

ANNUAL REPORT



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

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In Brief

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(click here to go directly to the attached list of contributions).

This Annual Report reflects activities implemented over a one-year period; they form part of, and are based on, longer-term, multi-year planning. 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, please access the Federation's website at <http://www.ifrc.org>

For further information please contact: Dr. Bruce Eshaya-Chauvin, Head Health & Care Dept; phone Tel. :+41-22-730 486; email: bruce.eshaya-chauvin@ifrc.org

Also, click here for a more detailed list of Health and Care team members in Geneva.

Context, and overall analysis of the program

Years ago, health was considered to be a side effect of a good economy. Today, there is consensus that health and development are intimately interconnected. Ill health is a drain on societies while investments in health can be concrete inputs into economic development. In low-income countries, improving people's health may be one of the most important determinants of development. Efforts to reduce poverty are undermined by disease and any serious attempt to stimulate economic and social development must successfully address the burdens caused by HIV/AIDS, tuberculosis, malaria and non-access to water and sanitation.

At the national level, the greatest achievements in health can be made by focusing on the health of the most vulnerable. Red Cross and Red Crescent national societies focus on bridging the gap that exists between national health services and the most vulnerable. National societies are important actors in providing social welfare services to communities, which have an important impact in the field of health. Evidence shows that social determinants such as access to safe water and sanitation and life style play a central role in defining health.

National societies are contributing a lot in the field of health and will be asked to do even more in the years to come. Domestically, health and social welfare services account for the largest portion of national societies' resources. Internationally, health is a major component of most ad hoc emergency appeals. Collectively, Health and Care is the largest single programme area for the Federation and national societies.

The Health and Care Department of the Federation Secretariat enhances this work by creating policies and tools, defining strategies, building partnerships, advocating and offering operational support to national societies. At the heart of achievements in 2004 was the scaling up of comprehensive programs against HIV/AIDS including development of programs on care and antiretroviral therapy for people living with HIV/AIDS (PLWHA); the development of a strategy that links bed net distribution for prevention of malaria to measles vaccination campaigns, and the involvement of Federation as a member on the Stop TB Coordinating Board, an expansion and refocusing of Water and Sanitation with the Global Water and Sanitation Initiative (GWSI), and a new focus on provision of potable water for PLWHA.

The work of national societies is at the heart of reaching the goals set out by international organizations. The recruitment of volunteers in civil society, first aid training, and the promotion of voluntary blood donation are traditional Red Cross/Red Crescent activities — and an essential part of what sustainable development calls “social capital”. The Millennium Development Goals have captured the major challenges in health and the International Federation is present in most of them. Ministries of Health and the World Health Organization cannot achieve these goals alone. Their achievement will require the involvement and partnership of civil society. National societies have an important role to play to this end, thanks to their unique networks of well trained volunteers, active in their communities throughout the world.

The preceding words were written before the Tsunami events of December 26th 2004 mobilized national societies volunteers from the very first hours of the disaster. These volunteers who assisted their communities during the emergency are the same who provide ongoing services to their vulnerable population.

Health and Care within the Federation

The International Federation’s mission is to improve the lives of vulnerable people by mobilizing the power of humanity. The Federation of Red Cross/Red Crescent Societies is the world’s largest humanitarian organization, and its millions of volunteers are active in over 181 countries, serving over 233 million vulnerable people each year.

The most vulnerable people are those who are at greatest risk from situations that threaten their survival or capacity to live an acceptable level of social and economic security and human dignity. They are victims of natural disasters, conflict, displacement, or health emergencies.

The Federation’s action is focused on four core areas: disaster response and preparedness, long term health and care in the community and the promotion of humanitarian values and principles. While distinct, the Federation’s core areas are highly interdependent in reality. Long-term health increases community resilience during disasters. The promotion of humanitarian values and principles paves the way for long-term health, fighting discrimination against people with disease.

The Federation continues to build partnerships with regional and international institutions to address global health issues and to build on national societies comparative advantages and capacity to complement their national and local efforts. The International Partnership against AIDS in Africa, the WHO-led Stop TB (Fernanda Texeira), the Measles Partnership and the Roll Back Malaria Partnership will specifically be used as frameworks for joint experiences in pilot countries.

