

Programme Update



International Federation
of Red Cross and Red Crescent Societies

Health and Care

Appeal No. MAA00001

21/08/2008

This report covers the period 01/01/2008 to 30/06/2008.



Mongolian Red Cross Society volunteer in a health promotion campaign during the hand, foot and mouth disease outbreak in 2008. **International Federation**

In brief

Programme purpose: The role of the health and care department is to strengthen the health and care competence of National Societies, and to support the scaling up of activities by providing a strategic vision and high quality technical support.

The global health and care programme will continue its work aimed at overall coordination, development and revision of health policies and standards; development of generic tools for National Societies; provision of technical backstopping; and developing the capacity of National Societies and Federation delegates. It will also maintain and further develop the wide range of partnerships to the International Federation's health and care work. This includes global coordination, fund raising, relationship management and technical support for a number of global initiatives, such as the Global Water and Sanitation Initiative or the Global Malaria Initiative.

Programme summary: During the reporting period, the health and care department has been working on a number of activities in line with the International Federation's Global Agenda, including the global health and care forum.

The global health and care forum 2008 was held in Geneva from 14 to 16 May. This forum was an added opportunity to identify new ways to address key health and social challenges. In celebration of the 30 years since the Alma Ata Declaration, the focus for this year's forum was to collectively discuss primary health care as a means to strengthening health systems. With the presence of over 50 National Societies, the objective of the forum was to provide a platform to share extraordinary achievements and lessons learnt in providing health and care, as well as on

the new developments in national health care programmes in the communities. As part of this event, a joint session with the World Health Organization (WHO) and the Ministers of Health from Kazakhstan and Guinea was organized on 16th May. In addition, a Memorandum of Understanding (MoU) was signed between the World Health Organization regional office for Europe (WHO/Europe) and the International Federation. The MoU will strengthen the collaboration between the two. A number of keynote speakers, including Dr. Margaret Chan, Director General of WHO, addressed the audiences, and promoted discussion among participants.

Financial situation: There has been an increase in the 2008 budget from CHF 5,098,694 to CHF 5,382,022 (USD 5,125,735 and EUR 3,307,943) due to the need to reflect an increased cost of activities planned for Malaria, Polio Measles and First Aid and community based first aid; 74 per cent of this budget has been covered, and overall expenditures was 53 per cent.

[Click here to go directly to the attached financial report.](#)

Our partners: The International Federation works in coordination with the United Nations (UN) agencies, humanitarian organizations, as well as non-governmental organizations (NGOs).

Progress towards outcomes

Water, sanitation and hygiene promotion

The International Federation's water and sanitation policy lays out the goals and responsibilities both in disaster preparedness/response, recovery and longer-term water and sanitation programming contexts.

Expected result: The water and sanitation unit in Geneva continues to provide technical support to over 45 multilateral water and sanitation coordinators, delegates, project managers and officers worldwide, and ad hoc support to bilateral Partner National Society water and sanitation programmes.

Achievements

In disaster response (DR) and preparedness, the primary global water and sanitation tools are (1) to ensure inclusion of technically competent water and sanitation Field Assessment Coordination Team (FACT) members, when FACT is deployed in large-scale disasters, or alternatively or additionally maintain a "pool" of water and sanitation delegates and officers available to provide technical support in disaster response; and (2) maintain the relevance, capacity and readiness of the water and sanitation Emergency Response Unit (ERU) (now standardized to three modules, encompassing safe water supply, sanitation and hygiene promotion) for rapid deployment. During the reporting period, water and sanitation ERU modules were deployed in Myanmar, China and the Philippines, serving over 200,000 vulnerable people. Delegates, officers and volunteers with water and sanitation skills received FACT, ERU and regional disaster response team (RDRT) training during the reporting period.

To further increase zonal, regional and country level water and sanitation disaster response capacity, both in terms of trained human resources and pre-positioned water and sanitation disaster response kits, the water and sanitation unit concluded standardized designs for the kits with user manuals. The first ten are en-route to the three African and Middle East and North Africa zones. Once the kits arrive to their destinations, a standardized training and orientation process will be rolled out in each zone to prepare water and sanitation delegates officers and National Society staff to use the kits in disaster response, especially for smaller-scale disasters (normally up to 10,000 beneficiaries) or in larger-scale disasters, where they may augment water and sanitation ERU deployments. The guide for the use of household-level water treatment and

storage (HHWT & S), both for use in emergencies and developmental settings, is also now being finalized.

External relations and engagement with the UN water, sanitation, hygiene (WASH) cluster continued operationally at the field and global level, where the International Federation has engaged specifically in the hygiene promotion sector, making a significant input to the development of tools (including the “Introduction to Hygiene Promotion –Tools and Approaches”), now being adopted by other key WASH players such as the United Nations Children’s Fund (UNICEF), Oxfam, Action contre le Faim (ACF) and others. The International Federation continues to engage with the inter-agency water and sanitation group, attending and presenting at their most recent workshop/meeting hosted by Médecins Sans Frontières (MSF) in Brussels.

