

Programme Update



International Federation
of Red Cross and Red Crescent Societies

Avian Influenza Preparedness, Mitigation and Response

Appeal No. MAA00018

08/08/2008



A volunteer of the Viet Nam Red Cross Society disseminating health and hygiene measures and avian influenza prevention messages among poultry sellers at a local market. **International Federation**

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

In brief

Programme purpose: To contribute towards minimizing human morbidity and mortality, massive social disruption and related suffering caused by an avian and human influenza pandemic.

Programme(s) summary:

The global avian and human influenza preparedness, mitigation and response programme supported the following activities:

- Red Cross and Red Crescent community-based activities in avian influenza prevention and preparedness (**AI**) focusing on health and hygiene education, and prioritizing remote regions with backyard poultry farming are being implemented in thirteen countries at maximum or high risk (Afghanistan, Belarus, Cambodia, China, Egypt, Moldova, Mongolia, Morocco, Russia, Timor-Leste, Tunisia, Ukraine and Vietnam).
- National Society capacity-building activities for the detection and communication of disease outbreaks among poultry, and for the development of avian influenza contingency and service continuity plans are being supported.
- The Humanitarian Pandemic Preparedness (**H2P**) component of the programme consists of a range of activities in support of National Societies' preparedness for a human

pandemic, including the mapping of capacities, activities and needs for individual National Societies. This includes contingency and service continuity plans at the national and regional level, and the development of communication strategies. Currently, the Egyptian Red Crescent Society is the first National Society implementing this complex component. Respective work plans are currently being prepared in Nepal, Ethiopia, Rwanda, Mali and Uganda. Before the end of the year, Indonesia, Vietnam, Cambodia and Bangladesh will most probably be included in the group of H2P countries. In 2009, a further 10 countries will follow.

- The International Federation secretariat in Geneva is currently supporting and coordinating the respective programme components. Once the zone coordinators are in place, this coordination will follow the decentralization to the respective zones.

Financial situation: The previous budget of CHF 16 million has been reduced to CHF 13.4 million due to the fact that some smaller AI projects had been completed and subsequently closed.

In addition, there is an urgent need to undertake H2P activities in countries currently not covered by the United States Agency for International Development (USAID) grant. The International Federation would like to replicate the H2P activities in 12 countries. For the expansion of H2P activities in countries not covered by the USAID grant, the International Federation seeks CHF 3.6 million. The breakdown of the revised budget between two components of the Appeal is as follows:

Budget / CHF 13.4 million

CHF 6.9 million – H2P

CHF 6.5 million – AI

Funding as of June 2008:

CHF 3.3 million – USAID *

CHF 2 million – various donors

* Total contribution of CHF 10.5 million from the USAID grant indicated in the financial report has to be disregarded as the CHF 7.2 million of this contribution is available only for 2009 activities. Therefore the USAID contribution for 2008 remains as only CHF 3.3 million. Once the income deferral of CHF 7.2 million takes place during the second half of 2008, appeal coverage will reach 40 per cent.

This Programme Update seeks an additional total funding of CHF 8.1 million.

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

No. of people we help: Approximately 976,000 people worldwide have benefited directly, and some 48.6 million people indirectly from specific health and hygiene education activities and general information and dissemination campaigns on AI. All these activities have been undertaken by the Red Cross and Red Crescent National Societies in 13 countries at maximum or high risk.

Our partners: The International Federation works in coordination with the members of the International Red Cross and Red Crescent Movement, the members of the CORE Group, Academy for Educational Development (AED), InterAction, all relevant United Nations agencies, USAID and relevant national public authorities.

Current Context

- There is an increasing recognition that avian and human influenza is a truly international problem. Although governments are taking considerable measures to address the threat of avian influenza and the human influenza pandemic, the virus that is circulating in Asia, Africa and Europe continues to pose a major threat, particularly in poorer countries with insufficient infrastructure and a tradition of poultry-rearing in backyard farms.

