

Appeal 2004



International Federation
of Red Cross and Red Crescent Societies

HEALTH AND CARE

Appeal no. 01.98/2004

The International Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. The Federation is the world's largest humanitarian organization, and its millions of volunteers are active in over 180 countries. All international assistance to support vulnerable communities seeks to adhere to the Code of Conduct and the Humanitarian Charter and Minimum Standards in Disaster Response, according to the SPHERE Project.

This document reflects a global programme and related activities to be implemented in 2004, and the related funding requirements. For further information concerning programmes or operations in this or other countries or regions, please also access the Federation website at <http://www.ifrc.org>

Click on figures below to go to the detailed budget

	2004 (in CHF)
Health and Care	4,428,877
Total	4,428,877¹

Context

For every life lost to disasters over 100 lives are lost to infectious diseases. HIV/AIDS will kill more people this decade than all wars and disasters in the past 50 years. In 2003 alone, over 5 million people became infected world-wide. Tuberculosis causes 2 million preventable deaths annually.

The great majority of national societies' services world-wide are related to improving the health and welfare of vulnerable people. Internationally, health and care are a major component of most *ad hoc* emergency appeals; the proportion of our consolidated Appeal dedicated to health programmes has consistently grown since the year 2000².

Most of the Red Cross and Red Crescent health work is in countries, in the communities, at the family level, but a part of it is at the international level, providing international support to in-country work. The initial health and care global programme (year 2000) was formulated to better systematize and fund health priorities, but it was somewhat ad hoc in focus, without a clear policy discussion on global and partnership-based sectoral programmes.

¹ **USD 3,430,745 or EUR 2,844,526.**

² Health & Care long-term programmes have grown from representing 22% of the 2000 Annual Appeal to 37% of the 2003 Annual Appeal.

This 2004 Health & Care global programme builds on -- and greatly benefits from -- the recent policy discussion catalysed by *A Review of Global Programmes in the Red Cross Movement*, written by Stein-Erik Kruse for the Norwegian Agency for Development Cooperation and published in May 2003 and presentations on sectoral partnership-based public health programmes that have taken place at many Red Cross donor meetings. The global programme defines objectives around the areas where national societies have agreed to a closely coordinated strategy and requested leadership from Geneva in terms of advocacy, coordination, tools and guidelines to: HIV/AIDS and other infectious diseases; first aid, international public health emergencies and vaccine preventable deaths.³

Background and achievements/lessons to date

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. A short summary of 2003 global programme achievements is highlighted below:

- **development of operational tools for HIV/AIDS and TB:** the “*Update 2003 – Reducing Household Vulnerability to HIV/AIDS and TB*” presents 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.
- **fighting AIDS related stigma and discrimination:** supported the development of closer institutional links to organizations of PLWHA and the participation of a strong delegation at the International Conference of PLWHA. UNAIDS developed a Best Practice report on the partnership built between GNP+ and the Federation. Harm reduction policy and guidelines have been developed and at the International Red Cross and Red Crescent Conference governments and the Red Cross Movement jointly reviewed legal and policy barriers that deny vulnerable groups access to adequate prevention, treatment and care programmes. National Societies in Eastern Europe and Asia are benefiting from this process to build their harm reduction policy base and skills as they start with pilot projects.
- **facilitated access to HIV treatment.** Developed models to pursue greater access to lifesaving drugs and established a fund that provides for access to lifesaving drugs (including anti-retroviral therapy) to Red Cross Red Crescent staff and volunteers.
- **supported efforts to consolidate health partnerships in Americas, Europe and Asia.** Meetings of PAHO and Red Cross health staff in Washington and Panama finalized the “Equity and Health” initiative that was approved by the Inter-American Conference in Chile. A consolidated proposal, “*Reducing household vulnerability to HIV and tuberculosis in Eastern Europe*” was produced with national societies and delegations and an agreement signed with WHO / SEARO in the presence of 10 ministers of Health.
- **psychological support.** The Board approved a psychological support policy and a *Community-based Psychological Support Training Manual* has been produced (<http://www.ifrc.org/what/health/psycholog/manual.asp>). The policy confirmed PSP “mainstreaming” as the strategic direction and included support to staff and volunteers working under stressful circumstances. Initial steps to mainstream psychological support in emergencies and to develop standards for worker support (staff and volunteers) have been taken. Inter-agency meetings on stress management and humanitarian workers have been initiated.
- **voluntary blood donation.** “*Making a difference (MaD)... working together*” was reprinted; WHO and other agencies have translated MaD (<http://www.ifrc.org/publicat/catalog/autogen/2588.asp>) 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 voluntary non-remunerated blood donations (vnrbd) and favoured in interagency coordination.
- **First aid.** encouraged and coordinated participation of over 100 national societies (up from 50 in 2002) in the World First Aid Day with all regions represented, (http://www.ifrc.org/meetings/events/firstaid03/world_news.asp).

