

# 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 AND CARE

30 June 2004

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 181 countries.

For more information: [www.ifrc.org](http://www.ifrc.org)

### In Brief

Appeal No. 01.98/2004; Programme Update no. 1, Period covered: January to June 2004.  
Appeal target: CHF 4,428,877; Appeal coverage: 51.8%; Outstanding needs: CHF 1,578,958 (USD 1,283,120 or EUR 1,040,050).

*(click here to go directly to the attached Contributions List (also available on the website)).*

**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 and 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.

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*This Programme Update reflects activities to be implemented over a one-year period. This forms part of, and is based on, longer-term, multi-year planning (refer below to access the detailed logframe documents). All International Federation assistance seeks to adhere to the [Code of Conduct](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response](#) in delivering assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>*

### Operational developments

The International Federation global Health & Care programme has become a complementary and invaluable instrument for introducing new approaches, meeting urgent and serious health care needs all over the world, in particular targeting the most vulnerable in the community and their exposure to today's major killing diseases like HIV/AIDS, measles, malaria, diarrhoeal diseases, tuberculosis, and those faced during motherhood and early childhood. Already, there is some evidence of impact which significantly contributes towards meeting the UN Commission on Sustainable Development Millennium Development Goals [MDGs].

In June 2004 the Federation became the official member of the STOP TB Partnership, WHO.

The draft policy on involvement of the Federation / National Red Cross Red Crescent Societies in Tuberculosis control was presented to the Health Commission in April 2004.

Involvement of National Red Cross and Red Crescent Societies in Tuberculosis control programmes in Russia and Central Asia has shown a significant influence on the progress of respective National Programmes. During four and half years of programme implementation, over 17,000 patients received support from Russian Red Cross. In average 2,000 patients are receiving support regularly from Community Health Nurses in Central Asia since 2002. 85-95% of TB patients who received social support have completed the DOTS (directly observed treatment, short course) treatment in a timely manner and the default rate from treatment regimens among this group did not exceed 1- 4% (Russia). The TB project funded by USAID in Russia is extended for 3 more years. Alongside with ongoing activities in 3 regions, additional operational site will be selected in consultation with Health Authorities.

The Red Cross and Red Crescent national societies are increasingly involved and provide support at various levels, contributing with financial and other resources in the form of volunteers and local knowledge that have clearly become successful components in various partnerships formed with the UN, governments, WHO, the private sector and NGOs. The approach is proving effective, and after successes with polio, measles/malaria, HIV/AIDS, it is envisioned that other partnerships and initiatives, some already under formation, will expand the impact upon other health problems.

Specifically, the combining of one campaign [“piggy backing”] with others has been proven feasible and cost-effective. Thus the American Red Cross Measles Immunization initiative, partnering with Federation and many others, has integrated ITN distribution, benefiting from the measles campaign logistics already in place and above all, from national society volunteers. By the end of 2003, 56 million children had been immunized [where the direct involvement of national societies covered 17.4 million, using 13,959 volunteers] and 82,000 Insecticide Treated bed Nets [ITNs] were distributed in Zambia alone. These are significant figures, and a considerable achievement that governments, WHO, UNICEF and other actors have rarely before attained.

The polio eradication campaign is making good progress, despite constraints encountered in Nigeria, India and Pakistan. The Federation and the global funding and national societies support have made a significant difference. With the contributions of over 12,000 Red Cross and Red Crescent volunteers, 50 million under five children have been vaccinated.

Far more post-emergency health initiatives are now undertaken, aiming at more developmental efforts focused on the most vulnerable in the community and national society capacity building. Considerable progress has been made in e.g. India and Afghanistan. A good example is the establishment of developmental water and sanitation (WatSan) projects, using community mobilisation tools like the Participatory Hygiene and Sanitation Transformation (PHAST), which encourages a more sustainable and long-term impact upon health.

To further strengthen this approach a Global Water and Sanitation Initiative (GWSI) was developed in April 2004 to increase sustainable WatSan coverage and to highlight the Federation commitment (WatSan Policy adapted in October 2003, Strategy 2010, ARCHI etc.) as well as contributing to the UN commitment to MDG’s and the 2<sup>nd</sup> UN Decade for Water 2005-2015.