- Since 2003, more than 60 countries have experienced outbreaks of the H5N1 virus in domestic poultry and wild birds. The very latest case – the first in 10 years - was reported in Bangladesh only a few weeks ago.
- Since 2003, in addition to ongoing poultry outbreaks, the H5N1 virus is known to have affected 385 people and killed 243 (63 per cent) in 16 countries. Indonesia, Viet Nam, China and Egypt rank highest in terms of prevalence.
- It is important that the problem is tackled in the source countries, especially in poorer communities where infrastructures are the weakest. Therefore, priority regions remain Asia, western and eastern Africa, Middle East and North Africa (MENA) and Europe.
- Given the two existing threats – the spread of avian influenza and the threat of a human influenza pandemic as a result of viral mutation – two parallel approaches are needed. One approach should help communities become more aware of the infection and include preventive measures (currently referred to as the 'Avian Influenza' component - AI), and the other should enable National Societies to play an active and supportive role in the prevention and the handling of the effects of a pandemic, using their close connection to the community and their advocacy role towards their government (currently referred to as the "Humanitarian Pandemic Preparedness' component – H2P).
- Finally, the Business Continuity Planning (BCP), part of the Avian and Human Influenza (AHI) programme, entails the planning in continuing business on the level of National Societies, as well as of delegations, zone offices and the International Federation secretariat, in the case the pandemic does occur, changing every angle and aspect of socio-economic interaction.

Progress towards outcomes

Avian Influenza

Objective: Support to National Societies' avian influenza-related activities (AI)

All country-specific outcomes, achievements, constraints and challenges can be viewed in a summarized short document by clicking on the relevant country's blue hyperlink to its page on FedNet.

- **Afghanistan**

https://fednet.ifrc.org/graphics/Fednet_files/Health_and_Care_11/Health_in_Emergencies_11/Avian%20Influenza/Country_Pager_Afghanistan_June%202008_NF.doc

During the first half of 2008, no funds were available for this programme which focuses on community-targeted activities in the Kabul and Jalalabad regions. However, since the National Society has made AHI a definite priority, and since Afghanistan ranks high among the countries at high risk, the National Society continued with a bare minimum of activities. Eventually, the programme received financial support in July 2007. However, an identical amount of funding will be needed to allow the programme to continue in early 2009, and to avoid another six month delay.

- **Belarus, Russia, Ukraine, Moldova (BRUM)**

https://fednet.ifrc.org/graphics/Fednet_files/Health_and_Care_11/Health_in_Emergencies_11/Avian%20Influenza/Country_Pager_BRUM_24%20June_NF.doc

The programme targets close to 49,000 people in 115 settlements in 33 districts of Belarus, Russia, Ukraine and Moldova, with a total population of 172,760 (27.7 per cent programme target). Already, over 1,050 Red Cross staff and volunteers have been trained. These staff and volunteers will train others, and during the first six months of 2008, over 40 training events took place at the community level to spread the message on hygiene and promote the measures needed to prevent the spread of AI. A recent survey has shown that participants in this training

increased their knowledge on AI and AI prevention by 65 to 85 per cent. Volunteers have visited more than 6,100 households, and have held over 370 educational sessions. The respective information material has been disseminated and shown almost 1,200 times on national and local TV.

- **Cambodia**

https://fednet.ifrc.org/graphics/Fednet_files/Health_and_Care_11/Health_in_Emergencies_11/Avian%20Influenza/Country_Pager_Cambodia_20%20June_NF.doc

Over 12.5 of the 14.0 million people live in rural settings, and carry out poultry raising in small backyard farms (it is a major factor of family income). In Cambodia, the programme targets 12 provinces, all bordering Thailand, Laos and Vietnam – countries at equally high risk. So far, 70 per cent of the targeted 691,200 people have attended the respective health and hygiene promotion training sessions. Repeat monitoring visits have also ensured a gradual change in farming behaviour practices. Over 250,000 people received direct health messages. The National Society in Cambodia is experienced in the implementation of community-based activities and is clearly a learning organization, since each project phase is being evaluated and analyzed, and subsequent phases adjusted according to recommendations.