The Federation has formal agreements with several organizations for cooperation, such as with the Joint United Nations Programme on HIV/AIDS, WHO’s Eastern Mediterranean Regional Office, WHO’s South-East Asia Regional Office, the Pan American Health Organization, United Nations Population Fund, as well as organizations like GNP+ and the OPEC Fund. Cooperation with other relevant organizations includes the United Nations Office on Drugs and Crime (UNODC).

Health and Care in the Community is a cornerstone of the Federation’s work towards improving the lives of the vulnerable. Infectious diseases kill 13 million people every year, and the combined effects of HIV/AIDS, tuberculosis, malaria, and water and sanitation-related diseases cause more death and destroy more livelihoods than natural disasters and conflicts together. The lack of information and access to services for three billion people living on less than US\$2 per day means they suffer disproportionately. Recognizing that poor people value good health as one of their most important assets, the great majority of national societies’ services worldwide are centred on improving the health of vulnerable people.

Recognizing that health is a critical input to development, a fundamental right, and a foundation for human security, over 50 per cent of the Secretariat's programmes budget is set aside for Health and Care Department activities.

The health and care priorities of National Societies

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. These areas include: HIV/AIDS and other infectious diseases, first aid, international public health in emergencies and vaccine preventable deaths.

- HIV/AIDS is a major health priority and includes home care programmes for people living with HIV/AIDS, support for AIDS orphans, and risk mitigation among displaced populations. National societies are involved in information dissemination and awareness building, HIV/AIDS advocacy and anti-stigma campaigning at the local, national and international levels. A model was developed that guides national societies in the provision of care and antiretroviral therapy for People Living with HIV/AIDS (PLWHA). Selected national societies in hard hit countries have already developed 5 year project documents for implementation in close collaboration with their Ministries of Health and other partners.
- Malaria is one of the most devastating global public health problems causing about one million deaths and 300 to 500 million cases yearly. In Africa 3.000 children under 5 years of age die everyday from malaria. National societies provide community education on preventing and treating malaria, distribute insecticide treated mosquito nets, and take specific measures to limit the incidence of malaria among displaced populations.
- Measles and polio: Prior to 2000, measles killed nearly one million children each year, making it the deadliest preventable childhood disease. In 2004, WHO announced an unprecedented 47% reduction in measles deaths in Africa due to massive vaccination efforts of the Measles Initiative. National societies play a unique role in measles and polio vaccination campaigns, encouraging campaign attendance through their volunteer networks. By educating and disseminating information within their communities, volunteers help ensure that every child under the age of five is vaccinated. More than 20,000 Red Cross and Red Crescent volunteers provided oral polio vaccines to more than 70 million children under the age of 5. Since its inception in 2001, the Measles Initiative has supported mass measles campaigns in more than 39 countries and vaccinated more than 169 million children.
- Tuberculosis (TB) is the single most deadly infectious disease, killing two million people each year. It is also recognized as a leading cause of death among people with HIV/AIDS. Preventing new cases of TB requires early disease detection and effective treatment. Red Cross/Red Crescent Societies contribute to this by educating and raising awareness of TB, facilitating diagnosis, and ensuring treatment compliance through social support and home based care programmes.
- First Aid is an effective and proven way to save lives, and to minimize the impact of injuries following accidents and in health emergencies. It also focuses on preventive measures, calling attention to importance of preparedness and safety. Red Cross and Red Crescent national societies continue to be leaders in first aid training and services.
- Blood services - Every day millions of lives are saved by blood transfusions. Maintaining a safe blood supply is in the interest of every public health official. While safe blood can save a life, contaminated blood can put a patient significantly at risk. National societies systems of voluntary regular non-remunerated blood donations and directly gather 30% of the more than 75 million units of blood collected annually.
- Public health in emergencies - The Federation has designed various tools and standardized, rapid, effective response systems at various levels. The Emergency Response Unit (ERU) system is widely and effectively used. The Field Assessment and Coordination Team (FACT) and Regional Disaster Response Teams (RDRT) have also been effective. These interventions fill temporary gaps or assist when basic health care system is overloaded by earthquakes, cyclones, floods, population movements, and nutritional emergencies. National societies provide quick and effective interventions to support epidemic control, referral hospitals, clinics, pediatric care, and maternal and child health care, all aiming at prevention and

care with community participation. Interagency work has produced Interagency Guidelines for HIV/AIDS interventions in emergency settings and a review of Reproductive Health programme. By our own, the Food Basket Calculator was completed.