These global programmes cover only activities which require a global approach and coordination (i.e. when setting up or changing standardised systems), and in particular when initiating, planning and initially operating newly developed global approaches where pooling resources with other global partners (such as the WHO, UN agencies, the private sector and other partners) is crucial.

**Goal:** The goal of this global programme is to improve health and care in the community<sup>1</sup> and the Federation’s response to public health crises. More specifically, to improve the Federation’s capacity to:

<sup>1</sup> 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

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

**Objective:** 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.

## Progress/Achievements/Constraints:

### Achievements

- Led a global campaign, “The *truth* about AIDS... *Pass it on*” which has contributed to reducing AIDS-related stigma & discrimination.
- Encouraged and developed closer institutional links with organizations of PLWHA building on the relationships established and strengthened by the former campaign manager who, as a person living with HIV provided a strong drive to implementation of partnerships with networks of people living with HIV/AIDS.
- A process of reflection on partnerships established with networks of people living with HIV/AIDS at national and district level in preparation for the 15<sup>th</sup> International HIV/AIDS Conference in Bangkok in July 2004 has yielded more than 15 profiles from national societies and regional delegations who have made a conscious effort to seek partnerships with people living with HIV/AIDS. The OPEC partnership in Asia and developments in East Africa have continued to make a considerable difference in collaboration with organizations of PLWHA and campaign implementation on the ground.
- 13 national societies in southern and east Africa have begun discussions with the International Olympic Committee and National Olympic Committees in their countries to see how they can use sports as a tool for HIV prevention messages and reduction of stigma and discrimination. During a meeting in June 2004, the organisations met with UNAIDS and the World Bank in Johannesburg, South Africa to discuss potential areas of work.
- Challenged discrimination through advocacy work that ensures government authorities understand the impact stigma and discrimination have on the epidemic. Progress has been made in the area of harm reduction. Harm reduction activities are happening at country level in parts of Eastern Europe and Asia, but need more work. The Italian Red Cross has located funds to establish a Centre of Excellence on Harm Reduction – and a work plan is in the final stages of agreement. Belarus Red Cross incorporated a harm reduction component within its programme: three Red Cross needle exchange centres in Molodechno (Minsk region), Kalinkovichy (Gomel region) and Mikashevichy (Brest region) were opened to serve intravenous drug users (IDUs). A joint training for the needle exchange staff was carried out in combined efforts of Belarus Red Cross and the PLWHA movement. In addition, Belarus Red Cross is in the process of conducting tender and procurement of 122,000 syringes, 6,000 condoms and 230 sterilising products to be distributed in the three Red Cross needle exchange centres among intravenous drug users (IDUs) as part of the harm reduction campaign.

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significant difference to the health of vulnerable people by focusing on the household and community factors that are closely related to health outcomes.

- Continued managing the Passion e-forum with a broader focus on HIV/AIDS issues from the targeted focus on stigma and discrimination last year in collaboration with Health and Development Networks. The focus of the forum includes sharing information and building the capacity of national societies to participate more actively in electronic networking around HIV/AIDS related issues.
- Prevent, reduce and eventually eliminate irrational myths and fears by developing and implementing a communication campaign. The next phase of the stamps campaign has begun with the development of new prevention stamps with messages like You CAN Get HIV – Always use a condom during sexual intercourse. The campaign continued to share examples of stamp adaptations with national societies through the development of the campaign.

The Federation initiative on supporting governments' efforts on the provision of care and ART to PLWHA based on holistic approach is moving forward. 1000 copies of the English version of the Federation's Model on care and ART provision has been printed and distributed to National Societies and other organizations.