Recovery (post-tsunami)

In the Maldives, the International Federation supplementary water supply systems project was completed and the communities on the 15 islands (24,000 people) benefited from this water after the May tidal surges salted up the wells. The systems were also used during the dry season, when the communities used up all their harvested rainwater. The rainwater harvesting kits project were distributed to all households (total 15,496 households) on 79 tsunami-affected islands. Final monitoring visits confirmed a minimum installation rate of 80 per cent of the households on all of the islands. In Sri Lanka, the International Federation water and sanitation programme completed 28 small community water supply systems, each of which supplied water to approximately 50 households. Additionally, 40 Red Cross volunteers were trained as participatory hygiene and sanitation transformation (PHAST) facilitators, and 30 community volunteers are running PHAST in their villages. In Indonesia, all four individual International Federation/Palang Merah Indonesia (PMI) water, sanitation and hygiene promotion recovery projects are being established, and on their way to being finalized. The International Federation has also taken on an extra water and sanitation project on Nias Island to provide water and sanitation infrastructure and hygiene promotion to 21,900 beneficiaries in 24 villages.

Looking ahead and contributions to longer-term impact

Under the umbrella of the International Federation’s ten year Global Water and Sanitation Initiative (GWSI), technical and financial management support continues to be provided from the secretariat in Geneva and from the zones to a total of 11 multilateral fully-funded water and sanitation projects in Africa and the Caribbean. Donors range from Red Cross and Red Crescent Societies, the European Union (EU)/UN and the corporate sector. A further 16 fully-funded projects are implemented bilaterally in Africa, the Caribbean and Asia. Most projects have a time scale of two to four years, and in the second half of 2008, the first of these projects will undertake mid-term reviews. It is at this stage, by the end of 2008, when the International Federation can begin to measure impact and progress more effectively.

Progress in implementation has varied from country to country, but significant outcomes are now being realized both in the water and sanitation “software” and “hardware”. In total, around 2,000,000 beneficiaries are targeted under the GWSI projects, of which to-date approximately 25 to 30 per cent have been realized.

There have been challenges to implementing the water and sanitation programmes, including institutional and procedural challenges, the high turnover of local and internationally recruited staff, as well as external political and economic factors. All, have at times had negative effects. In addition, in some countries, natural disasters have slowed-down implementation rates. However, as some projects reach their half-way point, implementation rates in most cases are improving.

Malaria

Expected results: The International Federation's malaria initiative provides technical support, mobilizes financial resources, facilitates exchange visits, and links the Red Cross Red Crescent to the global malaria community's efforts to achieve the Roll Back Malaria 2010 targets.

Achievements

There have been an increase of community health - malaria activities during the first half of 2008. As countries work towards achieving the Roll Back Malaria 2010 targets, more National Societies are involved in mass distribution campaigns, Hang Up, and Keep Up activities than ever before. The International Federation has expanded the technical support available to National Societies through additional zone-based staff and a malaria toolkit that provides concrete examples of ways in which National Societies can support national efforts to address the malaria burden. Participation in the Alliance for Malaria Prevention links the Red Cross Red Crescent to the global effort to address malaria.

Harmonization of malaria activities within CBFA

In response to concerns over the lack of harmonization of health programming, efforts have been made to ensure malaria activities are integrated within existing community-based first aid (CBFA) programmes. Malaria activities will reinforce the first modules within CBFA, Red Cross Red Crescent knowledge, community mobilization, assessment-based action modules, and build on malaria as already addressed within CBFA. Where CBFA programmes are not in place, malaria Hang Up and Keep Up activities may be used as an entry point for an eventual CBFA programme.

Community health - Hang Up / Keep Up

Preliminary results from the Centres for Disease Control and Prevention (CDC) coverage and usage survey evaluate the results of the integrated child survival campaign conducted in Sierra Leone in November 2007. This campaign, showed a 23 per cent increase in long-lasting insecticidal nets (LLIN) utilization following a single visit from a community-based volunteer promoting LLIN usage.

Hang Up and Keep Up programmes expanded in 2008. Ongoing programmes include: Indonesia, Madagascar, Mozambique, Malawi, Kenya, and Sierra Leone. New programmes include: Mali, Liberia, Equatorial Guinea, and Uganda. The Togo Red Cross Society has expressed an interest in restarting Keep Up activities in early 2009, following the countrywide distribution of LLINs in December 2008.

LLIN mass distributions in 2008 to 2009

Mass LLIN distributions will be supported by National Societies in:

- Nigeria Cross River state
- Togo nationwide
- Mozambique Nampula province
- Senegal Diourbel, Fatick, Kaolack, Thiès and Ziguinchor regions
- Burundi Bururi and Muyinga provinces.
- Burkina Faso Diébougou health district.

All mass distributions will be followed by immediate post distribution Hang Up activities. Funding for the LLIN portion of the Nigeria, Togo, Mozambique LLIN distributions will come from the Canadian Red Cross Society, the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM), and the United States Agency for International Development (USAID).

The Burundi and Burkina Faso distributions are smaller in scale. The Burundi Red Cross Society will support the Ministry of Health LLIN distribution in two provinces in December 2008. Lessons learned from the 2008 distribution will inform the June 2009 LLIN distribution integrated with measles vaccination. The Burkina Faso Red Cross Society will support a Ministry of Health initiative to achieve universal LLIN coverage and 80 per cent usage in one health district (120,000 population) in the country.

Malaria toolkit

The malaria toolkit consists of four modules:

- LLIN mass distribution - Hang Up module
- Keep Up module
- Coaching and supervision module
- Behaviour change communication module

The LLIN mass distribution - Hang Up Module, and Keep Up module are malaria specific. They expand upon the information already available within topic 10 (malaria) of the CBFA manual. Both modules have been developed for use by National Societies supporting LLIN scale up and community-based activities to achieve and sustain high LLIN usage rates. The Keep Up module has been pre-tested in Mozambique, Madagascar, and Mali.

The coaching and supervision, and behaviour change communication modules are not malaria specific, but are cross-cutting, and can be used to support any Red Cross/Red Crescent activity from CBFA to disaster preparedness.