- Water and sanitation - More than one billion people lack access to clean water and over three billion, half of humanity, do not have adequate sanitation facilities. Water and sanitation related diseases cause the death of more than 2 million people each year. National societies promote hygiene and educate communities on hygiene practices linked to provision of sustainable safe water supplies. They also provide over 1 million people in impoverished communities and victims of disasters with more of 30 million litres of water per day.
- Women and child health - In developing countries, approximately 12 million children die each year from preventable diseases before the age of five. More than 1,600 women die every day from pregnancy and childbirth-related complications. National societies improve maternal and child health in vulnerable communities through youth education on HIV/AIDS, advocacy on reproductive health in emergencies, by protecting women from female genital mutilation, promoting breast feeding, developing home care management policies, and reducing mother to child transmission to HIV.
- Psychological support - The overall objective of the Federation Psychological Support Program is to assist the components of the Red Cross and Red Crescent Movement to increase awareness regarding psychological reactions in the aftermath of disaster or social disruption, to provide timely psychological support, to restore community networks and coping mechanisms, and to promote emotional assistance to staff and volunteers in order to deal with stressful situations.

The Federation Centre for Psychological Support, in accordance with and in support of the Federation's Psychological Support Program, aims to enable national societies in particular to understand, and respond better to, the psychosocial needs of vulnerable groups. Technical advice (including assessment and training), as well as programme support, is provided to national societies on how best to integrate psychosocial care in (a) disaster preparedness and response, (b) complex emergencies and refugee situations, (c) areas of community health, social welfare and youth.

Strengthening National Societies

The Secretariat capitalizes on its unique network of national societies, to pool expertise, provide technical advice, support fundraising, and for donor management, and advocacy in the international arena. The Health and Care Department supports national societies' health activities by: developing health policies and tools, by building partnerships, identifying and developing regional health strategies, advocating for health priorities in the regional and international arenas, and by supporting interventions operationally. The larger objectives set by the Millennium Goals and Agenda 21 guide all Federation activities. Ensuring that development reaches all is a major political commitment. The eight Millennium Development Goals related to health include: eradicate extreme poverty and hunger, achieve universal primary education, promote gender equality and empower women, reduce child mortality, improve maternal health, combat HIV/AIDS, malaria and other diseases, ensure environmental sustainability, develop a global partnership for development. Economists widely agree on the importance of investing in health, emphasizing that "health is good for development and development is good for health".

Regional health strategy

This strategy aims at identifying key regional issues and priorities and coordinates efforts to address them. The Department helps locate skills and expertise within the network, and links them to the needs of other network members. Defining a regional health strategy is important in bringing about long-lasting change, and in ensuring that programmes are carried through effectively and coherently.

The Secretariat supports national societies in:

- Developing water and sanitation in the Americas - The provision of safe water and sanitation has been a major priority in emergency response in the Americas and remains an important part of the long term efforts in communities even before disasters strike. In 2004, "Water and Sanitation in the Americas – A Way Forward," a strategy for National Society involvement in implementing long-term water and

sanitation projects in the Americas was developed. This strategy orients future activities of national societies in the region, placing a greater emphasis on developing local water and sanitation infrastructure in a developmental context. It also assists national societies to scale-up Water & Sanitation activities to reach the Millennium Development Goals (MDG).