- **China**

https://fednet.ifrc.org/graphics/Fednet_files/Health_and_Care_11/Health_in_Emergencies_11/Avian%20Influenza/Country_Pager_China_June%202008_NF.doc

With a human case fatality of some 67 per cent, China is another high-risk country in terms of AI. Following the devastating earthquake of May 12 and the extensive effect in two of the three project areas, the project implementation was temporarily reduced to one (the largest) province, Xingjian, with a total population of 19.6 million people. Five years in to the continued epizootic, this disease remains a constant public threat in China with sporadic transmissions to humans. For this reason and to enhance sustainability, the Red Cross Society of China has started early to incorporate AI-related activities into the regular health and care activities of the National Society. This includes adapted information, education and communication (IEC) materials and the mainstreaming of activities into existing programmes. Throughout the life of the project, the National Society has greatly enhanced its own capacity to carry out AI prevention programmes and the monitoring and evaluation of related activities.

- **Egypt**

https://fednet.ifrc.org/graphics/Fednet_files/Health_and_Care_11/Health_in_Emergencies_11/Avian%20Influenza/Country_Pager_Egypt_NF.doc

Egypt currently has approximately 44 per cent human fatality in AI. Like the eastern and central European countries, Egypt is an important stop-over for wild birds migrating north or south. The initial AI project of the Egyptian Red Crescent Society lasted nine months. However, the project plan underwent several changes, and in view of the need to continue awareness raising, the programme was re-aligned. Over 60 additional trainers were recruited, hygiene and farming behaviour messages incorporated into other community-based activities, 400 community leaders trained in over 20 courses, and an additional 21 training sessions carried out targeting poultry handlers, farmers and market sellers. In a recent household survey, the Egyptian Red Crescent Society demonstrated a significant change in farming behaviour, and a safer handling of poultry.

- **Mongolia**

https://fednet.ifrc.org/graphics/Fednet_files/Health_and_Care_11/Health_in_Emergencies_11/Avian%20Influenza/Country_Pager_Mongolia_19%20June_NF.doc

The first phase of the Mongolian Red Cross Society (MRCS) programme succeeded in reaching 50,000 households in five districts in 2006 and 2007. Based on this positive experience, the programme will be expanded during 2008 into five provinces bordering Russia and China. The programme will eventually have more than 350,000 direct and indirect beneficiaries. Interestingly enough, and based on a former carefully targeted similar programme, the National Society targets volunteers and 13,000 school children at schools and summer camps. The MRCS programme is based on the successful peer education of previous similar programmes, and includes child-parent education, billboards, local and national media, TV spots and extensive newspaper coverage.



- **Morocco**

https://fednet.ifrc.org/graphics/Fednet_files/Health_and_Care_11/Health_in_Emergencies_11/Avian%20Influenza/Country_Pager_Morocco_NF.doc

With the country's location and exposure to seasonal bird migration, the government has made AHI a priority. The Moroccan Red Crescent Society (MRCS) replicates a highly successful programme of 2007, and focuses on farmers, poultry merchants, the private commercial sector plus sensitization in schools, women associations, markets and direct home visits. The findings of a study conducted in 2007 were incorporated in the re-designed 2008 programme. Two hundred and forty training of trainers will be carried out in six regions (40 per region), and IEC material will be based on the new national MRCS Avian Influenza communication plan.

- **Timor-Leste**

https://fednet.ifrc.org/graphics/Fednet_files/Health_and_Care_11/Health_in_Emergencies_11/Avian%20Influenza/Country_Pager_Timor%20Leste_June%202008_NF.doc

Still struggling from years of violence, war and regular major natural disasters, and with still more than 100,000 internally displaced, the government of Timor-Leste has made AHI a priority. The Cruz Vermelha de Timor-Leste (CVTL) has trained 7,300 community members and 2,500 high school students, as well as market sellers and the inhabitants of one IDP camp in all aspects of AI. Each month, two communities and two schools are being added. Since the volunteers have collaborated for many years with the Ministry of Agriculture in providing health education to farmers, while waiting for the Newcastle Disease inoculation of these farmers' poultry, such collaboration has been extended to include information on AI. The National Society is determined to be prepared for an epidemic, regardless of whether it is allocated with a specific responsibility on AI by the government.

