

Programme Update



International Federation
of Red Cross and Red Crescent Societies

Global Alliances

Appeal No. MAA00035

08/08/2008

This report covers the period 01/09/2006 to 30/06/2008.



In June 2007, Palang Merah Indonesia (PMI), the Indonesian Red Cross Society launched their own Global Alliance on HIV programme, at the East Jakarta Chapter, where peer education activities also took place. **PMI**

In brief

Programme purpose: The purpose of the Global Alliance is to “to do more and to do better” to reduce vulnerability to HIV and its impact, by strengthening and making better use of the combined capabilities of Red Cross Red Crescent National Societies and the International Federation Secretariat, and by tapping into regional networks and other funding and operating partners. The comparative advantage of the Red Cross Red Crescent is the capacity to undertake direct action at community and family level, while also having access to policy makers and building sustainable systems for service delivery.

Programme(s) summary: With Global International Federation Commitment secured in 2006, achievements are listed below and described in full in this Programme Update:

- Red Cross Red Crescent Global Alliance on HIV launched on World AIDS Day, 1 December 2006, to scale-up HIV programming in support of National HIV and AIDS programmes.
- Design and launch of a common framework for scaling up.
- Oversight established.
- Programming standards and guidance defined with the Global Alliance Programme Manual developed progressively.
- Technical support provided by the Secretariat HIV Team in Geneva, zones and regions, along with technical colleagues in Partner National Societies, and a system for feedback established. Numerous interventions and activities were carried out.
- Endorsement by the 2007 General Assembly to “endorse the HIV Global Alliance approach which should continue to be rolled out as quickly as possible in all regions”.

- The Global Alliance was rolled out in full and across almost all zones and regions in 2007. Zone and region Global Alliance programmes are being launched during 2008.
- System for tracking progress Initiated.
- Strengthening communications and advocacy.
- Strengthening resource mobilization.
- Evidence base for interventions – shift in RCRC targeted working and more tolerant and open leaders, staff, members, and volunteers of some National Societies.
- Mainstreaming HIV into broader programming and systems.
- Partnership with People Living with HIV - has been a key focus.
- Addressing gender issues.
- Influencing the International Federation’s “New Operating Model”.

Financial situation: The total 2008 budget is CHF 694,118, (USD 661,065 or EUR 426,624) of which 45 per cent has been covered.

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

No. of people we help: Most scaled-up National Society programmes are still finalizing their plans and mobilizing resources or have only just initiated their new programmes (East Africa and East Asia). The exception is the Southern Africa programme which conducted its first Annual Review in Johannesburg in February 2008. The Southern Africa HIV Global Alliance (covering 10 National Societies) presented preliminary results in reaching people with Red Cross Red Crescent HIV services. In 2007, the number of people reached were: Output 1: 6,548,900; Output 2: 68,630 People Living with HIV (PLHIV) and 143,004 Orphans and Vulnerable Children (OVC); Output 3: 31.7 per cent of 1,671 National Society staff are in HIV workplace programmes; and Output 4: 8,678 volunteers carried out HIV work (an average 965,647 hours on HIV each month).

Our partners: More than 60 National Societies from low and middle income countries have joined the Global Alliance; Partner National Societies have contributed financially and technically to scale up National Societies’ HIV programmes; and some external partners have supported the work of the HIV Global Alliance at several levels (including the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) and National AIDS Councils in-country). Additional contributions of the Red Cross Societies of Australia, Canada, Netherlands, Sweden, and the United Kingdom have been particularly important in allowing the HIV Global Alliance to develop its methods and to provide the common services that underpin its day-to-day organization and delivery.

The guidance of the HIV Governance Group and many other members of the Federation Governing Board has been instrumental in encouraging us to move forward, supplemented latterly by the advice of the Global Alliance Steering Committee. Secretariat staff colleagues in zones, regions and in Geneva have provided strong support to this programme with their hard work and enthusiasm, and with their determination in the face of many challenges.

Context

The HIV Global Alliance’s programming principles are that interventions must:

- be evidence-based - informed by locally-prevalent patterns of HIV risk, vulnerability, and impact, and driven by a demonstrable understanding of what is effective in a particular context;
- be mainstreamed, wherever feasible - not only within structures and programmes of the Red Cross Red Crescent, but importantly, they should be integrated into and seek to strengthen community and institutional systems for health, education, social care, and livelihood

promotion. Thus HIV activities should be carried out jointly with maternal and reproductive health, tuberculosis (TB), safe blood, and other related interventions; and

- seek out the most vulnerable and build resilience by reaching and empowering the people most in need. Particular emphasis is on involving people living with HIV and their families. Crucially, in the face of an increasingly feminized epidemic, addressing gender inequalities – and sexual and gender-based violence - is also a priority feature.

