

# PROGRAMME UPDATE



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

## HEALTH & CARE

26 June 2003

Appeal no. 01.100/2003; Appeal target: CHF 3,120,752

Programme Update No. 1; Period covered: January to June, 2003

*The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 180 countries.  
For more information: [www.ifrc.org](http://www.ifrc.org)*

### **In Brief**

**Appeal coverage: 110.3%; please refer to the attached Contributions List for this appeal (also available on the Federation's website).**

**Outstanding needs: None**

**Related Emergency or Annual Appeals: N/A**

**Programme Summary:** The Health and Care global programme has proved an invaluable complement to regional and country level efforts to scale up the Red Cross Red Crescent health response. In addition to funding global advocacy initiatives, it has made an important contribution to health policy and strategy development and to the production of operational tools. The health portfolio and profile of the Federation continues to expand. As a consequence the Federation is facing increasing demands from other international organization partners that are putting pressure on Federation to perform at its full potential. Early and adequate coverage proved vital for the secretariat Health and Care Department to fulfill many of the global programme objectives.

### **Objectives, Achievements and Constraints**

The International Federation's work in health and care is geared towards:

- enabling households and communities to reduce vulnerability to disease and to care for their people and,
- preparing for and responding to public health crises.

Most of the Red Cross and Red Crescent work is at country level, in the communities. Most (over 90%) of the international support to health & care is channelled through regional and country programmes, but a small part (under 10%) of it is linked to the "global" level.

The global programme includes areas where NS have agreed to a closely coordinated strategy and requested leadership from Geneva in terms of advocacy, coordination, tools and guidelines.

The global programme covers only activities of a “global nature” that cannot be linked to any specific country or region. As this report shows, significant achievements for each of the 3 objectives of the global programme have had a strong complementary effect, boosting the regional and country levels. Main achievements (☞), impact at regional and country level (⤵) and constraints (☹) are presented below under each of originally planned expected results and activities.

### **OBJECTIVE 1: Reduce family vulnerability to HIV/AIDS and related infectious diseases (TB, Malaria,...).**

**Have led a global campaign [The truth about AIDS. Pass it on] that has contributed to reducing AIDS-related stigma & discrimination.**

- ☞ **Developed closer institutional links to organizations of PLWHA.** The recruitment of a person living with HIV (Javier Hourcade) fully dedicated to managing the campaign has provided a stronger drive to implementation.
  - ⤵ The process made possible through the OPEC partnership in Asia and developments in East Africa have made a big difference in terms of on the ground links with organizations of PLWHA and campaign implementation. The Ugandan RC has become co-organizer of the International Conference of PLWHA to be held in Kampala (November). Links have been made between 11 European Red Cross youth and the Amsterdam based “*Young Positives*” with a particular focus on anti-stigma work around May 8<sup>th</sup>. More info on: <http://www.ifrc.org/docs/news/03/03050801/>. Young Positives will also participate at a workshop of European Red Cross Red Crescent Youth to take place in Italy late June, with a focus on AIDS-related stigma and discrimination.  
Crescent Youth
  - ⤵ UNAIDS is writing a *Best Practice* report on the partnership built between GNP+ and IFRC; as part of the process, the consultant (Lindsay Knight) who visited Harare, Nairobi and Honduras has reported very positive impact at country level.
- ☞ **Facilitated access to treatment.** Conscious of the unprecedented challenge HIV and AIDS poses in terms of organizational continuity, and even organizational survival, and well aware of the need for an extraordinary humanitarian response, the Governing Board has called for National Societies and the International Federation Secretariat to develop models and make every effort to pursue greater access to lifesaving drugs for all who need them. In a landmark decision it also established a fund that provides for access to lifesaving drugs (including anti-retroviral therapy) to Red Cross Red Crescent staff and volunteers. Moreover it requested all National Societies to raise a voluntary annual contribution for this fund and recommends using the equivalent of 1% of that Society's statutory contribution (bareme) as a minimum fundraising target. This is a strong and unprecedented move in the history of the Federation. The International Federation is an active member of the International Treatment Access Coalition.
  - ⤵ These Board decisions will have enormous impact in terms of providing encouragement and direction to African National Societies working towards a) more meaningful involvement in facilitating delivery of ARV [French RC supported model or Namibia RC community based model], and b) development of comprehensive workforce policies [spearheaded by Uganda, Kenya and Southern African Societies].