- **Tunisia**

https://fednet.ifrc.org/graphics/Fednet_files/Health_and_Care_11/Health_in_Emergencies_11/Avian%20Influenza/Country_Pager_Tunisia_NF.doc

Tunisia is a new country on the list of those implementing AI-related activities. The National Society's programme focuses on peer education and targets 400 students, 800 students' parents, 600 other family members, teachers, 300 volunteers and Tunisian Red Crescent Society (TRCS) service staff. It is a well-designed programme, using students as the vehicle of behaviour change, with the ultimate aim of promoting a higher level of AHI-related awareness amongst the community, including the proper handling of poultry.

- **Viet Nam**

https://fednet.ifrc.org/graphics/Fednet_files/Health_and_Care_11/Health_in_Emergencies_11/Avian%20Influenza/Country_Pager_Vietnam_20%20June_NF.doc



Viet Nam has a current human fatality rate of 49 per cent, with a total of 45 million birds culled. Due to the high number of rural populations and their high level of dependence on small backyard poultry farming, the country remains at high risk. Similar to the objectives of all other National Societies implementing AI-related activities, the activities of the Viet Nam Red Cross Society (VNRCS) focuses on capacity building, AI public awareness, hygiene education at the community level, distribution of IEC material, as well as regional and

national collaboration with other agencies. The current programme targets the population of 80 communes in five target provinces. VNRCS is an organization clearly dedicated to learning, and programmes are regularly evaluated and assessed, as well as recommendation incorporated into the planning of the next phase of the programme.

In conclusion, it is encouraging to see that with relatively modest amounts of funding, programmes can have an enormous impact and cover a wide area of the target population. It is also encouraging to learn that in at least in three of the above countries, a definite behavioural change among backyard farmers has been documented, thus confirming the programme's current approach.

Appreciation goes to those few National Societies that have made available un-earmarked or loosely earmarked funding. It has though been disappointing to see that virtually all the above successful programmes experienced a delay of more than six months, due to extremely limited or late funding.

This Programme Update seeks additional funding support to ensure that the previously mentioned successful programmes continue without interruption, and to enable other countries with no funding, but established work plans, to continue their work.

Humanitarian Pandemic Preparedness (H2P)

Objective: Support to H2P.

The International Federation accepted a major grant from USAID in autumn 2007. This three-year grant benefits 20 selected countries, and calls for certain precise deliverables and a close collaboration with, and coordination of, various implementation partners (see below). Working relationships with new partners and agencies not only in the United States, but also in selected countries was needed, with the ultimate aim of achieving complete buy-in from country level organizations. In order to produce the deliverables, a sizeable human resources and respect for a tight deadline also needed to be ensured. These new parameters and the requirement to obtain concurrence with a multitude of different partners created a delay of several months. A recent meeting with key partners in Washington, D.C. has explored and analyzed the current delays, and developed remedies to address them. Also, the key documentation and approaches that had to be developed at the beginning of the grant period have now been tested, and the future start up in new countries will take far less time than the start up in the initial countries.

This start up process has undergone several revisions, and the final procedure is based on a selection of identified priority countries. The H2P programme begins with a preliminary visit, followed by an official visit usually led by the International Federation and comprising representatives of the different partners. While the first visit primarily sets the scene and provides a more informal overview of the planned programme, the official visit targets not only the respective national Red Cross or Red Crescent Society (which in most cases will lead the programme), but also senior government authorities and potential implementation partners (suitable non-governmental organizations (NGOs) identified beforehand). Technical support for this process and for the development of all necessary documentation, such as work plans, plans of action, budgets and sub-agreements is currently provided by the International Federation secretariat.

Presently, in **Egypt**, one of the priority countries, the National Society in coordination with senior government authorities and potential implementing partners have put in place sub-agreements and work plans (USD 900,000). Similar actors in **Ethiopia and Nepal** are working on the first drafts of their work plan. Three more countries (**Uganda, Rwanda and Mali**) are currently the subject of intense preparatory work prior to the respective official country visits this summer. The drafting of work plans and the respective sub-agreements is expected to be completed within six to eight weeks after the official visit. Before the end of the year, the remaining pre-selected countries (**Bangladesh, Viet Nam, Cambodia and Indonesia**) will be added, to bring the number of implementing countries to 10. By the end of May 2009, it is expected to have the remaining 10 countries on board.