The HIV Global Alliance methodology is based on simplifying what is done, harmonizing how it is done, and scaling up what can be done well. This is done through the application of the “seven ones”:

- One set of needs analysis
- One set of objectives and strategies
- One HIV country action plan (for each operating National Society) with expectation of long-term commitment to ensure sustainability
- One shared understanding of the division of labour among entities of the Red Cross Red Crescent Movement
- One results-based funding framework in which multi and bilateral financing channels can co-exist
- One performance tracking system
- One accountability and reporting mechanism

Progress

Outcomes and expected results

The HIV Global Alliance aims by 2010 to double Red Cross Red Crescent programming in targeted communities, reaching at least 137 million beneficiaries by then. This means dealing with 10 to 20 per cent of the client load in some countries. There is strong emphasis on results tracking of the three programmatic outputs:

- Preventing further HIV infection by focusing on: peer education; community mobilization; information education and communication for targeted vulnerable groups; voluntary counselling and testing; preventing mother to child transmission; and promoting skills for personal protection, including condom use.
- Expanding HIV care, treatment, and support by focusing on: assisting children and orphans made vulnerable by HIV; providing treatment, support and care (home or community-based and through health institutions) for people living with HIV (PLHIV); and providing livelihood and food support for the most vulnerable.
- Reducing HIV stigma and discrimination by focusing on developing community support groups and networks of PLHIV, and partnerships with PLHIV organizations; ensuring that HIV in workplace policy and programmes for all staff and volunteers are in place in National Societies; tackling gender inequalities and sexual and gender-based violence; and peer education, community mobilization and population-based information, education and communication.

bolstered by a fourth enabling output:

- Strengthening National Red Cross/Red Crescent Societies capacities to deliver and sustain scaled-up HIV programmes by focusing on improving governance, accountability, and leadership of National Societies for discharging planned commitments; improving volunteer and staff support and management; strengthening programme cycle management; and widening partnerships and expanding resource mobilization.

Achievements

Global Commitment The International Federation has prioritized HIV as part of its Global Agenda taking into account the recommendations from the “8,000 Everyday” evaluation. Mukesh Kapila was duly appointed in September 2006 to oversee this effort as the Special Representative of the Secretary General.

Design and launch After initial consultations held in Europe, Asia and Africa, the HIV Global Alliance concept was developed building on the work done by Red Cross Red Crescent over previous years from which good lessons were distilled and brought together to form a coherent framework of good practice. After launch on World AIDS Day, 1 December 2006, a worldwide process of sensitization began. This built on the experience gained from Southern Africa where the Alliance approach was tested and launched in November 2006, covering ten National Societies. The first Global Meeting in Bangkok in March 2007¹ brought together key technical staff from Federation delegations and several Partner National Societies to further elaborate a **common framework for scaling up**, including the refinement of strategies and performance indicators.

Oversight established The HIV Global Alliance has reported regularly to the Governing Board through its HIV Governance Group. They have provided strong encouragement and guidance to the HIV Global Alliance, under the chairmanship of Federation Vice President Shimelis. The Secretary General’s monthly letters have also kept the membership informed of key developments. The need for a more operational-level consultative and advisory mechanism at management level led to the creation of a Steering Committee that met for the first time in Geneva in May 2007², and agreed the key modalities for the functioning of the Global Alliance³. The Steering Committee next met to review progress in November 2007.

In brief, the Steering Committee is a *non-statutory advisory mechanism* consisting of a National Society from each of the zones which have launched programmes under the umbrella of the Global Alliance along with Partner Societies contributing towards the central costs of running the Global Alliance. As at April 2008, the Steering Committee consisted of the National Societies of: Australia, Canada, India (co-chair), Malawi (co-chair), the Netherlands, Sweden (co-chair), and the United Kingdom, as well as the Special Representative of the Secretary General (co-chair).

Programming standards and guidance defined An initial draft of the **Global Alliance Programme Manual** was progressively developed and tested between March and October 2007. This manual contains detailed guidance on HIV programming under the framework of the Alliance and signposts the tools available for implementation. Peer review of the latest version of the Manual, Version 5.1⁴, took place from October 2007 to the end of January 2008. Production of the final Version 6 is currently underway.

Technical support provided The secretariat HIV Team in Geneva and zones, along with technical colleagues in Partner National Societies, have been very active in providing technical and facilitative support to National Societies in all zones as described in other parts of this report. A system has been established between zones and Geneva HIV focal points for feedback, review and final sign off of programme documents, appeals, progress reports and

¹ The report of the Bangkok Meeting is on FedNet at:

https://fednet.ifrc.org/graphics/Fednet_files/Partnerships_11_230_002/Global%20Alliances/HIV/Bangkok%20%20Report_%20GA%20HIVAIDS.pdf

² See meeting notes on FedNet:

[https://fednet.ifrc.org/graphics/Fednet_files/Partnerships_11_230_002/Global%20Alliances/HIV/Note%20of%20%20Frist%20Meeting%20of%20the%20HIV%20Global%20Alliance%20Steering%20Committee%2012%20May%202007.pdf](https://fednet.ifrc.org/graphics/Fednet_files/Partnerships_11_230_002/Global%20Alliances/HIV/Note%20of%20%20First%20Meeting%20of%20the%20HIV%20Global%20Alliance%20Steering%20Committee%2012%20May%202007.pdf)

³ The working modalities are outlined in the Global Alliance paper, “From thinking to doing”, available on FedNet at:

<https://fednet.ifrc.org/sw144806.asp>

⁴ The Programme Manual and translated versions are at: <https://fednet.ifrc.org/sw144816.asp>

annual review reports. For example, the Malawi Red Cross Society was assisted with its in-depth review of its new HIV programme at the beginning of 2008. When resources permit, more technical training for HIV focal points in National Societies and zones on all aspects of the HIV Global Alliance – from programme management to the measuring of results – will be held.