Final versions of the LLIN mass distribution – Hang Up Module, Keep Up module, and the coaching and supervision module will be distributed to National Societies during the fourth quarter of 2008. The behaviour change communication module will be distributed during the first quarter of 2009.

Exchange visits / Expanded technical support at the zonal level

Zones have had the opportunity to scale up the technical support available to National Societies working on community health-malaria activities. The expansion of technical support will continue during the third and fourth quarter of 2008. Exchange visits between National Societies increased in 2008, and will continue in the latter half of the year and 2009.

Monthly Red Cross/Red Crescent malaria conference call

The monthly Red Cross/Red Crescent malaria conference call has not taken place for a number of months, but will restart in August 2008. This monthly conference call allows an opportunity for programme updates, an exchange of information, and organization of exchange and technical visits.

Alliance for malaria prevention: “Expanding the ownership and use of mosquito nets”

The International Federation and GFATM malaria are focal points and co-chair the Alliance for Malaria Prevention (AMP). The AMP conduct a weekly conference call and annual planning meeting focused on programmatic and operational issues, involved in scaling-up LLIN ownership and usage at a global level. The AMP provides a forum where the Red Cross/Red Crescent can share technical expertise on net scale up, community-based activities to achieve and sustain high net usage rates, as well as develop linkages with the Ministries of Health and partners at the national and international level to position and generate funding for Red Cross/Red Crescent National Societies in malaria prevention activities.

In October of 2008, the AMP will hold a two-day meeting on activities to increase LLIN use. Red Cross/Red Crescent National Societies will attend this meeting and present the Hang Up and Keep Up activities they support.

Measles and Polio

Expected result: The measles and polio initiative continues to provide technical support and resources to National Societies for their involvement in mass measles and polio immunization campaigns to decrease related morbidity and mortality, and strengthen routine immunization. The International Federation secretariat supports this activity through participation in related global partnerships (measles initiative and the polio eradication initiative) and advocacy on behalf of National Societies for their inclusion in supplementary immunization activities.

Achievements

International Federation's contribution to measles and polio activities continues to flourish in 2008, with increased interest from global immunization partners to collaborate with Red Cross Red Crescent National Societies to maximize vaccination coverage during mass campaigns. In the first half of 2008, eight National Societies submitted proposals for funding from the Global Initiative. National Societies were active in two large-scale campaigns (Pakistan measles and Nigeria polio campaigns), with a total of more than 10 National Societies involved in the planning of measles and polio supplementary immunization activities (SIAs) during the remainder of the year.

The Nigerian Red Cross Society (NRCS) received financial support from the Finnish Red Cross Society through the International Federation, for their involvement in the July 2008 polio sub-national immunization days (SNIDs). NRCS mobilized over 1,000 volunteers through their existing mother clubs and school unit networks to maximize polio vaccination in the high-risk wards of 250 local government authority units (LGAs).

Following upon its successful involvement in phase 3 of the historic measles campaign, the Pakistan Red Crescent Society (PRCS), with support from the American Red Cross Society, participated in the fifth and final round of measles vaccinations in March 2008. The five-phase campaign vaccinated over 63 million children, aged nine months to 13 years between March 2007 and March 2008. For the fifth round of the campaign, which ran from 17th March to the 3rd April, and vaccinated 35 million children, PRCS mobilized volunteers in the select districts of Punjab (Lahore and Faisalabad). The heightened visibility of PRCS as a key social mobilization partner within the country has now prompted discussions for intensified National Society involvement in the Pakistan polio eradication effort. Plans for increased National Society involvement in polio activities are now underway with UNICEF and WHO country offices.

The International Federation secretariat's participation in the measles initiative teleconferences and the global polio eradication initiative meetings has helped to communicate the role and contribution of the Red Cross Red Crescent to global measles and polio efforts. At the 2008 WHO World Health Assembly, the contribution of the Red Cross Red Crescent was highlighted during a statement on progress towards the global immunization strategy.¹ The scope of the International Federation's support to measles and polio activities from 2000-2007 was recently published in the 2nd edition of *Partnering for Community Impact*.²

For a complete update, please see the Global Measles and Polio Initiative Programme update 2008.

¹ Global immunization strategy statement by Kate Elder, International Federation health and care department, to committee A of the

World Health Assembly, in Geneva. 21st May 2008. <http://www.ifrc.org/docs/news/speech08/ke210508.asp>

² Partnering for community impact. International Federation. <http://www.ifrc.org/Docs/pubs/health/measle-polio-final-report.pdf>

Tuberculosis (TB)

Expected result: Red Cross/Red Crescent volunteers continue to be involved in prevention and social care activities in controlling tuberculosis. Their access to the communities allows them to identify vulnerable groups, provide effective health education, and find those in need for treatment. National Red Cross Red Crescent Societies also engage in advocacy towards authorities, policy-makers and the public to ensure that the necessary technical assistance and resources are provided to the TB control programmes.

Today, over 12,000 Red Cross and Red Crescent staff and volunteers worldwide are supporting over 50,000 clients affected by TB, including over 10,000 people also living with HIV.

Achievements

In November 2007, the International Federation signed a USD 1.6 million partnership agreement with the pharmaceutical firm, *Eli Lilly and Company*. This agreement is a commitment to continue the fight against multi-drug resistant tuberculosis in ten countries over the next four years. The programme is coordinated by the health and care department. Activities under the Eli Lilly Partnership are implemented in Kazakhstan, Uzbekistan, Romania, South Africa, Kenya, Mozambique and Georgia.