- Harmonizing First Aid in the Middle East and North Africa - The Middle East and North Africa region standardized its first aid training curriculum to integrate it to other relevant programs, health priorities and volunteer mobilization. The region's 2005 - 2010 health strategy efforts for its 14 national societies, focuses on sharing existing first aid training, skills, and experience in addressing public health emergencies, natural disasters and first aid needs. Insights and lessons learned from other regions assisted in the development of a medium to long term strategy for First Aid and Community Based First Aid in the region. The Arabic version of the manual on First Aid in the Community was revised. An international CBFA network has been set up with working groups focusing on different tasks to continually improve CBFA country programmes.
- Reducing harm in Europe and Central Asia – A regional harm reduction strategy for Europe and Central Asia was defined. This region is experiencing the world's fastest growing HIV/AIDS epidemic with the vast majority of the 1.5 million people infected among young injecting drug users. Harm reduction programmes offer efficient and practical measures to help injecting drug users lessen the harm they are exposed to, including HIV/AIDS infection. In developing a regional harm reduction strategy, 15 Eastern and Central European national societies linked with the Italian Red Cross. Since 1976, the Italian Red Cross and its foundation at Villa Maraini has worked to improve the lives of over 25,000 intravenous drug users, supporting them through their addiction and preventing the spread of infection by improving access to sterile injection equipment, health education and psychological support. This regional Harm Reduction Strategy provides national societies with approaches for their own programmes and has spurred a significant scale-up in harm reduction operations in the region.
- Tuberculosis – For the last 5 years Red Cross and Red Crescent national societies mostly in Europe are actively involved in tuberculosis projects. The main objective was to develop the best model supplementing National TB Programs addressing the TB at community level. The following six proven strategies for addressing the key challenges in TB control. These strategies are: mobilizing communities, using patient incentives and enablers, home care and psychological support, addressing issues of stigma and discrimination, strengthening laboratory and drug management, fostering partnership between public and private agencies and integrating TV-HIV programs. In more than 13 countries National Red Cross and Red Crescent Societies are successfully implementing these strategies in close collaboration with National Tuberculosis Programmes and other major partners.
- Defining an HIV/AIDS Strategy for South Asia - Globally the HIV/AIDS pandemic is by magnitude and impact parallel to no other epidemic in human history. South Asia is home to 1.4 billion people, representing a quarter of the total population in the world. The socioeconomic factors, such as high deprivation level, human trafficking, population movement and porous borders increase the HIV/AIDS epidemic impact on vulnerable populations at an alarming rate. Strengthened commitment at country and regional strategies are required in the overall regional response. The Secretariat provided the overall framework and commitment to massively scale up its global efforts to fight the epidemic.

Based on the lessons learnt from the experiences of working with different partners, and with the Southern Africa regional HIV/AIDS programme, the South Asia region developed its strategy which incorporates a step by step approach tailored to the specific needs of groups vulnerable to HIV/AIDS. The Swedish Red Cross and the South East Asia regional WHO office have been the key partners for technical and human resource support. Afghanistan, Bangladesh, India, Nepal, Pakistan and Sri Lanka are the six national societies are building their capacities to effectively 1) deliver peer education and life skills development among young people, 2) improve the quality of life of persons living with HIV/AIDS and their families through care and support including anti-stigma and anti discrimination activities, and 3) promote voluntary non-remunerated blood donation.

- Controlling malaria in Africa – A malaria strategy for Africa, where over 90 per cent of the world's malaria mortality occurs was developed. The strategy adheres to international malaria standard practices and commits African national societies to advocate and support malaria control as an integral part of their

community health programmes. It focuses on the specific “niche,” of volunteers and their potential to strengthen community level efforts and commits national societies to work in partnership with national Roll Back Malaria committees and regional CORE NGO Malaria Networks (EARN, SARN, CARN, WARN). National societies are encouraged to increase their involvement in Country Coordination Mechanisms (CCM) and benefit from GFATM funds to country malaria programmes. National societies and the Federation have engaged operationally in demonstration projects in Ghana (2002), in Zambia (2003) and in Togo (2004). These have led to the formulation of the UNICEF-WHO Joint Statement “Malaria Control and Immunization: a sound partnership with great potential”.

- Malaria, ITN distribution in Zambia – In a massive ITN distribution in Zambia in 2003, the Zambian Red Cross mobilized 1,800 volunteers, registered 89,000 children under 5 years of age and helped distribute more than 77,500 mosquito nets. Results achieved were highly successful with a 343 per cent increase in mosquito net ownership and a 16 per cent increase in measles vaccination. A smaller effort in 2004 involved Zambian Red Cross volunteers in distributing 15,500 mosquito nets and educating community members on the control of malaria.

These efforts demonstrate the effectiveness of tackling large scale malaria interventions on measles campaigns in order to achieve rapid and substantial decline in malaria cases and deaths.

Global advocacy

Advocacy is essential to the work of the Red Cross and Red Crescent national societies around the world, as a way to prompt and enable long lasting change. By sharing their experience in health and care and bringing to the forefront the issues that affect them most, the Federation advocates on these issues with the United Nations and other international organizations.