In addition, in late 2006, a pioneering community-based **training package on HIV prevention, care, treatment and support** was completed jointly with the World Health Organization (WHO) and the Southern African HIV and AIDS Information Dissemination Service (SAfAIDS). Master trainers have been trained for all Southern African National Societies and similar efforts are underway in other zones as translations are completed. The International Federation and WHO have signed a Memorandum of Understanding (MoU) to implement the package and to support governments in the scaling up of comprehensive interventions on HIV at community level.

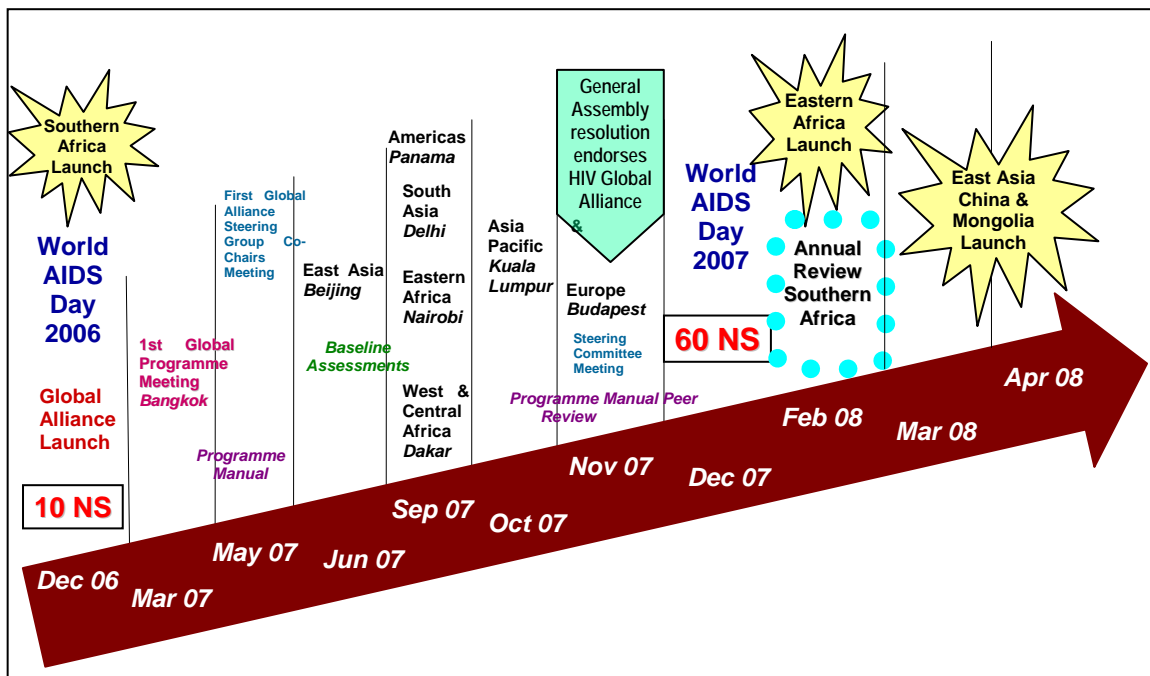
The International Federation's **HIV prevention** response is being revitalized with technical support, sharing of current good practice, and the development of tools, including Prevention Guidelines. Peer education standards and prevention of mother to child transmission (PMTCT) guidelines are being developed in collaboration with the British Red Cross Society. The International Federation's Introduction to Sexual Health has been reviewed with a view to updating and republishing during 2008.

A "state of affairs" paper was produced at the end of 2007 by the **Health in Prisons project** documenting National Society HIV, tuberculosis and psycho-social work in prisons and with former detainees reintegrating into the community. Capacity building training on **Harm Reduction** was conducted by the Asia Regional Harm Reduction Network, Chiang Mai at the 19th Annual ART Meeting, Melacca, in October 2007.

The Special Representative has also been co-chairing the Task Force on HIV of the Inter-Agency Standing Committee (IASC) which includes the United Nations system, the International Organization for Migration (IOM), NGOs, and the International Federation and International Committee of the Red Cross (ICRC) as standing invitees. This will be producing revised global guidelines for HIV in humanitarian settings in 2008.

The International Federation is also pleased to host the **Code of Good Practice** implementation project. National Societies are being supported to endorse the Code of Good Practice, and to commit not only to the principles of the Code, but to the continuous improvement of their own programmes and movement toward best practice principles. Cooperation was also maintained with the AIDS Competence Constellation as a tool for National Societies to support communities to improve their HIV response.