³ A separate consolidated multi-country appeal has been issued for immunization related activities [see Africa appeals].

With guidance from the Governing Board, created the International First Aid Partnership as a separate entity (foundation) to manage cross-sector engagement.

- developed the cooperation framework established with WHO's department of **Injuries and Violence Prevention**, jointly working on Pre-hospital System Care Guidelines to be distributed in 2004 and the World Congress on Injury Prevention (Vienna 2004).
- **health in emergencies**. Developed and disseminated to National Societies basic information and guidelines on nuclear, biological and chemical warfare agents, possible protection and action. Most importantly, a major effort went into learning from the Food Security Crisis in Southern Africa and developing a new strategy ("*Not business as usual – an options paper*").
- **water & sanitation**. The 3rd World Water Forum (Japan, March, 24,000 participants) provided a valuable opportunity to meet and discuss with current and potential partners, profile the work of the Red Cross in this area and advocate for water as a human right.

The global programme 2004-2005 builds on these achievements. It is a crucial component of the Federation's health and care programming: without its activities and results the country level response will lack the required leadership and coordination.

Goal: The goal of this global programme is to improve health and care in the community⁴ and the Federation's response to public health crises. More specifically, to improve the Federation's capacity to:

- enable communities to reduce vulnerability to disease and to care for their people.
- prepare and respond to public health crises.

Objective 1: The global programme focuses on areas where national societies have agreed to -and requested- a coordinated strategy and leadership from Geneva. The global programme objective is to lead a coordinated strategy, advocacy, production of tools and guidelines that enables national societies to:

- reduce family vulnerability to HIV/AIDS and other infectious diseases.
- remain the world's leading definer and provider of first aid, enabling individuals and families around the world to protect and save lives.
- improve the preparedness for and the response to public health emergencies.

Expected programme result(s); and related activities for this objective:

Have reduced family vulnerability to HIV/AIDS and other infectious diseases.

Implementation of this global programme will lead to the following expected results (main activities are presented under each one of them).

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

Support implementation of the *Agenda for Humanitarian Action*, to be approved at the forthcoming International Conference. This includes helping understand stigma and discrimination, making it more visible and challenging it at country level through "Ambassador of Hope" missions, through extending the electronic discussion forum to all aspects of Red Cross HIV/AIDS work and through specific, targeted support to promote and develop the harm reduction agenda. Countries in Eastern Africa (e.g. Kenya, Uganda), Eastern Europe (e.g. Russia, Latvia) and Asia (e.g. China, Latvia) have been the first to benefit from this process to build their workforce and harm reduction policy base and skills as they start with pilot projects.

⁴ Ultimately, it is the role of the government to ensure that its health and social welfare system is capable of meeting the needs of its population, particularly the most vulnerable. However National Societies can play a complementary role and make a significant difference to the health of vulnerable people by focusing on the household and community factors that are closely related to health outcomes.

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.