- **Challenged discrimination** through advocacy work that ensures government authorities understand the impact stigma and discrimination have on the epidemic. Greatest progress has come in the area of harm reduction [policy and guidelines have been developed; partnerships with harm reduction organizations are being built]. Additional work has gone into preparing a debate at the forthcoming International Red Cross and Red Crescent Conference. Governments and the RC Movement will jointly review legal and policy barriers that deny vulnerable groups access to adequate prevention, treatment and care programmes.
  - ⤵ A number of countries in Eastern Europe (e.g. Russia, Latvia) and Asia (e.g. China, Latvia) are benefiting from this process to build their harm reduction policy base and skills as they start with pilot projects. The global programme also funded their active participation in the 14th International Conference on the Reduction of Drug Related Harm, (April, Thailand), which the Federation co-sponsored and organized a symposium as part of the official programme. For more information on Federation participation at the Conference please see: <http://www.ifrc.org/docs/news/03/03040703/>
- **Launched “pass it on”, an e-discussion forum** in collaboration with Health and Development Networks, the NGO with greatest experience in this area. The forum has been designed with the combined objectives of sharing information and building the capacity of National Societies to participate more actively in the electronic exchange on HIV and AIDS.
  - ⤵ Prevent, reduce and eventually eliminate irrational myths and fears by developing and implementing a communication campaign. A 30 second video and stamps for the campaign “YoucannotgetAIDSby” were produced and distributed. May 8<sup>th</sup> saw the launch of this phase in well over 50 NS, Cambodia and Nigeria being two good examples of adaptation to the local realities. Complete information on: <http://www.ifrc.org/what/health/hivaids/antistigma/stamps/>
- ☛\* The campaign is still confronting many constraints: timely distribution of communication kits to all NS in the appropriate language remains a challenge. In many countries the campaign is still limited to *ad hoc* events around specific dates, without a careful plan with clear, measurable objectives, partly due to the lack of local funds for implementation. Two activities developed in partnership with GNP+: “*Ambassador of Hope*” missions and *Positive Development* training remain under-utilized, partly due to the limited resources available to networks of PLWHA to enable them to be strong effective partners..

**Have provided the leadership, coordination tools & guidelines required to support the scaling up of AIDS, TB and malaria programmes and utilized related international conferences as effective leadership development opportunities.**

- **Supported efforts to consolidate health interventions in Americas and Europe.** Meetings of PAHO and RC health staff in Washington and Panama finalized the “Equity and Health” initiative that was approved by the Inter-American Conference in Chile; the strategy document is now ready for printing. A consolidated proposal, “*Reducing household vulnerability to HIV and tuberculosis in Eastern Europe*” was produced with NS and delegations.
- **Participation in the Global Fund to fight AIDS, TB and Malaria.** Dr. Massimo Barra (Italian RC) was appointed Alternate Northern Civil Society representative on the Board of the GFATM. The global programme has allowed the Secretariat to provide support to his function, allowing him to participate in NGO and Red Cross meetings.
  - ⤵ Red Cross Red Crescent participation on the Board has brought the capacity to monitor and advocate for true participation on CCMs as well as enhanced the ability of RC to understand how it operates. The GFATM is of great significance to National Societies struggling to resource their efforts to scale up the response; a number of them are in the process of receiving funds (Haitian and Moldovan RC being the first two) and a regional malaria proposal has been put forward.

For more information on RC participation on the Board:  
<http://www.ifrc.org/docs/news/pr03/0603.asp>