- Marking World AIDS Day - To mark the 10th anniversary of the principle of greater involvement of people living with HIV/AIDS (GIPA) on 1 December 2004, the International Federation and the Global Network of People Living with HIV/AIDS (GNP+) conducted a joint project in which people living with HIV/AIDS evaluated GIPA in action. The project reflected on the current status of GIPA and what can be done to improve its implementation. Several Red Cross/Red Crescent people living with HIV/AIDS took part in the project and their reflections were published on websites linked to the GNP+ and to the Federation’s special World AIDS Day site. There was continued support for the theme of the “The **truth** about AIDS.... **Pass it on**” campaign, intended to reduce AIDS related stigma and discrimination. Two Newsletters profiled national and regional anti-stigma activities and a Communications Pack for World AIDS Day was distributed. The Communications pack launched the second phase of the stamp campaign, ‘You CAN get HIV!’ and included a set of posters highlighting the Federations partnership with GNP+ at international, regional and national levels. This partnership was also profiled through a highly successful interactive booth at the XV International AIDS Conference in Bangkok, Thailand mid-2004
- Defining a common voice in HIV/AIDS - With growing momentum to address the global HIV/AIDS crisis, the number and range of committed non-governmental organizations increased considerably. But the quality of programming and the unity of the non-governmental organizations (NGO) ‘voice’ in HIV/AIDS response has remained weak. The Federation addressed this challenge by hosting the HIV Code of Good Practice on behalf of 12 NGOs. Also known as “Renewing our Voice,” the code of practice outlines NGO’s advocacy agenda and the shared principles for action in HIV/AIDS. It serves to strengthen accountability and to define a shared vision for scaling up responses to the pandemic.

The Health and Care staff managed the development of the Code of Good Practice, assisted in the consulting process, and shared the priorities of national societies around the world. The Code of Good Practice was immediately endorsed by 160 NGOs and by five national societies. The Code will help national societies improve the quality and cohesiveness of their HIV/AIDS work, as well as strengthen their accountability to partners and beneficiaries. The Federation’s advocacy efforts and work with people living with HIV/AIDS will also be enhanced by the public endorsement and implementation of the Code’s principles.

- The Masambo Fund - Conscious of the unprecedented challenge HIV/AIDS poses in terms of organizational continuity, the Federation created the Masambo Fund in 2003. The Fund is named after a long-serving Zimbabwean Red Cross volunteer and aims to provide access to lifesaving drugs, including anti-retroviral therapy to Red Cross/Red Crescent staff and volunteers living with HIV/AIDS. The Fund is financed through voluntary contributions from national societies, Federation employees, and private donations.
- Recognizing voluntary Blood Donors - World Blood Donor Day is dedicated to the unsung heroes who donate their blood voluntarily every year. Millions of people owe their lives to people they will never meet – people who donate their blood freely and without any reward. The Federation organizes World Blood Donor Day every year, in partnership with the World Health Organization, the International Federation of Blood Donor Organizations and the International Society of Blood Transfusion. national societies are encouraged to participate in this event by preparing a press kit and distributing information to create wider awareness of the importance of voluntary blood donation and to encourage more people to become regular blood donors. In 2004, more than 70 countries participated in World Blood Donor Day.
- Advocating for safer roads - Every year, approximately one million people die in traffic accidents across the world and a further 20 million are injured or disabled. In 2004, the Federation conducted the second phase of the European Road Safety Campaign. Organized by the European national societies, the campaign seeks to save lives on European roads by influencing the behavior of road users, especially the young. The campaign focused on children aged between 7 and 10 years old, raising awareness of 750,000 children in this age bracket. Following the campaign, the Federation launched a Good Practice Guide on Road Safety and First Aid for children. This guide presents 36 practices that have obtained positive results in terms of Road Safety for children and the instruction of First Aid. The guide can be adapted by national societies and available in 13 languages.
- The 6th Pan African Conference - held in Algiers from 8-13 September 2004, under the theme “Consolidating our Red Cross/Red Crescent role as a reliable and an effective civil society partner”, marked an opportunity to open dialogue between African national societies and their partners around the world. The Algiers Conference, with its inclusive welcoming of observers from civil society, the private sector, UN and other organizations, national societies from other continents, and some governments underlined the critical value of forging new links between African national societies and other partners. They discussed ways to better utilize differing strengths and capacities, to optimize the use of available resources, and to have more effective action towards achieving the Millennium Development Goals.
- Celebrating Africa malaria day - Africa Malaria Day 2004 marked the fourth anniversary of the Abuja Declaration when 44 malaria-afflicted countries in Africa in 2000 agreed to halving the world’s malaria burden by 2010. People across Africa celebrated Africa Malaria Day on 25 April, raising awareness and spurring action against malaria and paving the way for a malaria-free future. National societies were made aware of the events and encouraged to participate in their national celebrations. The theme “A Malaria-Free Future” and the slogan “Children for Children to Roll Back Malaria.” were major themes. The main events were held in the Matam region of Senegal, an area that has suffered greatly from malaria. The Senegalese Red Cross participated in World Malaria Day events through mobilization of its volunteers to distribute 6,000 free mosquito nets to children under five and to pregnant women in the Matam region.
- Advocating for polio eradication - While 210 countries are polio free, successful eradication of the highly contagious virus requires the participation of all countries and a focus on more support and understanding are needed from parents, government officials and community leaders to reassure communities that vaccination is safe and effective. Regional drives to eradicate polio in countries where it continues to be a problem were supported. National societies of Burkina Faso, Mali, Niger, Nigeria, Ivory Coast, Congo, Chad and the Democratic Republic of Congo participated in up to three rounds of national immunization days (NID) in their countries. National societies focused their efforts in selected districts with the most vulnerable and hard to reach children.