Endorsement by the 2007 General Assembly Markku Niskala, Secretary General of the International Federation highlighted the HIV Global Alliance in his report to the 16th Session of the General Assembly in Geneva in November 2007. Members welcomed the substantial progress that had been made with more and more National Societies aligning themselves with the Global Alliance approach. The General Assembly decide to strongly “*endorse the HIV Global Alliance approach which should continue to be rolled out as quickly as possible in all regions*”.



The roll-out: from “thinking globally” to “acting locally”: Scale-up has been rapid and by the time of the General Assembly in November 2007, some 60 host National Societies – one-third of the global membership of the International Federation - had joined the HIV Global Alliance, as illustrated below. A standardized phased approach to rollout across all zones was adopted as illustrated above.

Several initial **sensitization missions** were undertaken by the Special Representative who also attended regional and other meetings to promote the Global Alliance approach. These were followed by **planning meetings** in zones which brought together the leadership and health and HIV managers of host and Partner National Societies to reinforce National Society interest and commitment, and to develop the initial design of scaled-up HIV programmes. Planning meetings took place in: **Beijing** for East Asia (China and Mongolia) in June 2007, **Panama City** for the

Systematic roll-out in PHASES:

- **Stakeholder sensitisation, baseline assessment, & programme scoping**
- **Programme Formulation & Approval**
- **Implementation & Resource Mobilisation**
- **Programme Monitoring & Reporting**
- **Programme Completion &**

International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

The Red Cross and Red Crescent
Global Alliance on HIV

Programme Manual

WORK IN PROGRESS: version v5.1 @ 15 October 2007

Peer Review Process - October to 31 December 2007:

We would be grateful for your comments, questions, corrections and clarifications so that this manual can be finalised. Please send them to [Nichole McGarry, at nichole.mcgarry@ifrc.org](mailto:nichole.mcgarry@ifrc.org), prior to the close of this Peer Review Process on 31 December 2007. In particular, we would appreciate your suggestions on:

- Any errors and omissions
- Its usefulness
- Its user-friendliness (is the manual clear and simple to use and how can it be improved)

With your feedback, please refer to paragraph numbers or make your recommended

Americas in September 2007, **New Delhi** in September 2007 for South Asia, **Nairobi** in September 2007 for East Africa, **Dakar** for West and Central Africa in September 2007, **Kuala Lumpur** for Asia Pacific in October 2007 and **Budapest** for Europe in November 2007.

The following table lists the host or Operational National Societies that are actively designing scaled-up programmes as members of the HIV Global Alliance (as at April 2008):

<u>East Africa zone</u>	<u>Asia Pacific zone</u>	<u>Europe zone</u>	<u>Americas zone</u>
1. Djibouti	15. Bangladesh	31. Armenia	49. Argentina
2. Ethiopia	16. Cambodia	32. Belarus	50. Belize
3. Kenya	17. China	33. Kazakhstan	51. Columbia
4. Madagascar	18. Cook Islands	34. Kyrgyzstan	52. Ecuador
5. Rwanda	19. Fiji	35. Russia	53. El Salvador
6. Somalia	20. India	36. Serbia	54. Guatemala
7. Sudan	21. Indonesia	37. Ukraine	55. Guyana
8. Tanzania	22. Kiribati	38. Uzbekistan	56. Haiti
9. Uganda	23. Laos		57. Honduras
	24. Micronesia		58. Jamaica
	25. Mongolia	<u>Southern Africa zone</u>	
<u>West and Central Africa zone</u>	26. Myanmar	39. Angola	
10. Burkina Faso	27. Nepal	40. Botswana	
11. Central African Republic	28. Philippines	41. Lesotho	
12. Democratic Republic of Congo	29. Samoa	42. Malawi	
13. Guinea	30. Sri Lanka	43. Mozambique	
14. Nigeria		44. Namibia	
	<u>Middle East & North Africa (MENA) zone</u>	45. South Africa	
	To be discussed.	46. Swaziland	
		47. Zambia	
		48. Zimbabwe	

Three of the seven zones have moved on from planning to **launching** their scaled-up HIV programmes in special events that took place in **Johannesburg** in November 2006 for Southern Africa, in **Entebbe** for East Africa in February 2008 and **Beijing** and **Ulan Bator** for East Asia from March to April 2008. All other zones (except MENA) and the remaining regions of Asia Pacific Zone are scheduled to launch over the course of 2008. The total budget and resources required as at the time of launches are summarized in the following table:

HIV Global Alliance scaled-up programmes	Total Beneficiaries targeted by 2010	Programme Budget ⁵	Resources Appealed
Southern Africa (2006-2010) ⁶ Launched in November 2006	50,710,000	CHF 384,895,997	CHF 317,200,000
East Africa (2008-2010) Launched in February 2008 ⁷	17,160,000	CHF 71,641,405	CHF 69,856,585
East Asia (2008-2010) Launched in March 2008 China (including all 31 provinces) ⁸ Mongolia ⁹	27,000,000 164,000	CHF 27,564,057 CHF 2,020,263	CHF 1,525,000 CHF 1,792,533
Southeast Asia Launching in June 2008	Currently developing programme documents		

⁵ Comprises all HIV Global Alliance National Societies and Federation secretariat zone and regional office requirements to support all National Society HIV programmes.