- support continent / region-wide efforts to consolidate and scale up volunteer-based health interventions, contributing to the consolidation of the partnership agreements with WHO recently signed in the Americas, South and South East Asia and the Eastern Mediterranean regions. Compile lessons learnt from selected social mobilization (e.g. follow up of the Namibia Conference) / community based integrated programmes (e.g. Camalote & Amazon programmes), to learn and develop integrated approach and systems that mobilise communities in effective preparedness and response in public health.
- operational tools and guidelines for national society involvement will be developed in a participatory way. Focus in 2004 will be on comprehensive prevention guidelines and those required to support the (initial) development of Red Cross involvement in the delivery of treatment following the framework and models developed in 2003. This work has very direct impact at national society level: 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, theatre presentations, public debates, the media, and many other venues; all these activities will improve through a more systematic, guided approach as well. The global programme will also support national societies involvement in GFATM funding (of great significance to National Societies; e.g. in the Americas, Haiti, Ecuador and Argentina are receiving significant AIDS funding through this mechanism), including the development of one sub-regional proposal in partnership with other agencies. Support the development of a strategy for scaling up in “large population” countries (India, China, Indonesia).
- ensure active participation at major conferences and events particularly the 15th International Conference on the Reduction of Drug Related Harm, (April, Melbourne) to support implementation of Federation guidelines; XV International HIV/AIDS Conference (July Bangkok) and UNAIDS PCB to fully utilize our permanent observer status to strengthen NGO & PLWHA input.
- tuberculosis: support an active participation in the WHO training initiative in Eastern Europe and maintain active engagement in TB/HIV working group by national societies and the Federation for a global response to the intersecting epidemics of the TB and HIV. Ensure Red Cross and Red Crescent representation in the Directly Observed Treatment, Short Course (DOTS) Expansion Working Group Meetings and other TB forums, and develop a strategy and first steps to scale up the national society voluntary-based TB/HIV activities in high TB-burden countries focused on community involvement and social mobilization.
- malaria: continue exploring and developing best ways to link Roll Back Malaria objectives with Red Cross activities and programmes. The work with WHO/AFRO, the RBM Secretariat, CIDA and other actors has already had, in 2003, 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 2004 if this very young partnership is appropriately nurtured.

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

- further integrate psychological support in emergencies; develop a “Framework for Programming Psychological support in emergencies, general brochures on working in stressful situations (aimed at staff and volunteers) and coping with crisis (aimed at affected populations) –all working titles. Collaborating partners in these efforts include WHO, UNHCR and experts attached to the reference centre.
- update the BTC stress management module and develop an extended version for the induction courses.

- provide frameworks, guidelines and training to ensure that psycho-social approaches are considered in the implementation of the Red Cross AIDS response, in particular in dealing with PLWHA, OVC and supporting care facilitators and Red Cross staff living with HIV/AIDS. Develop psychological support strategy and tools for HIV/AIDS care providers - both Red Cross care providers and family care providers.
- consolidation the Federation Psychological Support Reference Centre's website and development of a future strategy as the current agreement with DRC comes to an end.

Have retained international leadership in the promotion of voluntary, non- remunerated blood donation, ensuring a source of low risk donors continues to be available.

Develop advocacy tools for the promotion of voluntary, non-remunerated blood donation. To complete and reproduce "*Making a Difference...recruiting voluntary, non-remunerated blood donors*" 2nd edition, and other advocacy tools that are part of a joint project with WHO and global promotion of World Blood Donor Day including distribution materials for media outlets. Maintain and enhance readership of the newsletter *Donor Recruitment International* (former *Transfusion International*) through better web-based distribution and through provision of Arabic translation.

- organize a successful 9th International Colloquium (Beijing, April 2004; planned for 2003, had to be postponed due to SARS) with all co-sponsor and collaborative organizations, and publish mandarin version of the above-mentioned active learning package as one highlight of the occasion. This event is co-sponsored by WHO and in cooperation with the Association of Donor Recruitment Professionals, the International Federation of Blood Donor Organizations and the International Society of Blood Transfusion.
- support and help facilitate the recently created Blood Advisory Panel as a means of addressing specific needs of some national societies in relation to their involvement in blood service delivery, either alone or in partnership with other agencies.