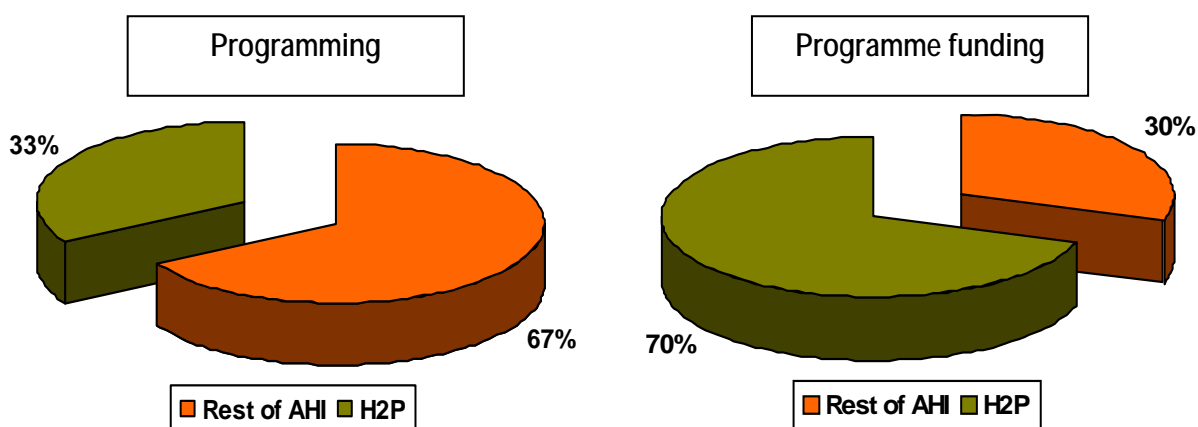
Another significant achievement has been the development of an “H2P country template” that has so far, received mostly support from key partner organizations. This template focuses on seven key programme implementation areas.

1. **Non-pharmaceutical intervention at the household level:** When a pandemic wave hits a community, families know what they can do to reduce the flu transmission. These activities include respiratory etiquette, hand washing, social distancing and voluntary isolation of the ill, as well as non-flu morbidity and mortality (safe water, hydration, use of bed nets and self medication when relevant).
2. **Non-pharmaceutical intervention at the community level:** A comprehensive plan to socially distance adults and children is ready in target districts when a pandemic hits the area. Prior to this, government authorities will be sensitized.
3. **Case management at the household level:** When a pandemic wave hits a community, families know the essentials of how to care for the ill (e.g. fever control, hydration, nutrition), and know how and where to find help.
4. **Case management at the community level:** During the peak of a pandemic wave, a system exists to respond to the request for home care.
5. **Food security:** During the peak of a pandemic wave, a system has been established to provide food to individuals with the highest risk of developing clinical malnutrition (e.g. malnourished children).
6. **Advocacy:** Authorities are sensitized on a range of issues which are essential in a pandemic response (e.g. advocate on home care at a time of limited resources and infrastructure).
7. **Good coordination:** H2P activities are undertaken in a coordinated fashion based on joint analysis and a clear attribution of operational roles and responsibilities.

The two-pronged “household” vs. “community” approach has a distinct application on the programme design with principle 7 applying to all of the components. Principles 1 and 3 will be applied countrywide mostly by training 10 trainers and millions of people. The trainers have ideally been involved in areas such as community-based first aid (CBFA), community-based disaster preparedness (CBDP) or similar programmes of the Red Cross Red Crescent or other organizations active in the respective country. Experience has shown that training communities without an active threat present is not very effective. Therefore, these trainers are trained to train community workers and volunteers who then, in the case of a pandemic, spring into action at the community level. Principles 2 and 4 will be applied in select pilot districts with populations from 50,000 to 200,000. All activities related to these two principles will be implemented, sensitizing authorities on H2P.

While substantial progress has been made despite difficult beginnings, there are two facts that require urgent attention.