- Being guided by the model and within the context of respective countries' overarching HIV/AIDS policies and protocols on ART and in close collaboration with ministry of health, the 6 selected NSs have started developing a medium term (5years) country specific project proposals. With the technical support from the Federation Secretariat in three of the countries the draft proposals have been presented to stakeholders meetings and with the incorporation of obtained comments the proposals are on the verge of finalization. All the six countries will have the proposals ready by August 2004. The model was also presented at different international forums including to WHO and GFATM and has been well accepted. In all the six selected countries ministry of health of the respective countries have strongly supported Federation's initiatives thus government medical care institutions are already engaged in the project development processes and will be partners in the implementation of the clinical management aspects.
- In the second half of the year, efforts will be exerted to mobilize the needed funds from potential donors through marketing the model and country specific project proposals.
- Based on the Board decision to establish funds that provide for access to lifesaving drugs (including ARV - anti-retroviral therapy) to Red Cross and Red Crescent staff and volunteers, money that can support 20 PLWA to access ART for 5 years has been collected from Secretariat staff and some national societies and the selection of eligible staff members and volunteers from the national societies is underway.
- Participation in the Global Fund to fight AIDS, TB and Malaria (GFATM): The Secretary General of the Namibia Red Cross was appointed Alternate Southern Civil Society representative on the Board of the GFATM. This is the second chance for the Federation to be represented in the Board of GFATM. The global programme has allowed the Secretariat to provide support to his function, allowing him to participate in NGO and Red Cross meetings.
- Development of a *Code of Good Practice NGO's responding to HIV/AIDS*. The Federation is hosting this project, a joint initiative with 11 international and national NGOs. The draft Code was released for consultation in March 2004, and a wide ranging consultation process has taken place, including preparations for high profile Satellite event at the Bangkok International AIDS Conference. The Code will be revised in light of inputs during the consultation phase and finalized ready to be launched on World AIDS day, 1 December 2004.
- The Federation "*Operational Guidelines for Involvement in Tuberculosis Control*" was finalized and printed. The document has been translated into Russian. An electronic version has been, or will be, distributed to all Russian speaking countries. French, Spanish and Arabic versions will be available within short.
- A WHO TB Partners Forum took place in New Delhi, March 2004. The Red Cross and Red Crescent Movement were represented by the Russian Red Cross, American Red Cross and the Secretariat.

- The Federation will participate in the Interagency Coordination Committee (ICC) – meeting on Tuberculosis organized by the WHO EURO in Romania in September 2004. The meeting is held once in 2 years. The previous meeting as well as the planned one are chaired by the Federation – Dr. Sandbladh.

**Malaria:** The Federation made significant progress in integrating malaria into its health portfolio in 2004. In addition to participating and presenting at a number of international and national meetings the following represent achievements during this period:

- Assignment of American Red Cross staff on loan to support Health and Care malaria developmental activities.
- A WHO malariologist, seconded to the Federation, provided continental-wide malaria in-service and support to more than 10 National Societies with many national societies participating in Africa Malaria Day on 25 April.
- Federation malaria policy developed, presented and approved at Health Commission in March.
- GFATM submission of Niger major proposal for countrywide Measles/ITN campaign (not approved – 28 June - but encouraged to be resubmitted at the next round).
- Drafted multi-country, multi-year (2005-2008) proposal for massive scaling-up of ITN distribution in support of the Norwegian Red Cross. This included consultations in Oslo with the UN Foundation (interested funding partner), NORAD, and Norwegian Red Cross.
- Drafted and presented the Federation's Malaria/Measles Statement at the World Health Assembly on 19 May.
- Continued support to Togo's planned nationwide free distribution of 730,000 ITNs in December 2004. Support focused on development of social mobilization plans and budgets in collaboration with more than 12 implementing partners. Major planning activities focused on logistics, communications, evaluations, and preparations for assignment of Canadian Red Cross Delegate to Togo Red Cross in July.