⁶ HIV Global Alliance Southern Africa Appeal MAA63003:
http://www.ifrc.org/cgi/pdf_appeals.pl?annual06/MAA63003r0607.pdf

⁷ Available on FedNet at:
https://fednet.ifrc.org/graphics/Fednet_files/Partnerships_11_230_002/Global%20Alliances/HIV/Eastern%20Africa%20Appeal%20launched%20Feb08.pdf Also at: https://fednet.ifrc.org/sw144808.asp#516_124359

⁸ China Global Alliance on HIV - Nationwide HIV Programme (2008-2010):
<http://www.ifrc.org/docs/appeals/annual08/RCSC%20Final%20Summary%20document.pdf>

⁹ Mongolia Global Alliance on HIV - Nationwide HIV Programme (2008-2010):
<http://www.ifrc.org/docs/appeals/annual08/MRCS%20HIV%20Sum.pdf>

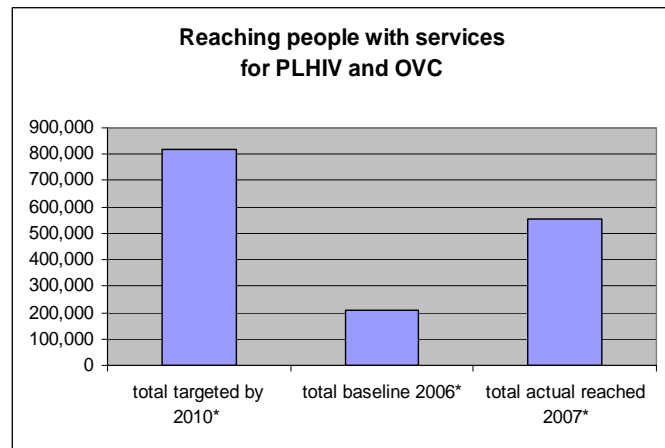
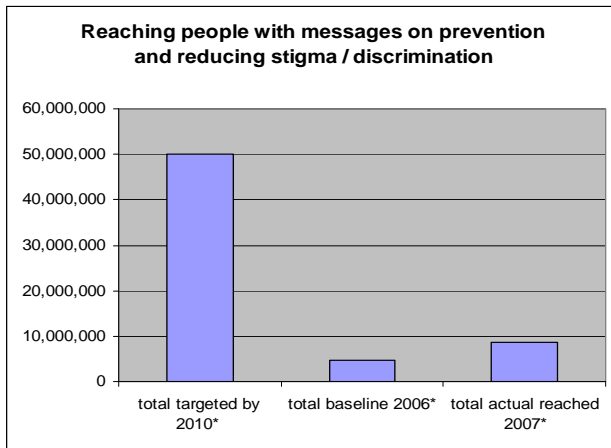
HIV Global Alliance scaled-up programmes	Total Beneficiaries targeted by 2010	Programme Budget ⁵	Resources Appealed
West and Central Africa Launching in July 2008	Currently finalizing programme documents		
Americas Launching in August 2008	Currently finalizing programme documents		
Europe Launching in September 2008	Currently developing programme documents and arranging a planning meeting		
South Asia (2008-2010) Launching in October 2008 Bangladesh, India, Nepal, Sri Lanka	Currently finalizing programme documents		
Pacific Launching in 2008	Currently developing and finalizing programme documents		
MENA To be discussed. Interest expressed.			
Partial total	95,034,000	CHF 456,537,402	CHF 387,056, 585

Most scaled-up National Society programmes are still finalizing their plans and mobilizing resources or have only just initiated their new programmes (East Africa and East Asia). The exception is the Southern Africa programme which conducted its first Annual Review in Johannesburg in February 2008. The Southern Africa HIV Global Alliance (covering 10 National Societies) presented the following highlights of its preliminary results in reaching people with Red Cross Red Crescent HIV services.

Key result	Target 2010	Baseline 2006	Achieved 2007*	% scale up in 2007	Resources (CHF) Sep 06 - Dec 07 B = budget R = received
Total zone					B: 82,722,948 R: 34,763,931 (42%)
Output 1	50,000,000	4,782,711	6,549,900	37%	B: 4,784,000 R: 5,455,000 (114%)
Output 2 PLHIV OVC	250,000 460,000	65,000 111,109	68,630 143,004	6% 29%	B: 40,006,000 R: 15,060,000 (37%)
Output 3	100% of NS staff in HIV workplace programs	-	31.7% of 1,671 staff	-	B: 4,883,000 R: 216,000 (4%)
Output 4 Vols Hrs/mth	-	6,963 -	8,678 965,647	25%	B: 22,205,000 R: 12,865,000 (57%)
Secretariat					B: 10,842,000 R: 2,272,069 (21%)

* Partial data

The following charts for the Southern Africa programme compares beneficiaries reached, both at start of the programme in 2006 and in 2007, against the total number of beneficiaries targeted by 2010.