Partnership building and coordination

The Health and Care Department works to build partnerships for lasting change. Partnerships between the Federation and external actors — from United Nations agencies to local community groups — greatly enhance

the quality of interventions and responses. The Federation also improves its effectiveness by coordinating the work of its member national societies. Partnerships allow the Federation to pool its skills and expertise with those of other actors and to draw on the technical and financial resources of its partners to complement abilities and resources.

- Collaborating with the United Nations on HIV/AIDS - The Federation furthered its role as a UNAIDS collaborating centre with new initiatives to decrease stigma and discrimination against people living with HIV/AIDS. Partnerships were created between regional HIV networks in the Middle East, North, West and Central Africa, Western and Eastern Europe, and the Caribbean, as the basis for joint campaigning. In October 2004 the International Federation's office in Trinidad signed a Memorandum of Understanding (MoU) with the Caribbean Regional Network of People living with HIV/AIDS (CRN+). This partnership will focus on reducing HIV/AIDS-related stigma and discrimination and on improving the quality of life of PLWHA in the Caribbean. The Red Cross/Red Crescent AIDS network for Youth-West Africa (RANY-WA) met with Federation Secretariat representatives and PLWHA to draft new terms of reference and rename the network to Red Cross/Red Crescent AIDS Network for West and Central Africa RAN-WAC. The West African network of PLWHA was represented and actively involved at this historic meeting by Léiliane M'boa Corcher, the President of the West African network of PLWHA.

As an UNAIDS collaborating centre, the Federation Secretariat held an HIV/AIDS Communications session called 'HIV/AIDS: Giving it the coverage it deserves' on 12 November 2004. More than 35 Information Delegates and Officers from the Federation's Regional Delegations and national societies around the world were the primary audience of the day-long session and media, public relations professionals from Geneva-based UN agencies, and other international humanitarian agencies attended.

- Partnering with the measles initiative - Since 2001, the Red Cross led Measles Initiative Partnership has supported mass campaigns in more than 39 countries in Africa and vaccinated more than 169 million children. As a result, in 2004, the World Health Organization reported an historic 47% decline in measles mortality in Africa. The Federation demonstrated its collaboration with the Measles Initiative through its annual measles and polio appeal which enabled eight national societies to implement community social mobilization for nationwide measles campaigns in Africa.

2004 Campaigns:

	Targeted vaccinations	Deaths averted/year
Niger	5,071,149	7,996
Cote d'Ivoire	8,242,913	7,861
Madagascar	7,780,296	13,490
Mali		6,238
Mauritania	1,167,307	904
Burkina Faso	2,858,536	6,690
Ethiopia	7,422,074	26,622
Togo	887,688	3,064
Chad		
Liberia	1,344,000	1,996
DR Congo	8,604,754	21,620
Gabon	502,959	1,517
2004 Total	43,881,676	97,998