Have remained the world's leader in first aid, enabling individuals and families around the world to protect and save lives.

Support at the international level the development of Federation First Aid capacity and advance the position of national societies as the leading definer and provider of First Aid worldwide. In 2004-2005 the programme will put the appropriate mechanisms in place to engage in cross-sector international commercial initiatives, provide a focus for **First Aid leadership** in the international sphere, and pursue its strategic objectives.

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

- expand the participation of national societies in the World First Aid Day to over 70% and planned the process to achieve formal recognition (e.g. UN/EU) of this international Day. This initiative increases the local, country and international visibility of First Aid and highlights the importance of trained volunteers in building capacity to deal with health crisis.
- formally establish the International First Aid Partnership and launch partnerships with several private sector players for the development and distribution of First Aid information and products, raising the necessary cash and in-kind investment. This mechanism will enable National Societies and their Federation to take advantage of cross-sector development opportunities, particularly at the regional level.
- complete the registration process of a commercial brand for international First Aid products.

Have supported the development of quality First Aid training services and techniques, and the provision of First Aid products.

- advance the project on the harmonisation of First Aid techniques with: dissemination to non-Red Cross and Red Crescent parties; evaluation of the application of techniques; promotion of this reference document at the World Congress on Injury Prevention (Vienna 2004). This critical technical work builds the credibility of the Red Cross and Red Crescent as a First Aid trainer and service provider.
- broaden implementation of the Plan of Action integral to the cooperation framework established with WHO's Department of Injuries and Violence Prevention with a focus on pre-hospital care guidelines and collaboration on the World Health Day 2004 (Road Safety theme).

- advance the partnership launched in 2002 to have a sales trial of First Aid Travel Kits in the Duty Free zones of selected European airports.

Have created value through the collection and sharing of First Aid knowledge and innovations, and contributed to building an enabling environment for the diffusion of and access to First Aid.

- maintain the Intranet site for First Aid and produce 2 issues of *First Aid networks* [in 4 languages]. Support the evolving First Aid networks in Europe, Pacific and Central/South America. These communication and networking efforts are essential to strengthening efforts at the country level through greater inter-country sharing of technical knowledge, skills and innovations.
- lobby for the development of First Aid training and kit standards in the framework of stronger civil defence laws (e.g. advance proposal submitted to the Environment Directorate of the European Union in 2003 - Civil Protection section). Legislation that acknowledges the importance of First Aid serves as advocacy for its dissemination and creates markets for First Aid training and service delivery, thereby strengthening National Societies and the communities they assist.

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

- service the global agreement for First Aid training with UNHCR and assist national societies in its implementation.
- raise cash [over CHF 400,000] and in-kind investment.

Objective 2: Preparing for and responding to public health crisis.

Expected programme result(s); and related activities for this objective:

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.

- contribute to the further development and standardization of *Regional Disaster Response Teams (RDRT)* and intensify participation in *Field Assessment and Coordination Team (FACT)* training and further development of the *Emergency Response Unit (ERU)* concept to ensure that public health in emergencies is better managed. Evaluate and reprint the Wat-San ERU operating manual and part list. Overall upgrading of guidelines, training and standardization of preparedness and response in Public Health in Emergencies.
- contribute to the development of the health sections in the web based Disaster Management Information System (DMIS) and the Federation intra-net to improve the possibilities to monitor various preparedness and operational phases in emergencies, ensuring that public health is comprehensively covered and that vital information is available to delegations and national societies.
- implement the renewed Federation / UNFPA agreement signed in June 2002 to ensure that reproductive health needs in emergencies is addressed more effectively in the field. Complete the international review of Reproductive Health in Emergencies and via the Interagency Steering group provide a Report.
- complete drafting and promote implementation of the Interagency Guidelines for HIV/AIDS & TB in Emergencies.
- assist in developing strategies and approaches for post emergency including post conflict rehabilitation programming and support for use and implementation in similar operations in the future.
- organize a workshop to explore and test new approaches and technologies (equipment) for health and watsan and to expand the supplier base.
- strengthen the global partnership with organizations like OXFAM, MSF, UNHCR, UNICEF, ICRC to further streamline and standardize approaches and equipment. With this forum an international conference on Public Health in Emergencies will be organised to take place beginning of 2004.