1. As the graphic below demonstrates, the majority of funding support received is funding earmarked for the H2P component of the AHI programme. This has created a challenge for the programme, since H2P itself requires less activities than the seriously under-funded AI component.



2. The countries selected for the current H2P programme are rather limited, and the grant can not be utilized for other countries which the International Federation considers of equal if not higher priority.

It is for these reasons that this Programme Update seeks additional funding to replicate the H2P activities in 12 countries that are currently not benefiting from the grant. This would include, but not be limited to those 10 countries that currently undertake activities relevant to the AI component.

Objective: Service continuity for National Societies and the International Federation secretariat.

The secretariat in Geneva produced a draft Avian Flu Pandemic Service Continuity plan. This plan outlines the organizational steps and measures required to continue to provide the minimum level of service, and define the corresponding minimum structures that need to be operational as part of the planning to maintain the International Federation’s minimum service delivery capacity. The draft

plan was shared with representations in the field as a template to utilize when preparing their respective pandemic preparedness plans.

Similar support was provided to member National Societies outlining the concrete recommendations on measures that need to be put in place to enable the continuation of their services during pandemic outbreaks. Several National Societies in Europe and Asia have already completed their plans.

Objective: Improved coordination among different partners.

At the global level, the International Federation has established and maintained close working relationships with the UN System Influenza Coordination (UNSIC), playing an active inter-agency coordination role on avian and human influenza activities, along with the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the UN Office for the Coordination of Humanitarian Affairs (OCHA) and other organizations. The International Federation is a member of the UN inter-agency technical working group on influenza which discusses key strategic and operational issues linked to preparedness and response to avian influenza and pandemic preparedness. Recently, the International Federation participated as an observer in a major UN tabletop exercise. A similar exercise will be conducted in September with the International Federation taking a lead role.

At the national level, most governments have established task forces with the responsibility of coordinating national action in dealing with animal-related disease outbreaks, including the response to avian influenza outbreaks. In most cases, these task forces involve not only ministries of health, agriculture and other relevant sectors, but also the national Red Cross or Red Crescent Society of the respective country. In 75 per cent of the countries, National Societies are either formally part of the coordinating body or have a defined role in influenza prevention, pandemic response and outbreak preparedness.

On 21 July 2008, the formerly established Avian and Human Influenza department at the International Federation secretariat was re-integrated into the Health and Care department. The Special Envoy is reporting directly to the Secretary General, and will continue his full-time involvement of liaising, strategically advising and participating in technical meetings as an expert on Avian and Human Influenza.

Constraints or Challenges

- Although the appeal received much appreciated funding from USAID, this funding is strictly earmarked and addresses only a fraction (H2P) of the overall (AHI) programme activities. This has left AI seriously under-funded.
- At the global level, the International Federation secretariat issues recommendations, technical support and guidelines to National Societies, including specific messages on the National Societies' preparedness. The lack of available funding has significantly hampered the implementation of this component, with the result that some support could not be given due to funding constraints (e.g. one person works exclusively on AHI public messages at the secretariat level).
- The limited funding support and the delay in recruiting AHI zone coordinators (for example, only one zone coordinator has been recruited for the Asia/Pacific zone starting in August 2008) has made the implementation of activities difficult. It has also posed a challenge to the programme, since many of the activities currently being undertaken by the secretariat in Geneva are supposed to be decentralized to the zones as soon as all AHI zone coordinators are in place, reducing the functions which are currently taking place at the Geneva secretariat.
- Initially, and due to its cross-cutting and multi-sectoral impact, the AHI programme was in the newly created AHI department. However, recent senior management decisions have re-incorporated the AHI programme and all related staff into the Health and Care department. This

- While the overall response to the appeal might appear to be positive, the imbalance of funding causes serious adverse implications for the overall AHI programme. The little funding available at the beginning of 2008, led many, if not most of the National Societies' programmes to be implemented only in the second half of 2008.
- The current situation can be improved only by supporting the AHI programme with additional urgently needed funding.