- **Development of a Code of Practice for AIDS-related NGO's.** A project steering committee comprising 12 NGOs has been created and the International Federation asked to host the project, which should lead to the presentation, at the Bangkok International AIDS Conference of an agreed Code of Practice for AIDS related NGOs. The project is financed from contributions made by the members of the steering committee –the Federation through this global programme.
- **Development of operational tools for HIV/AIDS and TB:** the “*Update 2003 – Reducing Household Vulnerability to HIV/AIDS and TB*” was distributed to present a consolidated view on progress in the first year of the 2002-5 Strategy for scaling up HIV programming. “*Orphans and other children made vulnerable by HIV/AIDS – Principles and operational guidelines for programming*” and “*Community home-based care for people living with HIV/AIDS – a framework for National Society programming*” have been produced and distributed. *Operational guidelines for involvement in tuberculosis control* have been expanded and made more relevant to resourced limited settings with mature HIV/AIDS epidemics.
  - ⌘ As an example for 2002, African National Societies mobilized 1,575 volunteers to provide care and support to 29,624 people living with HIV/AIDS (PLWHA) and orphans and other children made vulnerable by HIV/AIDS (OVC). In the area of prevention, 10,981 trainers and peer education volunteers were mobilized to provide life-saving information and skills to 1,687,365 people through “chat centres”, school sessions, public information sessions, theater presentations, public debates, the media, and many other venues. While the Federation has had for many years’ guidelines for youth peer education activities, there was no agreed strategy and material for engagement in care and support –a gap that the global programme has now covered.
- The partnership with **Roll Back Malaria** has developed very strongly. The International Federation hosted the first NGO meeting on Malaria –and the RBM Board meeting organized by WHO. It was an opportunity for all interested NGOs with malaria activities to meet, exchange information, and participate in the collaborative process of selecting representation. Participants at this meeting included representatives from the Red Cross, World Vision, ADRA, CORE, HealthNet Int., American RC, MSF, OXFAM, Christian Children’s Fund, SPHERE and MENTOR. NGO representatives agreed to form an alliance for NGOs involved in Malaria, creation of new NGO Alliance against Malaria (NAAM) is announced.
  - ⌘ The work with WHO/AFRO, the RBM Secretariat, CIDA and other actors has already had its translation at country level in Zimbabwe [emergency response to prevent malaria outbreaks], Zambia [ITN + measles operation], at the regional level [through the Southern Africa appeal] and the application to the GFATM. Others will follow in the second part of the year. Rapid progress in the area and its translation into programmatic activities not (yet) included in the appeal process have meant that resources from partners have been transferred through the global programme and this might require a revision.
- The Latvia & Jamaica **HIV/AIDS evaluations** took place as part of the multi-country evaluation; China had to be postponed due to SARS.
- \* The main constraint faced by the scaling up effort remains the limited amount of **long-term financial resources**, a situation that prevents societies from embarking in large interventions that need to be sustained long-term.

**Have mainstreamed psychological and social support in Federation policies and strategies, long-term programs and relief operations, with a particular focus on HIV/AIDS.**

- The Board approved a psychological support policy. It incorporated comments from over 30 National Societies and the Health & Community Services Commission (available at <http://www.ifrc.org/who/policy/psycholog.asp>). The English version of the *Community-based Psychological Support Training Manual* has been printed and distributed with global programme funds (available at <http://www.ifrc.org/what/health/psycholog/manual.asp>).
- A tripartite agreement between the South Dakota Mental Health Institute, the Reference Centre and the Federation has been signed. The agreement between the Danish Red Cross and the Federation regarding the Reference Centre has been renewed.
- ☛ Integration into relief operations remains a challenge, but the current crisis in Iraq and the Middle East have shown some progress in this respect.

**Have retained international leadership in the promotion of voluntary, non- remunerated blood donation (vnrbd), ensuring a source of low risk donors.**

- The **active learning package** “*Making a difference... working together*” was reprinted and 500 MaD packages distributed in preparation for workshops in India, Philippines and the Americas. WHO and other agencies have translated MaD into Arabic, Hungarian, Greek, Vietnamese and Myanmar... testimony to its relevance. A first draft of “*Guidelines for facilitators of workshops using MaD*” has been finalized in cooperation with WHO.
  - ✎ This package and the workshops, most of which have been jointly organized (and co-financed) with PAHO/WHO, have filled an important vacuum in vnrbd and favoured inter-agency coordination. More information on the MaD package: <http://www.ifrc.org/publicat/catalog/autogen/2588.asp>
- An effort is being made to enhance readership of *Donor Recruitment International* through better web-based distribution. Available on <http://www.ifrc.org/WHAT/health/blood/newsletter.asp>
- The **Global Blood Advisory Panel** in RC/RC held its second meeting and finalized its recommendations on Corporate Governance and Risk Management. Was followed by the 2<sup>nd</sup> meeting of the Regional Working Group of RC/RC in South East Asia on blood donor recruitment –which took the decision to pilot test the risk management scorecard. The Central European Regional Task Force on vnrbd recruitment held its first meeting in Slovenia.
- ☛ The 9th International Colloquium, scheduled for October in Beijing had to be postponed due to SARS.