- More than 2,000 Red Cross Red Crescent staff volunteers are trained in TB and Multi-Drug Resistant TB (MDR TB).
- Approximately 1,000 community leaders received sensitization training in MDR/Extensively Drug Resistant (XDR) TB in South Africa.
- Over 300 clients with TB signs are referred to TB institutions monthly.
- Over 3,000 household visits are conducted with MDR prevention sessions.
- Over 500 MDR TB patients receive direct supervision from the Red Cross and Red Crescent.
- The Red Cross Red Crescent's experience in social mobilization, communication and advocacy on other health issues, in particular HIV, has been an advantage to strengthen TB programmes. MDR TB is closely integrated into HIV home-based care programming in South Africa.
- Clients in Kazakhstan in South Africa who have recovered from TB are encouraged to become Red Cross Red Crescent volunteers to provide peer-support, and to engage in advocacy and awareness-raising activities.
- The coordination, monitoring, overall financial management, reporting and advocacy of TB programmes at the global level are provided by the International Federation in Geneva.

Tuberculosis/HIV

Currently, the Red Cross and Red Crescent Societies are making efforts to integrate TB and HIV programming at the community level, particularly in, countries with high HIV prevalence.

The TB section is developed for the Global Alliance on HIV, where over 60 National Societies are already working hard to "do more and do better" by increasing their community outreach services.

TB/HIV strategic review conducted in Kenya and Mozambique during the period from May to August 2007 identified practical ways to strengthen the TB component in ongoing home-based care programmes for PLHIV.

Red Cross and Red Crescent global TB working group

The global TB working group meeting was organized 6 to 7 December 2007. In total, 14 National Societies from different continents attended, to discuss their progress since the 2006 meeting

and future plans for 2008. Based on those plans, technical support has already been provided to the Liberia, Mozambique and South Africa Red Cross Societies:

Liberia - Baseline assessment and development of a plan of action for TB is part of the community-based health programme (April to May 2008).

Kenya, Mozambique - Development of a plan of action based on a TB/HIV review conducted in 2007.

Central Asia, Russia - Participation in TB studies. Activities are conducted in full collaboration with the International Federation's zonal, regional or country offices.

The European partnership to stop TB

In June 2007, a new chair and new members of the executive committee have been elected. The President of the Swedish Red Cross Society/Vice-President of the International Federation for Europe (Bengt Westeberg) is elected as a vice chair of the partnership (the partnership is currently chaired by the Global Fund to Fight AIDS, Tuberculosis and Malaria). The International Federation hosted the coordination office until the end of the year. As from January 2008, the partnership's secretariat is hosted by the WHO office in Europe.

Regional support to Europe

The health and care department continued to work closely with the European Red Cross Red Crescent Network on HIV/AIDS and other communicable diseases (ERNA) and the Red Cross and Red Crescent European Network on HIV and TB. Technical support is provided to the secretariat and the board to follow up on the 2007 objectives in relation to HIV and TB, and to prepare an annual meeting that will take place in Tbilisi, Georgia in September 2008.

The health and care department supported the initiation of the European Red Cross and Red Crescent Societies to organize the health and care manager's forum – "Social Care and Impact on Health"- that was hosted by the Austrian Red Cross Society in Vienna from 13 to 14 December 2007. At this forum, National Societies in Europe discussed key health-related factors combined with social determinants. The manager's forum explored how National Societies in Europe are addressing social challenges through social care programmes and their integration with health programmes. In April 2008, the health and care department organized the meeting of the steering committee of the working group. Representatives from five National Societies and zonal health and care coordinators discussed further practical plans for the upcoming 2008 meeting (November to December 2008) in Budapest.

Harm reduction programme / Humanitarian drug policy

The International Federation's health and care department continued to provide support to the harm reduction initiative funded by the Italian Red Cross Society. Support includes coordination of activities at the National Society level, as well as co-facilitation of technical trainings organized together with the Italian Red Cross Society, Villa Maraini, in Rome.

During the Red Cross and Red Crescent International Conference (November 2007), a special workshop was organized on drug use, as one of the major public health problems faced globally. The workshop was attended by nearly 90 National Societies. Among key note speakers, there were representatives from Senlis Council (major partner in humanitarian drug policy issues) and the International Federation's health and community services commission. The workshop was chaired by the President of the Italian Red Cross Society.

First Aid

Expected result: National Societies developed their capacity to reduce vulnerability caused by injuries and diseases by working with and strengthening the capacities of communities and networks of Red Cross Red Crescent volunteers.

Achievements

Standard setting and framework of monitoring developed: A framework for monitoring and indicators for community-based health and first aid was drafted and circulated for input from field practitioners and National Societies. Existing relevant materials are being collected, analyzed and further developed for this framework.

The revised first aid policy was disseminated to all 186 National Societies. The International Federation's community health services advisory group appreciated the consultation process. It will oversee the implementation of this policy.

A representative team of experts from National Societies led by the coordinator of the European first aid reference centre is participating in an international advisory board in first aid co-chaired by the American Red Cross Society and the American Heart Association. The results from their participation is in an evidence-based research to build a consensus of science in first aid towards 2010.

Tools developed and adapted: The draft CBFA *in Action* materials have been used in three master facilitators workshops since their drafting. Two workshops were organized thus far in 2008: a) Pacific workshop hosted by the Cook Islands Red Cross Society (March 2008) and b) an East Africa workshop hosted by the Somali Red Crescent Society (April 2008). The workshops in PMI (June 2007); Cook Islands (March 2008), and Somalia (April 2008) included participants from 17 National Societies. The results from field testing these materials are part of a wide consultative process gathering feedback on the curricula and approach from ongoing stakeholder input, a global survey, in-depth interviews and direct observation of CBFA *in Action* trainings.