*sum of all NS results

Communications and advocacy Branding for the HIV Global Alliance was developed recognizable now by the characteristic HIV red ribbon on a distinct yellow background alongside the Federation logo. Newsletters at approximate monthly intervals are distributed to a growing list of more than 1,500 people worldwide and contain updates from zones, early warning of forthcoming events, and succinct articles on issues of contemporary importance. In addition, access to key information and documents has been made available on the HIV Global Alliance FedNet pages (see <https://fednet.ifrc.org/sw143630.asp>). If resources permit, much of this information will also be made available to external partners via the International Federation's external website.

Media colleagues have actively promoted and publicized HIV programmes at zonal launches, annually on World AIDS Day, and at other key events. World AIDS Day 2007 focused on leadership by communities, as well as the plight of women and orphans who are among the hardest hit. The secretariat in Geneva marked the occasion with a film festival featuring selected HIV activities in Africa: home-based care in South Africa, home-based care in Kenya, and the "Filles libres" project in Cameroon.

As part of his **advocacy efforts**, the Special Representative has been active in speaking to the media in several radio and televised interviews and speeches (including in Beijing, Geneva, Johannesburg, Melbourne, Nairobi, and Washington DC). Supported by the HIV Global Alliance Team in Geneva and in the zones, he has undertaken an extensive set of missions including to six of the seven zones, regional leadership and senior management meetings, represented the International Federation at several external events (such as at the Programme Coordination Board of the Joint United Nations Programme on HIV/AIDS (UNAIDS)), and spoken at several conferences (such as the *Young Women's Christian Association (YWCA) International Summit on Womens' Leadership: Making a Difference on HIV and AIDS*). Members of the global HIV team have collaborated with WHO, UNAIDS and international NGOs, and participated in key international meetings such as United Nations General Assembly Special Session (UNGASS) +5, AIDS 2006, and the 2007 International Harm Reduction conference.

The Special Representative has had significant personal contact with over 100 National Societies, including through several country and field visits. Partner National Societies visited have included those of Australia, Belgium, Denmark, France, Netherlands, Norway, Switzerland, United Kingdom, and the United States of America, including talks with several of their governments to advocate for support through their own National Societies.

Resource mobilization In line with the "seven ones" principle of "**one results-based funding framework in which multi and bilateral financing channels can co-exist**", the HIV Global Alliance has promoted common budgetary frameworks to which partners can contribute. This

includes the Global Alliance secretariat-wide Resourcing Framework 2008-2009¹⁰, Budget and Plan¹¹ which allows, for the first time, a transparent, prioritized overview of the HIV work of the secretariat, wherever it is carried out. To complement this, the secretariat has designed a **resource tracking system** starting with a preliminary survey to establish baselines and the future funding intentions of Partner National Societies. This will be rolled out in 2008, if secretariat capacity permits.

The Special Representative, along with the American Red Cross Society, visited the Gates Foundation in Seattle; subsequently the Red Cross Society of China has been able to secure a preliminary grant. Contact with the Global Fund has opened up a number of opportunities, most notably in the Pacific. The Special Representative was also invited to contribute to the European Commission's Directorate-General for Humanitarian Aid (DG ECHO): (DG ECHO) deliberations on revising its guidelines for HIV funding¹².

Resource mobilization efforts have indicated a number of lessons. First, in an era of increasing donor decentralization, most funding is secured at local National Society and zonal or regional level through the creation of relationships there. Second, a reputation for quality and consistent delivery is essential, as well as timely results-based reporting. Third, National Societies need to work more strategically to leverage government funding either in donor countries or in programming countries. Fourth, much more could be done to mobilize productive partnerships with the private sector.

Addressing gender¹³ The Special Representative re-energized the defunct secretariat Gender Task Force and commissioned a comprehensive review of the International Federation's gender policies leading to some far-reaching recommendations that were published in January 2008 in the *Gender into Programming: Gender Policy Review Report*¹⁴. This is now influencing management thinking. As one result, a gender focal point position has been created in the Principles and Values Department. The HIV Global Alliance was selected by the Gender Task Force to test approaches to gender mainstreaming. Special initial discussion on gender as included in the Annual Review of the Southern Africa HIV Programme in February 2008. For the first time, this generated considerable interest including on the issue of violence against women. Gender considerations were also discussed for the first time in the programmes launches in East Africa in February 2008 and in Beijing in East Asia in March 2008.

After the successful Johannesburg sensitization, a global expert consultation has been agreed as part of the Global HIV Forum scheduled for August 2008 at the International AIDS Conference in Mexico City. Gender will be codified into HIV programming through guidance to be issued as part of finalizing the programme manual. Other programmes, beyond HIV, are expected to benefit from this too.