- Coordinating Tuberculosis (TB) programmes in Eastern Europe - While progress in global TB control has been remarkable, the disease continues to kill two million people each year. To reach the global TB targets, much more needs to be done. In 2004, the Federation collaborated with the STOP TB partnership and was selected as a member of the Stop TB coordination board, representing non-governmental organizations and technical agencies. Support was also provided to the Russian Red Cross Society's membership in 2004. The partnership will further national societies efforts in TB eradication by including them in the Second Global Plan to Stop TB which sets out activities for the years 2006-2015. The

Federation and national societies are well recognized by TB partners at country and international levels. Other partnerships with Eli Lilly, Gorgas Foundation of Alabama University, and the Global Fund against AIDS, TB and Malaria in Myanmar and Romania were established or strengthened.

- Mobilizing the private sector against malaria - In Angola malaria is the major public health problem and the primary cause of morbidity and mortality. Annually 1.4 to 2 million cases and about 11,000 malaria deaths are reported each year. A partnership between the Angola Red Cross and ExxonMobil enabled the Angola Red Cross to implement a project focused on community education and distribution of mosquito nets. More than 16,000 mosquito nets were distributed free of charge. In a similar effort and building on the successful pilot project in Zambia in 2003, the Zambia Red Cross with financial support from the Canadian Red Cross and the Canadian International Development Agency (CIDA) distributed 15,500 insecticide treated mosquito nets and provided community education in the prevention and control of malaria during 2004.
- Responding together to public health emergencies - In today's interconnected world, the rapid identification, confirmation and response to disease outbreaks in one region is essential for health security everywhere. Combating the spread of outbreaks such as SARS, Ebola and the Chicken Flu is of international importance. For this reason, World Health Organization developed the Global Outbreak Alert and Response Network (GOARN). The Network connects human and technical resources and helps ensure that the international community is constantly alert to the threat of outbreaks and ready to respond in an effective and coordinated manner. The Federation joined the Network in 2004 to enable real time information on emerging outbreaks and response mechanisms. This will improve the quality and speed of National Society interventions in public health emergencies.
- Joining "Health action in crisis"- Between 2003 and 2004, over 50 countries experienced sudden natural disasters, violent conflicts, population displacements, economic collapse and the slow breakdown of social institutions. In times of crisis, national systems are overwhelmed and unable to meet the basic needs of those they serve. Without crisis preparation, focused efforts at mitigation, and coordinated response with strategic partners, people incur increased risks to their health, excessive suffering and high death rates. For this reason, World Health Organization created Health Action in Crises (HAC), a three-year program emphasizing better health preparation and coordinated crisis response. The Federation will work with HAC to build and maintain effective coordination in technical and programme issues. The impact on national societies operating in countries in crisis is significant and has already been demonstrated in Chad with information from HAC, the Chad National Society was able to obtain important epidemiological data on Darfur and to anticipate the needs of refugees flowing into camps in Chad. A similar process was started for the Tsunami operations in late December.
- Psychological support – A second agreement between the International Federation of Red Cross and Red Crescent Societies and the Danish Red Cross has been signed in regards to the structure, funding and management of the Federation Reference Centre for Psychological Support. The common purpose of the Parties is to establish a financially sound and well-managed Federation reference centre, which is able to effectively deliver high quality programs and services to all interested national societies. According to the previous cooperation agreement between the Federation Secretariat and the Danish Red Cross, the tasks of the Centre were supposed to be fully integrated into the Federation's Secretariat and delegations' structure by 2005. However, by the end of 2003 it became clear that the Federation Secretariat would not take over the activities of the Centre. Rather, the current policy of the Federation is to encourage the member national societies to develop and establish in partnership with the Federation, so-called 'Centres of Excellence', on relevant subjects to serve the needs and interests of all national societies. Based on a common concern for ensuring adequate capacities of the Centre to deliver quality services, and in the spirit of solidarity and complementarity, the Partners have agreed that a coherent and well-coordinated approach is required.

Operational tools and policies

The Health and Care Department produces tools and policies that are used by national societies. Developed with national societies for national societies, these tools and policies benefit from the expertise of people around the world. They capture lessons learned throughout the network and achieve a common work standard, letting national societies focus on implementation and not on health policy and tool development.