A CBFA *in Action* stakeholders meeting was organized in April by PMI, the International Federation and the American Red Cross Society to bring together 24 participants and key partners from hosting and partnering National Societies in the revitalization process for finalizing the CBFA *in Action* materials package. The materials are now being revised and include an implementation guide, a facilitator's guide, a volunteer manual and community tools which are based upon adult learning principles and reflect the needs and reality of the Red Cross Red Crescent National Societies and their community volunteers. The final package is expected to be finalized by the end of the third quarter in 2008. There is already a big demand by National Societies to use these materials and adapt the approach in their programming.

Resource people developed and mobilized: A team of CBFA *in Action* resource people have been steadily developed through facilitator workshops, sensitization meetings, and other fora. Nineteen participants from six different National Societies attended the Pacific regional community-based health and first aid workshop, where seven work plans were developed. The positive experiences were shared in the Pacific Secretary General's forum. The approach is agreed to be a common vehicle to develop integrated community-based health programme. Four National Societies will implement this approach with elements on health promotion in non-communicable diseases and funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Thirty-three participants from five National Societies in the East Africa zone attended the regional CBFA *in Action* workshop in Somalia. The focus is to capture lessons learnt in linking CBFA and health in emergency. The result is five work plans and a commitment by the Somali Red Crescent Society to pilot the approach in two of its branches, and scale up its community-based health activities in other branches.

These resource people form a network of CBFA *in Action* practitioners who are able to support sister National Societies in facilitating the CBFA process, reviewing one another's programme

and sharing lessons learnt. This peer to peer approach will help CBFA to be sustainable, once the revitalization process is complete.

Working in partnership

More than 60 participants from National Societies and other organizations participated in the international blood donor colloquium in Cairo. One of the key achievements is that health promotion is seen as a strategy to retain healthy voluntary blood donors. Club 25 recognizes its role in actively promoting a healthy lifestyle among youths at the local level. This commitment is followed by an intervention in the World Health Assembly in May on the natural linkage between voluntary blood donation and health promotion.

Contributing to long term impact

A minimum standard in CBFA is proposed and discussed in various forums. More than 30 National Societies were consulted, and the final version will be included in the CBFA implementation guide to be used by programme managers at the national and regional level.

Key lessons learnt and good practices were presented during the International Federation health and care forum in May 2008 by the Sri Lanka Red Cross Society, PMI, the Sudan Red Crescent Society and the National Societies in the Pacific region in using community-based health and first aid as an integrated approach to work with volunteers and communities in disease prevention and health promotion activities.

The community-based health and first aid approach and the draft tools were also discussed with health directors in ten National Societies in a South East Asia sub-zonal meeting in Bangkok. It is seen as an approach to bring integration in better programming, and to be used as a framework to move from projects to long-term programme development.

A harmonization process among different initiatives in health started to look at community-based health and first aid as the base to build community volunteer core competencies. More specialized courses will fit into the "training plan" after the basic competencies have been developed. The result of the mapping was shared and discussed in the health forum.

Public health in emergencies (PHE)

Expected result: Knowledge and capacity of field staff and National Societies in PHE is improved/updated at the global regional and national level.

Achievements

PHE continued its support to the development of capacity for response to health aspects in emergencies in National Societies and the International Federation secretariat in the field training through:

Management of emergency response tools and mechanisms

The PHE team continued its support to Emergency Response Unit capacity and functioning, while continuously providing input to the management of FACT and RDRT.

Activities include:

- ERU general working group.
- ERU working group in Doha, Qatar.
- Preventative ERU model working group and coordination.
- ERU training in Canada and Germany.
- Psychosocial support programme (PSP) ERU model inputs.
- Developing the health concept and curricula for FACT training, and supporting FACT training health part in trainings in Italy and Canada.

- Developing in cooperation with disaster management, the health components for the new RDRT training.
- RDRT training in Bosnia Herzegovina.

Technical backstopping for delegates and headquarters task forces in emergencies

The PHE team continues to provide technical and coordination support to International Federation structures and National Societies faced with negative health consequences due to emergencies.

Myanmar Cyclone Nargis operation:

- Support to the planning and implementation of the health function, participation in the Geneva Emergency Support Group (ESG), support to health delegates in the field and in the Kuala Lumpur disaster management unit (DMU), support the FACT team, and support the recruitment of health delegates for the operation.

China Sichuan Earthquake operation:

- Support to the planning and implementation of the health function, participation in the Geneva ESG, support to health delegates in the field and to delegates in the Kuala Lumpur DMU, support assessment activities and the launch of the Appeal.

Support to DREF operations:

Epidemic Related DREF:

Country	Disease	Date	Amount CHF	Beneficiaries
Central African Republic	Meningitis	7.2	57,594	130,000
Paraguay	Dengue/yellow fever	11.2	78,000	600,000
Benin	Meningitis	19.2	50,000	1,800,000
Democratic Republic of the Congo	Cholera	21.2	82,861	10,000
Burkina Faso	Meningitis	28.2	95,000	2,000,000
Uganda	Hepatitis E	28.2	173,059	20,000
Brazil	Dengue	3.4	55,000	10,000
Kenya	Cholera	21.4	104,492	60,000
Sudan	Acute watery diarrhoea (AWD)/cholera	9.6	249,344	360,000
Mongolia	Hand, foot, mouth disease	9.6	69,000	40,000
Uganda	Hepatitis E + Cholera	8.7	100,000	425,095
Democratic Republic of the Congo	Cholera	9.7	69,310	440,000

TOTAL EPIDEMIC DREF = CHF 1,183,760 for 5,875,055 beneficiaries

Additional support to:

- Monthly coordination meetings with the disaster management units in Africa, Europe, Asia-Pacific and MENA.
- Part of the food prices task force of the secretariat supporting the production of practical guidelines for health programming in countries affected by high food prices.