Evidence base for interventions Debate was generated at a special workshop at the 2007 General Assembly on the issue of effectiveness of generalized approaches to prevention that are centred on broad information and communication approaches compared with more personalized approaches targeted at key populations of concern. The overall conclusion is that the nature of the HIV epidemic in a particular setting should guide prevention strategies. Overall, the balance of Red Cross Red Crescent work needs to shift from "mass education"

¹⁰ See Secretariat-wide Resourcing Framework Budget 2008-2009, at: https://fednet.ifrc.org/graphics/Fednet_files/Partnerships_11_230_002/Global%20Alliances/HIV/Resourcing%20Framework%200809%20Budget%201%20Dec07.pdf

¹¹ See Global Alliances Appeal Plan (Appeal Number MAA00035) at: https://fednet.ifrc.org/graphics/Fednet_files/Partnerships_11_230_002/Global%20Alliances/HIV/Performance%20and%20Accountability%20Appeal%202008-2009%20appFFA.pdf

¹² The meeting report is on FedNet, at: <https://fednet.ifrc.org/sw147726.asp>

¹³ M0709110 Gender into Programming Canadian Red Cross Contribution

¹⁴ See gender policy review report at: https://fednet.ifrc.org/graphics/Fednet_files/Partnerships_11_230_002/Global%20Alliances/HIV/Gender%20Policy%20Review%20Report_%20MKfinal.pdf

approaches towards more cost-effective targeted working with populations at potentially greater HIV risk such as drug users, men who have sex with men, and sex workers. This requires a shift to more tolerant and open social attitudes among the leaders, staff, members, and volunteers of some National Societies.

Constraints or Challenges

Tackling stigma Despite the recommendations of the 8000 Everyday Evaluation there is no dedicated position for HIV-related anti-stigma work and partnership with PLHIV, and so the HIV Unit Manager works on this area. Unfortunately limited resourcing has precluded follow-up on the highly regarded “*The Truth about AIDS...Pass It On*” and “*Come Closer*” anti-stigma campaigns which have been rolled out to more than two thirds of National Societies. The lack of dedicated resources has also blocked renewal of the International Federation's status as a *UNAIDS Collaborating Centre for Anti-Stigma Work* which, in turn, has set back work on: the development and application of quality of life index to Red Cross Red Crescent home based care programming; guidance of how to receive and respond appropriately to discrimination incidence reports; and the roll out of Red Cross Red Crescent workplace HIV programmes.

Working in partnership

Partnership with People Living with HIV This has been a key focus for the HIV Global Alliance. The International Federation is an active member, alongside UNAIDS, WHO, International HIV/AIDS Alliance and the Global Network of People Living with HIV/AIDS (GNP+), of the *Living Partnership* formed to ensure that PLHIV have an active voice in the global HIV response. The key work of the partnership in 2007 was to arrange for the “LIVING 2008 - The Positive Leadership Summit” taking place in Mexico City just before the AIDS 2008 Conference. This summit of 350 PLHIV leaders will finalize a PLHIV advocacy agenda for the following two years. To prepare for the Summit a working group including the International Federation met to develop a framework for the advocacy agenda. The central themes identified include a special focus on women and groups in situations of vulnerability; sexual and reproductive rights; prevention, with the emphasis on positive prevention; human rights, with emphasis on criminalization and stigma; and access to treatment, care and support. The HIV Governance Group of the Board has tasked Jose Maria Di Belo of the Argentina Red Cross Society to represent the International Federation at a forum of positive leaders hosted by Her Serene Highness Princess Stephanie of Monaco to prepare for the Leadership Summit. To assist him, ten key people within the Red Cross Red Crescent with a track record in developing partnership with PLHIV are being selected to participate in a consultation process, followed by attendance as observers at the HIV Governance Group meeting in May 2008. It is anticipated that an ongoing network will evolve from this process, and that the participants will play an active role in extending that network to PLHIV within National Societies in all zones, and also becoming Masambo Fund champions.

Contributing to longer-term impact

Mainstreaming HIV into broader programming and systems The modalities developed by the HIV Global Alliance have pioneered the development of modalities for other global and operational alliances. For example, the concept of “seven ones” developed initially for HIV programming has now been adopted for all alliances. The results tracking system developed for HIV has strongly influenced the evolution of planning, performance and accountability tracking for Federation-wide programming. This has been facilitated by the Special Representative also acting as Director for Policy and Planning from December 2006 till August 2007.

HIV work is conceptualized as a cross-cutting issue that is of particular significance to the health sector but goes well beyond health sector programming. Accordingly, the HIV Global Alliance approach has avoided a verticalized approach and sought to capitalize and mobilize existing

programmes and departmental capacities. The main technical support has continued to be provided by the Health and Care Department through its HIV Unit but other departments have been progressively engaged to contribute in their areas of responsibility e.g. Communications; Resource Mobilization; Human Resources; Information Technology; Planning, Monitoring, Evaluation and Reporting; Disaster Preparedness (in relation to food security in Africa); Principles and Values; and Organizational Development. This mainstreaming of HIV is also reflected in the way in which HIV work is organized in the zones and regional offices of the Federation secretariat.

