities in their local dialect. The national society incorporated AI information, dealing with prevention and response to potential human contamination, into existing forums such as television debates and talk shows. They also supported the efforts of all participating agencies that are members of the national avian influenza task force.

Although there have been no funded AI activities in **Togo, Ghana and Sierra Leone**, the Red cross societies of these countries are active members of their respective national AI task forces.

The **Senegal, Niger, Burkina Faso and Gambia** Red Cross societies worked on their AI strategic plans closely with their national governments, through their respective ministries of health. While developing the plans, the national societies ensured that all implementing partners were identified, communities were fully involved, partnerships were developed and that all partners worked together on preparation, and if needed, response. In addition, the plans factored an open framework for appraisal and rapid movement from appraisal to implementation.

The Sahel countries had two objectives to combat the avian influenza epidemic; to stop AI in birds, thereby stamping out the disease at the place where infections start, and to prevent the emergence of a pandemic by limiting human exposure.

#### **Southern Africa**

Basic fact sheets on avian influenza have been sent by the regional health office in Harare to all 10 national societies as part of volunteer training. However, the national societies are yet to translate these materials into their local languages.



Furthermore, avian influenza weekly updates have been issued since September 2006 to date by the South Africa Development Community (SADC) taskforce and are regularly forwarded to health programme officers of national societies in the region. The Federation was represented at the SADC avian influenza preparedness meeting which was held in South Africa on 27 and 28 September 2006. During the meeting, all southern Africa organizations presented their AI preparedness and response plans.

In October 2006, it was agreed by the Federation regional disaster management department that an AI simulation exercise will be included in the next Regional Disaster Response Team (RDRT) training scheduled for March 2007; the exact training dates are yet to be confirmed.

In November 2006, a discussion was held with the southern Africa regional delegation's water and sanitation (WatSan) department to sensitize staff and volunteers on avian influenza issues as well as to determine how AI activities will be integrated in WatSan programmes. Plans for 2007 are underway to ensure that all personnel and volunteers working for WatSan programmes in various countries are also sensitized and made aware of AI risks and how it can impact their programme.

Informal sessions for volunteers have been proposed to be incorporated in all regional and country disaster management, health and care and organizational development trainings that will take place in 2007. At least 500 volunteers are targeted to benefit from AI training sessions.

The Zimbabwe, Botswana and Angola Red Cross societies continue to participate in the government preparedness meetings that take place at country level, in view of addressing the agreed upon activities such as community mobilization. The national societies of Botswana and Malawi are reviewing their community-based first aid (CBFA) curricula to include topics on avian influenza.

### **Constraints**

Some governments in the Eastern African region are yet to realize that the avian influenza poses a serious threat for the humanity. In Eastern Africa, most of the country task forces no longer meet and the devotion that was there in the beginning of 2006 has faded away. This hinders the progress by the national societies to implement preparedness and intervention measures.

Although Benin neighbours Nigeria, where the first AI case was reported, the Red Cross of Benin has not carried out any AI preparedness activities. The northern states of Nigeria faced great challenges because about 60-70% of poultry farms there are backyard farms reared by primary school children.

A number of countries are reluctant to provide detailed information on avian influenza prevention in fear of spreading fear and panic among the populations. They are afraid that it could result in decreases in poultry production, as well as pose a further pressure on the livelihoods of certain communities.

### **Way forward**

National societies need to continue carrying out IEC to empower the communities through the existing programmes and structures. The national societies need to be supported in actualizing their preparedness and response plans, as most of them are facing funding limitations.

The Federation regional delegations in Dakar, Harare and Nairobi are committed to ensure that all national societies are prepared for potential AI outbreaks. Technical assistance will continue to be provided to the national societies in designing preparedness plans and liaising with their governments. These plans have to be designed based on roles agreed upon with their governments. The leadership of the national societies has been encouraged to take a leading role in the development of these plans. The newly appointed avian influenza coordinator for Africa, based in Dakar, will play an essential role in scaling-up avian and human influenza prevention and preparedness activities in Africa.



There is the need for political support from government authorities. The devotion that was evident in early 2006 should be rekindled since the threat of AI still exists. Furthermore, good preparedness for the humanitarian impact of a potential epidemic should be considered. Finally, more resource mobilization – at global and country levels – should be done so as to enable the national societies to continue with prevention measures.

Although the Red Cross/Red Crescent societies in Africa should continue focusing on prevention and preparedness of avian influenza, scaling up efforts on preparedness for pandemic response is the next logical step. This, together with advice on service continuity planning will also be reflected in the recommendations that will be provided by the Federation Secretariat in the coming months.

## Coordination

In **Eastern Africa**, the coordination of AI interventions at country level is done by the members of the country task forces. At the regional level, there is a regional inter-agency task force in which the Federation regional delegation in Nairobi is an active member. WHO takes on the lead role in the task force.

The Somali Red Crescent Society and the Federation Somalia delegation are members of the communicable diseases working group of the Body for Coordination of International Support to Somalis (CISS). As members, they played a key part in developing the WHO avian influenza communication strategy for Somalia; the national society's AI brochure was shared with WHO, ICRC and CISS partners.