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

- Following the Psychological Support Policy adopted May 2003 (<http://www.ifrc.org/who/policy/psycholog.asp>), the PSP is undergoing a transformation from being a training program to integrating PSP elements in core programs of the Federation. This has been tested in several DP, RDRT and FACT training courses and in the integration of PSP methodology and know-how in the emergency phase of operations, such as in Iraq, Iran/Bam, Morocco/earthquake and Haiti/floods. The experience gained will feed into PSP training modules in relevant disaster management components and a framework on programming PSP in emergencies.
- The pilot regional PSP in MENA has been instrumental in integrating PSP elements in emergencies (covering initial assessments, psychological first aid, and long-term operations up to 18 months plan of action) and proven an added value in using a regional approach to PSP capacity building in individual National Societies through a 5-day PSP specific training course and offering PSP modules in other training courses or workshops. Experience and lessons learnt from this program will feed into the identification of best practices and the development of generic training tools and strategy developments. To meet this objective, this pilot regional PSP in MENA will hopefully be extended with one more year.
- A working group on care for the caregivers, consisting of RC/RC HIV/AIDS specialists from Togo, Kenya, Mozambique, Laos, Australia and Trinidad has been established with the goal to produce a draft guideline for senior managers and senior program officers on care for the caregivers, specifically in relation to home based care programs by the end of 2004. The draft guideline will be sent in consultation to national societies, health advisors and delegates for comments before being finalized.
- The agreement between the Federation and the Danish Red Cross concerning the Federation Reference Centre for Psychological Support, hosted by the Danish Red Cross, has been renegotiated in consultation with current and potential new stakeholders and will continue under the International Department of Danish Red Cross. The Reference Centre produces the Newsletter Coping With Crisis, plans and provides PSP training facilitated by a roster group and develop and maintains a website which links to other organizations working with PSP ([www.redcross.dk/psp-referencecentre](http://www.redcross.dk/psp-referencecentre)).

- The Community-based Psychological Support Training Manual (<http://www.ifrc.org/what/health/psycholog/manual.asp>) is now translated to Arabic and French (the English and Spanish version already available) and is expected to be ready for distribution in the 4<sup>th</sup> quarter of 2004.
- Support to staff and volunteers, or worker support, is becoming an increasing concern for RC/RC managers, specifically in HIV/AIDS programs and in relation to complex emergencies where increasing levels of stress and burnout points to the need of a focused approach to worker support. The PSP of the Health and Care Department is part of several initiatives to introduce worker support to the organizational culture through the acceptance of stress management as a management tool and through including worker support in programming.

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

- With WHO and other key partners, the first-ever World Blood Donor Day was initiated in 2004, and this will become a key advocacy plank for boosting support for global blood safety programmes, and in providing recognition for voluntary blood donors.
- A new video “*Club 25 ...where blood donors love life*” was produced and distributed to help countries establish innovative youth programmes which help in both maintaining blood supplies and in encouraging healthy life-styles.
- In collaboration with WHO, a highly successful international colloquium in Beijing, China was organized thereby helping to provide a solid platform for the world most populous country to build a sound base for its transfusion services
- The global distribution of “*Making a difference...recruiting voluntary, non-remunerated blood donors*” (MaD) continued at a rapid rate with many local translations of the materials completed. In a joint project with WHO an additional training package has been prepared, “*Developing a Blood Donor Programme...a facilitators guide*”...a new toolkit with workshops scheduled for coming years across all regions.
- The Red Cross and Red Crescent Global Blood Advisory Panel held its third meeting and published a comprehensive set of guidelines concerning corporate governance and risk management for national societies involved in blood programmes. In the format of a Self-Assessment this document has been produced in the Federation’s four official languages and is a most useful resource to enhance efforts towards global blood safety and adequacy.

**Objective 2: Remain the world’s leader in First Aid, enabling individuals and families around the world to protect and save lives.**

**Achievements**

**Have re-valued and marketed First Aid as a strategic response to social needs.**

- Preparation and promotion of the launch for the 2004 World First Aid Day to be held on September 11, 2004 was carried out. It is expected that this year participation will rise from 115 National Societies to over 140. Reports on individual country activities and results in 2003 are available on the web at: [http://www.ifrc.org/meetings/events/firstaid03/world\\_news.asp](http://www.ifrc.org/meetings/events/firstaid03/world_news.asp).
- Phase II of the European Road Safety Campaign was concluded on April 7<sup>th</sup>. A special event was held in Berlin to celebrate its success in building local and international partnerships and in reaching children across 26 countries with its message “You have only one life... so take care”. A specific web site [www.1-life.info](http://www.1-life.info) is available. Negotiations with sponsors for a third phase in 2005 are underway.
- Collaboration continues with the WHO on the Plan of Action integral to the Cooperation Framework signed in 2002; Work has been completed on the guidelines for pre-hospital care. The reference document for harmonisation of First Aid techniques has been completed and is being published. Support was provided for the World Congress on Injury Prevention and Safety Promotion (June, Vienna 2004). Austrian Red Cross was a member of the National Organizing Committee. More information on the conference available at: [www.safety2004.info](http://www.safety2004.info).