Discussions have been initiated with the TB programme to bring HIV and TB programming closer together – with the ultimate objective of a merger.

Influencing the Federation’s “New Operating Model” The HIV Global Alliance has pioneered the concept of Federation-wide “global alliances” and the methods developed for HIV programming have directly benefited the design of the Global Alliance on Disaster Risk Reduction which was launched in October 2007¹⁵. A third Global Alliance or Partnership on National Society Development is under active discussion. Operational alliances have also drawn on global alliance thinking, for example, by adopting the same “seven ones” philosophy.

Global alliances are a key component of the *Federation’s New Operating Model*¹⁶ and the approach and tools developed in the HIV Global Alliance have strongly influenced Federation-wide new thinking on joint planning, results-based delivery, tracking performance, promoting accountability, and common reporting. This is captured in the Performance and Accountability Tracking System (PATS)¹⁷.

System for Tracking Progress Initiated Tracking the achievement of planned results requires an initial comparison baseline to be established. Guided by a standard method developed by the secretariat, HIV Global Alliance National Societies carried out baseline assessments of their HIV work allowing the International Federation, as a whole, to set quantified targets for 2010 to achieve the commitment “to double what we do” by then. This is summarized below.

	Baseline 2005*	Target 2010**
Coverage (% of population)	57 million (1%)	137 million (2%)
Output 1 (prevention)	56 million	128 million
Output 2 (care)	450,000	2 million
Output 3 (stigma)	13,000	5 million
Output 4 (capacity)	612,000	2 million
Quality	Variable	90% of quality index
Resources spent (% of global HIV spend)	CHF 36 million (0.4%)	CHF 270 million (2%)

*2006 National Society data are interpolated to obtain 2005 figures
 **taking into account projected global population growth between 2005 and 2010

The HIV Global Alliance’s programming principles are that interventions must be *evidence-based; mainstreamed* wherever feasible; *seek out the most vulnerable and build resilience* by prioritizing the reach and empowerment of people that are most in need. Particular emphasis is on involving **people living with HIV and their families**, and addressing **gender inequalities**, including **sexual and gender-based violence**.

¹⁵ Global Alliance on Disaster Risk Reduction on FedNet: <https://fednet.ifrc.org/sw149979.asp>

¹⁶ Available on FedNet.

¹⁷ See paper: Showing that we are “doing more and doing better? ”: Towards a Performance and Accountability Tracking System, 9 Dec 2008

Looking ahead

Experience over the initial phase of the HIV Global Alliance has proven the feasibility of its “operating model” with the focus on *simplification, harmonization, and systematic scale up*. It has received widespread Federation support from all levels of leadership, management, and membership in National Societies and the secretariat. It has demonstrated that despite many resourcing and capacity constraints, “*we are able to do more and to do better*”. The many lessons learnt along the way have influenced the adaptation of the Alliance approach as it has rolled out: ***put simply, we have learnt by doing***.

Over 2008, the programme will continue the worldwide roll-out the HIV Global Alliance reaching out, to the best of resources and capacities, to all who wish to work together in this way. Emphasis will be on the quality and consistency of delivery, as much as on raw coverage. The programme will also strengthen communications and coordination among members of the Global Alliance, and improve monitoring and reporting of programmes. Resource mobilization and tracking will be systematized. The tackling of **gender inequalities**, promoting the **greater involvement of people with HIV**, and confronting **stigma and discrimination** will continue to be emphasized.

Acknowledgements

Thanks are due to many people who have contributed from the original “thinking” to the actual “doing”. The volunteers, members, staff, managers, and leaders of our National Societies working on HIV in their communities deserve the International Federation’s principal appreciation.

The International Federation would also like to acknowledge the financial and technical contributions¹⁸ of many Partner National Societies and some external partners that have supported the work of the HIV Global Alliance at several levels. The further additional contributions of the Red Cross Societies of Australia, Canada, Netherlands, Sweden, and the United Kingdom have been particularly important in allowing the HIV Global Alliance to develop its methods and to provide the common services that underpin its day-to-day organization and delivery.

The guidance of the HIV Governance Group and many other member of the Federation Governing Board has been instrumental in encouraging the programme to move forward, supplemented latterly by the advice of the Global Alliance Steering Committee. Finally, but not least, the programme would like to thank secretariat staff colleagues in zones and in Geneva for their hard work and enthusiasm, and for keeping faith and focus in the face of many challenges.

¹⁸ In line with the Federation’s strategy on HIV mainstreaming, the financing requirements for HIV work are reflected in the plans and appeals of the Secretariat’s different zones and departments. In this report it has not been possible to pull together all the financial appeals and reports due to gaps in our information management and reporting systems. Work on a Resource Tracking System that will pull together all Federation-wide spending on HIV (multilateral and bilateral) is envisaged in 2008, if capacities permit.

How we work

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".

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

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