- Health components of the revised emergency items catalogue for the 2008 edition.
- Health delegate recruitment in emergencies.
- Visit to the Sudan Red Crescent Society (Community-based health volunteer programme).
- Visit to the Somalia Red Crescent Society (CBFA pilot).
- Visit to the Ethiopia Red Cross Society (meningitis, AWD, and secretariat support).
- Participation in the malaria working group in Dakar, Senegal.
- Red Cross Red Crescent advocacy done in Partnership for Peace (PfP)/North Atlantic Treaty Organization (NATO) training in Croatia (participants representing different west/east governmental disaster managers).
- Participation in the PSP meeting in Denmark concerning the volunteer protection (cooperation between Emergency Health (EH), organizational development OD and the PSP centre – volunteer protection = protective gear (physical protection) + insurance + psychological support).
- Preventative meningitis work in West and Central Africa – Burkina Faso, Chad, the Democratic Republic of the Congo (DRC), Ghana, Côte d'Ivoire, Mali, Niger and Nigeria (over 800,000 people informed about meningitis recognition and prevention (CHF 354,000)).
- Coordination of the health ERU mission in Cameroon (Chadian refugees) – the ERU was responsible for the overall camp health and care.

Overall coordination of emergency health training

As part of the effort to shift the response capacity from the centre to the field and National Societies, the PHE team is enforcing a more systematic and stratified training system that covers all levels from experienced delegates, to National Society health professionals, to volunteers.

May 2008 marked the second successful pilot of the field school training which took place in Belize from 19 to 31 May 2008, with 19 participants from Partner National Societies and National Societies (mainly from the Americas Region). After a meeting with key partners in the field school project, the decision has been made to have a 3rd pilot in Asia Pacific by the end of the year (exact location to be determined in the near future).

PHE is actively involved in creating the concept and plans for the revision and upgrading of its training:

- Disseminating the new revised training with partners in zones and Partner National Societies.
- Meeting in Kuala Lumpur with the core team for the preparation of PHE training plans and materials.
- Development of curricula and materials for the PHE training. Planning two pilot trainings to be carried out this year in South Asia and the East Asia regions.

Development and dissemination of tools

The development of usable, systematic and unified health emergency response and capacity-building tools that build on lessons learnt from various settings and emergencies continue to be a major function of the PHE team:

- Epidemic control manual for volunteers: Final draft producing and testing the manual is planned for a training in West Africa (Nigeria) in August 2008.
- Illustration package for health: To be used in manuals and in the Information, Education and Communication (IEC) materials in cooperation with the Water and Engineering Development Centre (WEDC). The illustration package was designed and coordinated by the PHE team, and is in the process of being completed by a professional artist. The

package's first batch of 50 illustrations is ready, while the whole project, consisting of 350 illustrations will be finalized by mid-2009.

- Health ERU field manual: Initiate the work on the health ERU field manual in cooperation with the Norwegian Red Cross Society.
- Harmonization process: Ongoing process with CBFA and other programmes in the health department.
- Early warning systems: Early warning systems being created for malaria and meningitis.
- Climate change and health: Dissemination of this concept through a speech at the World Health Assembly (WHA) and preparation of the brainstorming/training package for heads/staff of National Society health departments.
- The second edition of the Johns Hopkins and Red Cross Red Crescent public health guide in emergencies was finalized and printed at the beginning of the year. A CD-ROM was also developed and added to the guide. The distribution of the guide to National Societies and zone offices is ongoing, and the translation of the guide in three other languages is still pending due to financial reasons. The first estimation cost of the guide in one language was CHF 70,000.

Inter-agency coordination at the global level

As a global force in public health, the International Federation plays a coordination role with:

- WHO: Support and feedback to WHO on their guidelines and kit on the "Management of non-communicable diseases in emergencies". Support and feedback to WHO on the guidelines on the "Management of common illnesses during an influenza pandemic".
- WHO, UNICEF, and the Office of the Coordination for Humanitarian Affairs (OCHA): Feedback on the response to the Myanmar and China operations.
- International Research Institution (IRI), Centre for International Earth Science Information Network (CIESIN), and the Columbia University – Partnership on the development of an epidemic early warning system (on malaria, rift valley fever, and diarrhoeal diseases).
- MERIT – Meningitis environmental risk information technologies with WHO, the World Meteorological Organization (WMO), Group on Earth Observation (GEO), IRI, and the Health and Climate Foundation.
- International Coordination Group on Vaccination Provision (ICG) – Global yellow fever and meningitis vaccine usage and coordination in emergencies.
- London School of Hygiene and Tropical Medicine and the UK Department for International Development (DFID): Participation in the launch of the health and fragile states network.
- Columbia University: Teach at the summer university course on climate change and health in cooperation with the International Research Institution.
- WHO: Participate in the revision of the inter-agency emergency health kit which started this year in WHO, and will result in a modified and revised version of the kit in 2011.
- WHO: Participate in the WHO "brown bag" meeting on reproductive health.
- Negotiate/prepare a representative for the global reproductive health meeting in Uganda.