Risks and assumptions

In relation to improving health and care in the community, four partnerships are particularly critical to achieving the objectives and expected results highlighted above:

- the WHO is a long-standing partner of the International Federation at the Geneva level. More needs to be done to work towards systematic and strategic partnerships at the regional level and the global programme will prioritize funding of activities done in partnership with WHO Geneva, WHO/SEARO, WHO/AFRO and PAHO to consolidate this strategic partnership.
- 2004 will see further operationalization of the newly acquired status as a “UNAIDS Collaborative Centre”.
- Global Network of People Living with HIV/AIDS (GNP of PLWHA). Continuous collaboration at the international level and support to its operationalization at regional level remain key to Red Cross and Red Crescent efforts to make a significant difference in the AIDS response.
- in the private sector, several first aid activities/objectives are dependent on the continuing support of private sector partners, whether for fundraising initiatives or investment in the development of products and tools (publications, web-site) to support the first aid programme. These partnerships are being pursued to secure new benefits for the national societies.

The Geneva Secretariat is in the midst of reorganization and downsizing. The implementation of the activities elaborated above will depend on having full coverage of the appeal and authorization to cover the personnel related costs. Unforeseen changes in relation to the change process might require objectives and plans to be revised.

This global programme will be monitored, reported on and evaluated within the normal appeal structure and the demands placed on all global programmes. Main implementation responsibility will fall on the Federation’s Geneva-based Health Department, and progress indicators will be tracked on a semi-annual basis. Progress reports shall be prepared and distributed to all key stakeholders. Innovative ways of working will be utilized so that major contributors to this programme can be directly involved in the implementation.

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BUDGET 2004

PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.98/2004

Name: Health & Care

PROGRAMME:	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	0	0	0	0	0	0
Clothing & textiles	0	0	0	0	0	0	0
Food	0	0	0	0	0	0	0
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	0	0	0	0	0	0	0
Medical & first aid	0	0	0	0	0	0	0
Teaching materials	0	0	0	0	0	0	0
Utensils & tools	0	0	0	0	0	0	0
Other relief supplies	0	0	0	0	0	0	0
SUPPLIES	0	0	0	0	0	0	0
Land & Buildings	0	0	0	0	0	0	0
Vehicles	0	0	0	0	0	0	0
Computers & telecom	0	0	0	0	0	0	0
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	0	0	0
CAPITAL EXPENSES	0	0	0	0	0	0	0
Warehouse & Distribution	0	0	0	0	0	0	0
Transport & Vehicules	0	0	0	0	0	0	0
TRANSPORT & STORAGE	0	0	0	0	0	0	0
Programme Support	287,877	0	0	0	0	0	287,877
PROGRAMME SUPPORT	287,877	0	0	0	0	0	287,877
Personnel-delegates	2,048,000	0	0	0	0	0	2,048,000
Personnel-national staff	0	0	0	0	0	0	0
Consultants	535,000	0	0	0	0	0	535,000
PERSONNEL	2,583,000	0	0	0	0	0	2,583,000
W/shops & Training	180,000	0	0	0	0	0	180,000
WORKSHOPS & TRAINING	180,000	0	0	0	0	0	180,000
Travel & related expenses	390,000	0	0	0	0	0	390,000
Information	720,000	0	0	0	0	0	720,000
Other General costs	268,000	0	0	0	0	0	268,000
GENERAL EXPENSES	1,378,000	0	0	0	0	0	1,378,000
TOTAL BUDGET:	4,428,877	0	0	0	0	0	4,428,877