In **Central Africa**, immediately after AI cases were reported in Cameroon, the government of Cameroon set up a crisis committee composed of the Ministry of Health, Ministry of Animal Husbandry, Fisheries and Animal Industries, Centre Pasteur du Cameroun (CPC), WHO, UNICEF, the UN Food and Agriculture Organization (FAO) and the Cameroon Red Cross Society. A joint team of the Ministry of Health and Ministry of Animal Husbandry, Fisheries and Animal Industries travelled to the northern part of the country to assess the situation in high-risk zones; this mission led to a ban on the importation of poultry from neighbouring Nigeria.

Meanwhile, the government of the Central African Region set up an inter-ministerial committee to propose solutions. This committee met every Friday, under the supervision of the Ministry of Rural Development, in order to adopt a national document to be submitted to donors. The document is pending finalization.

In **West Africa**, a global senior officials meeting (SOM) was organized in Bamako (Mali) between 6 and 8 December 2006. The meeting highlighted the need to place strong emphasis on avian and human pandemic influenza prevention and preparedness measures in the African continent, given that Africa experiences a major threat, especially due to insufficiently developed infrastructure. Approximately USD 475 million was pledged by donor governments in grant money.

The Federation was represented by the Secretary General of the Canadian Red Cross, the Federation's special representative for avian and human influenza. The representative delivered a statement on behalf of the Federation, while CARE International and World Vision International, highlighted the role of the community-based organizations. The civil society played a complementary role in addressing and mitigating avian and human pandemic influenza risks and challenges.

Another important regional meeting was the high authority's schedule of the Economic Community of West African States (ECOWAS). The meeting took place in Dakar (Senegal) on 22 and 23 February 2006, with the participation of Sahel countries; Niger, Mali, Guinea (Conakry), Guinea-Bissau, Mauritania, Gambia, Cape Verde and Senegal.



## National society capacity building

**Eastern Africa:** An AI consultative meeting, which brought together all the 14 national societies in the region, was organized by the health team of the regional delegation in Nairobi. The aim was to work towards comprehensive preparedness and response to the avian and human influenza pandemic. The objectives of the meeting included providing technical updates on AI to national societies, discussing national preparedness and response plans, identifying areas of Red Cross/Red Crescent involvement and participation (in coordination with respective ministries) and developing an outline for a preparedness/response plans for national societies in the region.

**West Africa:** On the regional level, an AI regional strategic framework was developed by the national societies that participated at the regional workshop held from 11 to 12 May 2006. The workshop was hosted by the Federation regional delegation in Dakar, with support from the public health emergencies unit of the Geneva Secretariat.

The objective of the workshop was to create a framework for preparedness, contingency planning and possible support mechanisms for the 24 countries in the region. It focused on prevention, preparedness and response to AI as well as preparedness for pandemic influenza. The regional strategic framework and proposed approach is designed in such a way that the projected strategy can be used in any public health emergency or other epidemics. It has been integrated in the regional health strategy and the regional disaster management strategy.

## How we work

All International Federation assistance seeks to adhere to the *Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief* and is committed to the *Humanitarian Charter and Minimum Standards in Disaster Response (Sphere)* in delivering assistance to the most vulnerable.

For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>

### The Federation's Global Agenda

The International Federation's activities are aligned with under a Global Agenda, which sets out **four broad goals** to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

### Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

## Contact information

### For further information please contact:

- **In Senegal:** Alasan Senghore, Federation Head of West and Central Africa Regional Delegation, Dakar; Email: [alasan.senghore@ifrc.org](mailto:alasan.senghore@ifrc.org); Phone +221.869.36.41; Fax +221.860.20.02.
- **In Senegal:** Lieselotte Schmid, Continental AI Coordinator (Africa and MENA), Dakar; Email: [lieselote.schmid@ifrc.org](mailto:lieselote.schmid@ifrc.org); Phone +221.869.36.41; Fax +221.860.20.02
- **In Zimbabwe:** Françoise Le Goff, Head of Southern Africa Regional Delegation, Harare; Email: [francoise.legoff@ifrc.org](mailto:francoise.legoff@ifrc.org); Phone +263.4.70.61.55, +263.4.72.03.15; Fax +263.4.70.87.84
- **In Kenya:** Per Jensnäs, Federation Head of Eastern Africa Regional Delegation, Nairobi; Email: [per.jensnaes@ifrc.org](mailto:per.jensnaes@ifrc.org); Phone +254.20.283.51.24; Fax +254.20.271.27.77



- ***In Geneva:*** Miro Modrusan, Avian Influenza Manager, Health and Care Dept, Email: [miro.modrusan@ifrc.org](mailto:miro.modrusan@ifrc.org); Phone: +41.22.730.4324; Fax: +41.22.733.03.95
- ***In Geneva:*** Dr. Adelheid Marschang, Senior Officer, Public Health in Emergencies unit; Email: [adelheid.marschang@ifrc.org](mailto:adelheid.marschang@ifrc.org); Phone: +41.22.730.4336; Fax: +41.22.733.03.95

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