Monitoring, evaluation and lessons learnt

A study on the use of mobile clinics in emergencies is being coordinated with delegations and personnel in Pakistan, Sudan, Bangladesh, Syria, Jordan and Iraq. The aim of this study is to create guidelines for the use of mobile clinics in emergencies to be completed by the end of 2008.

Blood

Expected result: National Societies are able to build their capacity and effectiveness as auxiliaries to governments in promoting voluntary, non-remunerated blood donation (vnrbd) as the foundation for their nation's safer blood supplies.

Achievements

Working in a spirit of close collaboration with WHO, as both organizations share a common vision for 100 per cent vnrbd, significant achievements have occurred from 1 January to 1 July 2008:

- International Colloquium vnrbd cosponsored by the WHO, regional office for Eastern Mediterranean: This colloquium attracted 213 participants from 74 countries, including 50 National Societies. Major outcomes included a commitment from participants to work towards the achievement of 100 per cent voluntary, non-remunerated blood donation in order to make a significant impact on the relevant Millennium Development Goals (MDGs) (1) reduce child mortality, (2) improve maternal health and (3) combat HIV/AIDS).
- There has been growing interest from all regions in youth programmes which focus on regular blood donation and health promotion. This has resulted in an expanding network embracing around 60 to 80 countries which have introduced Club 25 programmes or similar healthy lifestyles initiatives for young donors.
- The demand for the International Federation's toolkit, *Making a Difference Recruiting Voluntary, Non-remunerated Blood Donors*, resulted in the printing of an updated version of the toolkit in January. This toolkit has already been used in workshops in many regions in the interim period.
- The International Federation's Global Advisory Panel (GAP) on corporate governance and risk management for National Societies with blood programmes has provided specific in-country support to two National Societies seeking to build their capacity in vnrbd activities.

Working in partnerships

- World Blood Donor Day on the 14th of June provided a milestone to monitor the International Federation's progress with key partners working towards 100 per cent Vnrbd. WHO listed 54 countries who now have achieved 100 per cent vnrbd, compared to around 25 countries in 2000, 39 in 2005, and 51 in 2007.
- Cooperation with WHO's regional office for Europe resulted in the development of a common framework for vnrbd, to enhance regional blood supply sufficiency (South East Europe blood safety meeting in April 2008). As a result of recent workshops with National Societies in that region, several National Societies are now working in close partnership with governments to promote vnrbd, with some innovative Club 25 programmes being conducted in Serbia, Croatia and Albania.

HIV/AIDS

The purpose of the International Federation Global Alliance on HIV is to scale up the International Federation's efforts in support of national HIV and AIDS programmes to reduce vulnerability to HIV and its impact, through three programmatic objectives:

- Preventing further infection.
- Expanding care, treatment and support.
- Reducing stigma and discrimination.

bolstered by a fourth enabling output:

- Strengthening community and National Red Cross Red Crescent Society capacities to deliver and sustain scaled-up programmes.

This report should be read in conjunction with the consolidated progress report issued by the HIV Special Representative of the Secretary General in April 2008. See <https://fednet.ifrc.org/sw143630.asp>

The global HIV team is orientating the zone offices and National Societies to the conceptual framework of the Global Alliance on HIV, and providing technical support to ensure quality. The HIV unit in Geneva has reviewed all the Global Alliance proposals before they are launched, and addressed quality issues when National Society, zone or bilateral technical experts have not been able to do so.

Achievements in the programme implementation during the reporting period include:

- Technical input was provided to authors and editor of the *World Disaster Report 2008*. A panel debate involving the United Nations Refugee Agency (UNHCR), the International HIV/AIDS Alliance, and Dr Noreen Kaleeba was attended by UN agencies and government missions in Geneva.
- Final draft peer education standards completed, following the feedback by global prevention resource people. The standards were developed in collaboration with the British Red Cross Society.
- The format of the Global Alliance report has been streamlined with that of the secretariat wide-reporting format, in coordination with the planning, monitoring, evaluation and reporting department at the Geneva secretariat.
- In Southern Asia, participants from six National Societies were trained on all the eight modules of the International Federation generic training package, increasing the professionals' knowledge and skills on comprehensive HIV programme interventions. The trainees were trained as master trainers, with a view of enabling the National Societies to have the required resource persons to cascade the programme to branch levels.
- The Red Cross Red Crescent+ (RCRC+) network was formed.

Even though the HIV programme is already decentralized and HIV technical advisers are in place in many regions, doing business has been more complicated as the zones are still recruiting core staff and clarifying their role. Some zones have lost HIV technical staff e.g. East Africa Zone has reduced their HIV technical staff from three to one.

Outcome(s)/Expected result(s)

- Selected National Societies in East (9 National Societies) and in West and Central (5 National Societies) Africa developed HIV programme documents which were launched. The Global Alliances on HIV in South East and East Asia have also been launched. The Special Representative visited Indonesia to boost their efforts given the critical importance of PMI's work on HIV.
- The Southern Africa's GA on HIV programme that was started in late 2006 and implemented in 2007 was reviewed. Field review was conducted in one sample National Society (Malawi), and success and weaknesses were identified and discussed with the National Society. Based on the findings of the field review and the reports of the 10 National Societies, a two-day meeting was conducted with partners where exchange of views on success and weaknesses were conducted and lessons learned for better performance.
- Draft health and prisons project recommendations were presented to the HIV governance group on 18 May 2008.

Achievements

- Europe zone held a Global Alliance on HIV working meeting in Tashkent in May attended by the HIV Special Representative and the HIV unit manager. A global level financial

contribution was necessary for this meeting to occur, and National Societies are now working on a proposal for launch at the ERNA meeting.