**Have supported the development of innovative First Aid knowledge sharing for training/product services.**

- 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 document 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). This project is supported through in-kind services of Novasys and Alis Technologies in Canada. Novasys also collaborates with the Canadian Red Cross on a First Aid in schools project.
- Two *First Aid Networks* newsletters were published and distributed in 4 languages.
- Provided on-going support for the reinforcement of the Regional First Aid Networks of national societies in Europe, Asia, and the Pacific. Supported individual national societies worldwide in the development of their First Aid programmes. Facilitated the establishment of a new Protocol of Agreement with the French Red Cross for the European Reference Centre for First Aid Education, on its move to Paris.
- Finalised development, in collaboration with representatives from over 30 countries, the Red Cross and Red Crescent reference for the worldwide harmonisation of First Aid techniques within the Red Cross and Red Crescent (to be published early 2004).

**Have mobilized support and resources to build First Aid strategic partnerships.**

- Approaches to establishing an International First Aid Partnership has been advanced through negotiations with Nokia and Laerdal Sophus, in collaboration with the Finnish and Danish National Societies, to develop opportunities for international partnerships on First Aid information dissemination via mobile phone, and the joint development of new educational approaches for First Aid – activities to be financed by the companies. Mechanisms for commercial engagement through international channels have been explored, the preferred approach being to have a National Society company take the lead and act as the “commercial agent” on behalf of sister societies that would like to be represented in any commercial initiative. This approach is now being explored with German Red Cross for the distribution of a First Aid Travel Kit.
- In-kind resources emerge as the main investment interest of companies, with some cash investment available to support meeting/travel expense of other parties.
- The global First Aid Training Service agreement with UNHCR has grown with local contracts now in around 20 countries. The development of guidelines for its further implementation is agreed.
  - AFRICA (3): Guinea-Bissau, Sierra Leone, Kenya.
  - AMERICAS (2): Belize, Costa Rica.
  - ASIA (4): Cambodia, East-Timor, Pakistan, Sri Lanka.
  - EUROPE (5): Armenia, Belgium, Bosnia Herzegovina, Tajikistan, Russia.
  - MENA (2): Iran, Yemen.

The possibility of developing a similar agreement with WHO has been discussed with its Dept. of Injuries and Violence Prevention.

**Objective 3: Improve the response to international Public Health in emergencies [PHiE and WatSan].****Have provided leadership, coordination tools & guidelines required to support a quicker and better response to public health in emergencies, with a smoother transition to reconstruction and rehabilitation.****Achievements: Public Health and Water and Sanitation in Emergencies:**

- New types of disasters and trends: the Federation needed to adjust its global strategies and preparedness to new emergency challenges during 2004.
- Further workshops have taken place in the first half of 2004 to streamline and adapt the WatSan and Health ERU equipment packages and standards to ensure efficient joint deployments with improved utilization of Regional Disaster Response Teams (RDRT).
- Fed Net web pages on Health and Public Health in Emergencies [PHiE] and Water and Sanitation [WatSan], have been developed, complementing information on the DMIS, especially the non-emergency parts. Until

further notice the Fed Net can be utilized by the Red Cross and Red Crescent only.