**OBJECTIVE 2: Remain the world’s leader in first aid, enabling individuals and families around the world to protect and save lives.**

**Have revalued and marketed First Aid as a strategic response to social needs.**

- Launched the promotion process among NS of the **World First Aid Day** – September 13, 2003.
  - ✎ Red Cross and Red Crescent National Societies use World First Aid Day to demonstrate that they have a presence both globally and at the grass-roots, through volunteers that deliver an essential service: First Aid. It is envisaged that the 2003 event will see some 80 National Societies participating. More info. on World First Aid Day at: <http://www.ifrc.org/what/health/firstaid/regional.asp>
- Phase II of the **European Road Safety campaign** was launched with European Commission funding. The global programme supported Secretariat participation in the first meeting of the Steering Committee and some of the work done in preparation. A design pack has been developed and a specific web site established [www.1-life.info](http://www.1-life.info). A third public campaign is envisaged for summer 2005 based on an innovative European tour.

- The process to establish an **International First Aid partnership** as a separate legal entity and a commercial brand for first aid was approved by the Governing Board. The global programme funded all the legal preparatory process.
- Work to develop the cooperation framework established with WHO's department of **Injuries and Violence prevention** has started. Joint work started on positioning first aid within the Pre-hospital System Care Guidelines to be distributed in 2004. Increased/ improved community capacity to prevent, be prepared and respond to health emergencies is strongly pointed as the crucial initial component for the efficiency/ effectiveness of a pre-hospital care system, as well as it is specified roles and importance of volunteer teams (such as the ones of the Red Cross / Red Crescent). We are also working together for successful Red Cross Red Crescent participation in the World Congress on Injury Prevention (Vienna 2004); Austrian Red Cross is a member of the National Organizing Committee and the Reference Centre for Psychological Support a member of the International Scientific Programme Committee.
  - ↳ More information on the conference available at: [www.safety2004.info/](http://www.safety2004.info/)

**Have supported the development of innovative First Aid products and knowledge sharing mechanisms.**

- Development of the Intranet site for First Aid has continued, albeit at slow pace due to limited financial resources available. The site presents a base of documents and information that First Aid national managers can download [www.trainingoffice.com/redcross](http://www.trainingoffice.com/redcross) [Login and password are automatically generated when registering to the site].
- An issue of *First Aid networks* was developed and distributed.
- ⚙️ Development of international First Aid products (e.g. safe travel kit) was on hold pending recent completion of brand development and registration process.

**Have mobilized support and resources to maintain the First Aid strategic partnership.**

- The global First Aid Training Service agreement with UNHCR is being advanced with the development of guidelines for its implementation. A similar agreement with WHO is being explored.
- Consultations with National Societies on the worldwide harmonization of First Aid techniques within the RCRC *are completed*. First Aid Development Framework *is tested by a few National Societies*
- ⚙️ Long-term financial engagement of National Societies and the corporate sector remains a challenge and the objective to raise cash [over CHF 400.000] and in-kind investment this year seems off-track.

**OBJECTIVE 3: Improve the response to international public health emergencies.**

**Have provided the leadership, coordination tools & guidelines required to support a quicker and better response to public health emergencies with a smoother transition to reconstruction and rehabilitation.**

- The health (and water & sanitation) sections in the web based **Disaster Management Information System (DMIS)** have been enhanced.

- A lot of effort and global programme support has gone into **adjusting strategies to new types of emergencies**. This has included providing and disseminating [to National Societies] basic information and guidelines on nuclear, biological and chemical warfare agents, possible protection and action. Most importantly, a major effort has gone into learning from the Food Security Crisis in Southern Africa and developing a new strategy (“*Not business as usual –an options paper*”, available on the Disaster Management Information systems
- The Federation Disaster Management Working Group has reinstated the Emergency Response Unit Sub working group to ensure better access and adaptation of the system to global trends, needs and speedy deployment.
- To ensure a better international response worldwide, ICRC and the Federation/National Societies have drafted an Emergency items catalogue, where drugs, type of foods, medical items and equipment have been standardized throughout the Movement. The final version will be completed third quarter for 2003. The draft is available at [www.redcross.int/en/eric/eric/index3.html](http://www.redcross.int/en/eric/eric/index3.html)
- ☼\* The *Interagency Guidelines for HIV/AIDS in Emergencies* will be finalized in quarter three, as will the international review of Reproductive Health in Emergencies.
- ☼\* Further development of *Regional Disaster Response Teams (RDRT)*, the *Field Assessment and Coordination Team (FACT)* the *Emergency Response Unit (ERU)* has suffered from lack of human resources, as has the broad implementation of the renewed Federation / UNFPA agreement to ensure that reproductive health needs in emergencies is addressed more effectively. The design and testing of the “Field School” has also been postponed.