Working in partnership

- The National Red Cross and Red Crescent Societies in countries at maximum, high or moderate risk of epizootic are the primary partners for the AI component of the AHI programme.
- National Red Cross and Red Crescent Societies in countries that are identified as priority are the primary partners for the H2P component of the AHI programme.
- USAID is a major partner of the International Federation for AHI activities. The International Federation of Red Cross and Red Crescent Societies accepted a major three-year grant by USAID in autumn 2007.
- The International Federation also collaborates with the CORE Group, a membership organization of 48 US-based private voluntary organizations (PVOs), the American Red Cross Society and two additional organizations (the Academy for Educational Development (AED) and InterAction) two international organizations focusing on education and training.
- Once the programme is agreed at the national level, a series of documents will be developed (e.g. plan of action, work plan and budget). Once approved, a programme sub-agreement will be signed based on the explicit requirements of the grantee.

Contributing to longer-term impact

In view that many of the messages on the AI and H2P components are related to activities which are found in programmes such as CBFA and CBDP, the country-level coordination of the AHI programme should ideally be incorporated into existing CBFA/CBDP programmes maintained by National Societies. A similar development could eventually take place at the regional or zonal level. Such incorporation would not only be logical, but also safeguards that the "message" is kept alive long after the initial programme phase has expired.

Looking ahead

- In many parts of the world, natural disasters, war and conflict, food shortages and a general economic recession divert the attention away from Avian and Human Influenza. Even within the International Federation, many do not see AHI as a priority. However, only four weeks ago, a new case of Avian Influenza – the first in 10 years – occurred in Bangladesh. Within a day, there was wide-spread panic. The threat of AHI is real, and the disease can strike anywhere and anytime. When it does, a pandemic could occur with devastating results. If the International Red Cross and Red Crescent Movement is serious about disaster preparedness, then it has no choice but to support AHI activities by: (a) informing communities and raising their awareness and level of preparedness to handle the effects of such a pandemic, and (b) building capacities within the national Red Cross and Red Crescent Societies to handle such a threat effectively, as well as keeping adverse effects to a minimum.
- A number of countries are reluctant to provide a lot of information on avian influenza prevention, fearing panic among the population could result in a decrease in poultry production, as well as pose further pressure on certain communities' livelihoods. In addition, due to unresolved compensation issues in many countries, prevention cannot be effectively conducted due to the

- For the overall Avian and Human Influenza programme to succeed, it is essential to overcome the current perceived separation of AI and H2P activities. Irrespective of donors' limitations, these two components must be seen as one entity to form a strong programme that has measurable and life-saving impacts.

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.
Contact information	
<p>For contacts in the respective National Societies, please refer to the International Federation's public website directory:</p> <ul style="list-style-type: none"> • In the Asia Pacific zone, Kuala Lumpur: e-mail: Zone.AsiaPacific@ifrc.org; phone: +603 2161 0892; and fax: +603 2161 1210. • In the West and Central Africa zone, Dakar: e-mail: Zone.WestCentralAfrica@ifrc.org; phone: +221 33 869 3640; and fax: +221-33-860 2002. • In the East Africa zone, Nairobi: e-mail: Zone.EastAfrica@ifrc.org; phone: +254 20 283 5000; and fax: +254 20 171 2777. • In the Middle East and North Africa zone: Anne Leclerc, Head of Regional Office North Africa, Tunis; e-mail: ae.leclerc@ifrc.org; phone: +216 98 337 724; and fax: +216 71 862 971 or Manhal Shakir Al-Annaz, Regional health delegate; e-mail: manal.annaz@ifrc.org; phone: +962 6565 6671; and fax +962 6569 4556. • In the Europe/Central Asia zone, Budapest: e-mail: Zone.Europe@ifrc.org; phone: +36 12 483 300; and fax: +36 12 483 322. • Dominique Praplan, Head, Health and Care department, International Federation secretariat Geneva; e-mail: dominique.praplan@ifrc.org; phone: +41 22 730 4222; and fax: +41 22 733 0395. • Pierre Duplessis, Special Envoy for Avian and Human Influenza, International Federation secretariat; e-mail: pierre.duplessis@ifrc.org; phone: +41 22 730 4222; and fax: +41 22 733 0395. 	