- Medical logistics in emergency operations is a weak area and efforts are made to improve and standardize quality control and procedures. Part of this standardization effort is made through the Emergency Items Catalogue, frame agreements and establishment of a more accurate knowledge of rules and regulations among the major operators. Basic information is now posted on the DMIS.
- “*The ICRC – Federation Emergency Items Catalogue*” will ensure a better coordinated and standardized international emergency response worldwide. Drugs, medical items and equipment, including the ERU system, food supply etc are becoming standardized throughout the Movement. A consultant has been working on this for one year, where many national societies have been repeatedly consulted. The final version will be available 2004, but the first draft is available at [www.redcross.int/en/eric/eric/index3.html](http://www.redcross.int/en/eric/eric/index3.html)
- Developed close working relationship with WHO/HAC [Humanitarian Aid Coordination, previously WHO/EHA]. WHO/HAC is developing a realistic sense of “working with partners” – like the Federation - to be complementary in Disaster Preparedness as well as in response. HAC has representatives in nearly all disaster prone countries world wide.
- IASC TF on HIV/AIDS in Emergencies, where the Federation has been very active, has produced inter agency “*Guidelines for HIV/AIDS interventions in emergency settings*”.
- Interagency Evaluation on RH programmers in Refugee and IDP settings is ongoing. This interagency effort will highlight the efficacy of various RH programmers run by a multitude of NGOs and agencies. The evaluation will take one year and a consultant has been hired to do this.
- Support in development of the updating of the SPHERE standards and its health and water and sanitation chapters. In particular, the health chapter was weak in some areas and that has now been upgraded considerably in the 2004 version.
- Inter agency efforts on creating assessment methodology standards, where the Federation took some initiatives and consultative meetings.
- “*Environmental Health in Emergencies and Disasters*” produced by WHO, the Federation, HCR and ISDR.
- Federation Food Basket Calculator [FBC] and its Distribution Module [DM] CD-ROM. The FBC part is now undergoing “cleaning up” to facilitate utilization. As a direct complement to the FBC, the DM has been developed to facilitate distribution and to keep track on what is in the pipeline – and what is needed to complement it. The DM needs field testing, planned for early 2004.
- “*Public Health Guide for Emergencies*” and the “*Water and Sanitation Mission Assistant*” CD-ROM have turned into a best seller and several hundreds have been sent out to non-Red Cross and Red Crescent consumers, apart from that the document is available from DMIS for the movement. The Water and Sanitation CD Rom will be revised and upgraded at the end of 2004.

**[Contributions list below; click here to return to the title page and contact information.](#)**

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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## CASH

REQUESTED IN APPEAL CHF ----->				4,428,877	TOTAL COVERAGE 51.8%	
CASH CARRIED FORWARD				488,577		
AMERICAN - RC		4,531	USD	5,739	18.03.04	INTERNATIONAL COLLOQUIUM
AMERICAN - RC				3,000	04.03.04	MALARIA PUBLICATION
AUSTRIAN - RC				10,000	21.04.04	BLOOD PROGRAMME
BRITISH - GOVT/DIFD GRANT 2004				300,000	29.01.04	
FINNISH - GOVT/RC		125,000	EUR	192,000	01.06.04	HEALTH AND CARE
FINNISH - GOVT/RC		20,000	EUR	30,720	01.06.04	HEALTH OFFICER
GERMAN - RC		600	EUR	945	22.03.04	GOOD PRACTICE GUIDE
ITALIAN - RC		180,000	EUR	280,710	03.05.04	TRAINING ACTIVITY
NORWEGIAN - GOVT/RC		3,300,000	NOK	620,400	14.05.04	HEALTH & CARE, HIV/AIDS, INFECTIOUS DISEASES
PRIVATE DONORS				2,867	08.04.04	
SUB/TOTAL RECEIVED IN CASH				1,934,958	CHF	43.7%

## KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
USA	DELEGATES			73,200		
GREAT BRITAIN	DELEGATES			68,200		
CENTER FOR DISEASE CONTROL	DELEGATES			73,200		
DENMARK	DELEGATES			73,200		
WHO	DELEGATES			73,200		
Note: due to systems upgrades in process, contributions in kind and services may be incomplete.						
SUB/TOTAL RECEIVED IN KIND/SERVICES				361,000	CHF	8.2%

## ADDITIONAL TO APPEAL BUDGET

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT

# Health & Care

ANNEX 1

APPEAL No. 01.98/2004

## PLEDGES RECEIVED

02/07/2004

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