To deal with this overload, a second Senior Officer, Health in Emergencies has been recruited and took up the position in mid May (staff on loan from German RC).

**Have taken the opportunity of the International Year of Fresh Water to advocate strongly for greater investment and community based solutions to water issues.**

- Mr. Tadateru Konoe, member of the Governing Board led the Federation Delegation to the 3<sup>rd</sup> World Water Forum (Japan, March, 24.000 participants). The RC focused on “Water for All”, including disaster affected population. An exhibition of 15 Wat-San posters has been produced together with two new publications, “*Ensuring Safe Water and Sanitation*”, and “*Recommended Publications for Water & Sanitation*”. The Forum provided a valuable opportunity to meet and discuss with current and potential partners.
  - ⤵ Worldwide, the International Federation provides impoverished communities and victims of disasters with 20 million litres of water per day benefiting some one million people in 30 programmes. Our network now spends about 50 million Swiss francs each year on water and sanitation. Per year an average of 30 Wat-San delegates and more than 500 staff are working on International Federation water and sanitation programmes.
- A web page dedicated to the Year of water has been set up and is being fed regularly with news stores and programme updates.
- The updated tools (Wat-San ERU manual and Wat-San mission assistant CD-ROM) are in great demand and distributed widely also outside the movement structure.
  - ⤵ Since the International Federation established Emergency Response Units for Water and Sanitation seven years ago, it has deployed them in response to 18 major disasters around the world. Five National Societies (Austrian, French, Swedish, Spanish and German) have Wat-San ERU's with more than 400 trained staff and volunteers and are able to supply 500'000 beneficiaries with safe water and basic sanitation facilities.

- The final meeting of the Wat-San sector within SPHERE has taken place and the revised version is now ready. The Manager of the Public Health Unit of the Health & Care Dept. is a member of this group.
- Work is underway with Austrian RC to explore the creation of a “European RC reference centre for Water & Sanitation”.
- A draft water and sanitation policy was presented to the Health & Community Services Commission and is now ready for broad consultation.

### **General constraints**

The health and care department reorganized and lost two of its ten core Geneva-based positions during this period. In addition, some donors contributing to the health and care global programme have earmarked against personnel related costs. Were this to become a trend, some objectives will have to be dropped due to lack of appropriate human resources.

*For further details please contact: Dr Alvaro Bermejo; Phone : 41 22 7304862; Fax: 41 22 733 03 95; email: [alvaro.bermejo@ifrc.org](mailto:alvaro.bermejo@ifrc.org)*

*All International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.*

*For further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>.*

# Health & Care

ANNEX 1

APPEAL No. 01.100/2003

## PLEDGES RECEIVED

26.06.2003

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
-------	----------	----------	------	-----------	------	---------

### CASH

					<b>TOTAL COVERAGE</b>	
REQUESTED IN APPEAL CHF ----->				<b>3'120'752</b>		<b>110.3%</b>
CASH CARRIED FORWARD				386'377		
AMERICAN - RC		10'000	USD	13'615	04.04.03	CHILE INTER-AMERICAS CONF.
AUSTRIAN - RC				10'000	22.05.03	BLOOD PROGRAMME
BRITISH - GOVT/DFID (04)				300'000	24.02.03	
CANADIAN GOVT/CIDA/IHA		843'848	CAD	797'015	04.02.03	
FINNISH - GOVT/RC		112'370	EUR	171'083	28.05.03	HEALTH & CARE, HIV/AIDS, GLOBAL HEALTH IN EMERGENCIES
ORLES FOUNDATION				10'961	08.04.03	CHILDREN SPAIN & PORTUGAL
PRIVATE DONORS				6'154	30.01.2003	
SWEDISH - GOVT		1'700'000	SEK	282'200	06.06.03	
UNILEVER		800'000	EUR	1'164'400	30.12.02	
WHO		20'586	USD	27'997	24.02.03	NGO ROLL BAKC MALARIA MEETING
SUB/TOTAL RECEIVED IN CASH				3'169'802	CHF	101.6%

### KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
AUSTRIAN RC	STAFF ON LOAN			96'000		
DANISH RC	STAFF ON LOAN			96'000		
FINNISH RC	STAFF ON LOAN			48'000		
GERMAN RC	STAFF ON LOAN			32'000		
SUB/TOTAL RECEIVED IN KIND/SERVICES				272'000	CHF	8.7%

### ADDITIONAL TO APPEAL BUDGET

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED				0	CHF	