- Capacity of National Societies (14 in East and West Africa) were strengthened in the areas of planning and programme document development, as evidenced by the quality of the programmes developed.
- In South Asia, three professionals from each of the six National Societies were trained as a master trainer on comprehensive HIV programme implementation. This training allowed each National Society to conduct the training of trainers at the country level, and cascade the capacity building to the volunteer's level.
- Advice on GFATM proposal processes was provided to the Pacific and Southern Africa. Four National Societies in the Pacific are part of an approved grant.
- An intervention was made by the International Federation Vice-President (Africa) to the United Nations General Assembly Special Session (UNGASS) on HIV in June.

Constraints or Challenges

- The major constraint is shortage of funding support at the zone and National Society levels for the organization and implementation of scaled-up programmes. The Southern Africa zone is doing well in resource mobilization, and other zones could learn from the Southern African experience in fund raising. The effectiveness of the International Federation secretariat in Geneva in resource mobilization also needs attention.
- Global Alliance development at the zonal level continues to be a major challenge and requires considerable involvement and support from the HIV unit at the Geneva secretariat. This inevitably affects progress towards the development of tools and guidelines.
- Technical core staff on health and care programmes in zone offices are not yet fully in place. Efforts are underway to address the problem.
- No technical staff member at the Geneva secretariat is dedicated to output 3 of the Global Alliance on HIV, which is quite undeveloped. Discussions are underway with the Joint United Nations Programme on HIV/AIDS (UNAIDS) regarding the renewal of the collaborating centre agreement, and with the principles and values department about creating a position based in that department to work on HIV-related stigma issues.
- A key challenge is to harmonize HIV prevention approaches in practice throughout the International Federation, and to ensure that Red Cross Red Crescent prevention programming is evidence based, well targeted and at a sufficient scale to have an impact
- The draft health in prisons project report, undertaken to develop a platform of common interest with the International Committee of the Red Cross (ICRC), has been sent to the ICRC for final comment.
- Most donor National Society support for the HIV part of the Health and Care Appeal has come six months or later into the year, and earmarked "no salaries", making it very difficult to effectively carry out programme activities. Therefore, most of the expenditure for the first six months had to be recoded, doubling the workload for the HIV unit, with its already limited human resources.

Working in partnership

The Global Alliance on HIV approach, the "seven ones", is fostering partnership, but not all stakeholders are fully engaged. National Societies have been encouraged to strengthen connections with line ministries in their respective countries, and to fully utilize the MoU signed with WHO.

The International Federation has been represented in the Living Partnership by the HIV unit manager, and was asked to serve on the conference selection committee. The partnership is organizing the LIVING 2008 positive leadership summit for two days before the AIDS2008 in Mexico. To prepare for this meeting, a staff member of the HIV governance group represented the International Federation at a pre-conference hosted by the Her Serene Highness Stephanie in Monaco in January. To enable the staff member to consult with other People Living with HIV

(PLHIV), a meeting of PLHIV representatives from most zones was held in Geneva in May, and the group resolved to continuing networking under the name RCRC+. The group provided an “eye opening” statement to the HIV governance group which was noted by the Governing Board “with concern” about the high levels of discrimination still present in the International Federation. A document providing feedback on the key advocacy themes to be worked on at the LIVING 2008 was sent by the group to the conference programme committee. The RCRC+ group will attend the LIVING 2008 meeting.

The Code of Good Practice for NGOs responding to HIV-hosted project is on track. Translated versions of the Code are now available, and a range of self-assessment tools developed and put on new website www.hivcode.org. A package of resources to assist endorsement and implementation of the Code will be sent to National Societies in the second half of 2008. The HIV unit manager attended one board meeting hosted by the Global Network of People Living with HIV/AIDS (GNP+) in Amsterdam.

Contributing to longer-term impact

The Global Alliance framework is contributing to longer-term impact through working towards harmonized, evidence-based and scaled-up HIV programming.

A pilot project in Malawi involving the traditional opinion leaders /chiefs has started bearing fruit in terms of addressing sexual and gender-based violence (SGBV) and wife inheritance, which can help develop the Global Alliance guidance on SGBV.

The International Federation’s human resources department has indicated it needs no further assistance from the HIV unit in implementing HIV in the Workplace, and discussed this with zone managers at their meeting in June.

The Norwegian grant for improving the Masambo Fund has been used to support a summer intern to process grants, and develop simplified application procedures and publicity materials.

Looking ahead

Ongoing technical support will be provided to the zones and National Societies to improve HIV programming and implementation, and review, monitor and evaluate their Global Alliance programme components.

Critical review of the implementation of the prevention output across the HIV Global Alliance zonal and regional components over the next three years.

Produce and disseminate *HIV Prevention Guidelines* and *Peer Education Standards*, and update *Action with Youth* and the *Sexual Health* manual.

Working in partnership

Refer to the Working in partnership section in each of the projects mentioned under this Appeal, or go directly to the section in the programme update of the individual project if available.

Contributing to longer-term impact

Refer to the Contributing to longer-term impact section in each of the projects mentioned under this Appeal, or go directly to the section in the programme update of the individual project if available.

Looking ahead

Refer to the Looking ahead section in each of the projects mentioned under this Appeal, or go directly to the section in the programme update of the individual project if available.

How we work	
<p>The International Federation's activities are aligned with its 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".</p>	<p>Global Agenda Goals:</p> <ul style="list-style-type: none">• 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.
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