- Making a difference in blood services – The challenge in blood service delivery is to ensure a safe and sustainable blood supply through the recruitment and retention of voluntary, non-remunerated blood donors. The Making a Difference Toolkit addresses this challenge. Created by the Federation, the Toolkit serves as a framework for developing national policies on safe blood. The Secretariat complemented the Making a Difference Toolkit with case studies to guide discussions with government officials and as a training manual for those engaged in blood donor recruitment. The Toolkit is used to mobilize donors and communities to promote voluntary, non remunerated blood donation, recognizing that regardless of one’s role in blood services, one can make a difference.
- Involving communities for better health – Research and practice show that participatory methods have succeeded where other strategies have failed, bringing with them, and renewed sense of community, deeper learning, and the buy-in and sustainability of projects. The “Guidance Note and Toolkit” developed to accompany the Participatory Hygiene and Sanitation Transformation (“PHAST”) manual has been well received.
- Participatory hygiene and sanitation transformation (PHAST) – The PHAST methodology, developed by the UN & WHO encourages a participatory approach to water and sanitation projects, involving community groups first hand in discovering the routes of water-borne diseases, analyzing their behaviours and planning how to block contamination routes. By allowing communities to find answers to their own problems, the PHAST methodology helps more effectively promote hygiene, sanitation improvement and community management of water and sanitation facilities. The Guidance Notes and Toolkit are intended to enable national societies involved in water and sanitation projects to better use the methodology and make it more user-friendly for vulnerable communities. The manual was also adapted to emergency situations where “PHASTER to undergo field testing and work as the basis for using the methodology in the disaster context.
- Finding common denominators in First Aid – The Federation launched the first-ever Reference book on the recommended practices of First Aid. Tens of millions of lives are saved each year by first aid administered by neighbours or bystanders to victims of accidents or disasters. The Reference seeks to ensure the acceptance of common principles by those who develop first aid training, and to promote their implementation by those who perform first aid as professionals or bystanders. The Reference was developed with expertise of international first aid actors, with key inputs from the International Committee of the Red Cross and the World Health Organization. The Health and Care Department facilitated the sharing of experiences in first aid and in building the consensus. Distributed to all national societies, the Reference is expected to become an important tool in improving their ability to train volunteers in first aid and to harmonize life saving techniques.
- Serving a unique role in HIV/AIDS treatment – The Health and Care Department developed a model for the provision of care and antiretroviral therapy (ART) for PLWHA based on a holistic approach. The HIV/AIDS Treatment Model defines the unique role that national societies can play in assisting people living with HIV/AIDS in a comprehensive manner including ART, nutrition, education and psychological support. Recognizing the importance of a standardized and coordinated response to the HIV/AIDS epidemic, the treatment model suggests ways in which national societies can partner with medical institutions providing HIV/AIDS treatment and the mechanism for coordinating the efforts of different players. Red Cross/Red Crescent volunteers can improve access to treatment through anti-stigma campaigning, by facilitating HIV/AIDS testing and by educating communities. Through home based care programmes, volunteers can support the treatment process, ensuring that patients appropriately adhere to treatment and that they have the water and nutrition they need to remain healthy. The model also captures approaches for increasing the awareness of the communities on ART and enhancing their support for PLWHA. The Model will guide national societies looking at expanding their HIV/AIDS programming, and will broaden the Federation’s impact on HIV/AIDS.
- Development of projects on the provision of care and ART for PLWHA in Africa – The Health and Care Department helped six national societies (Namibia, Zambia, Zimbabwe, Kenya, Uganda and Ethiopia) to develop comprehensive project documents for the provision of care and ART in collaboration with Ministries of Health. The projects are based on the model, developed by the Federation which outlines ways in which national societies add the greatest value in the spectrum of activities related to anti-

retroviral treatment. By implementing these projects, care, ART and psychosocial support will be provided to 30,000 people living with HIV/AIDS over a 5 year period. With time, the programs will be systematically expanded to other countries globally.

- Improving the lives of people living with HIV/AIDS – For people living with reduced immune systems, access to safe water, good hygiene and appropriate sanitation can be vital. Until anti retroviral treatment is made available, simple methods of enhancing household water treatment and hygiene can dramatically improve the health and quality of life of people living with HIV/AIDS. The Health and Care Department developed a tool for integrating water and sanitation improvements in the home-based care already provided by Red Cross/Red Crescent volunteers to people living with HIV/AIDS. A piloting of this tool will commence in 2005, serving 15,000 people living with HIV/AIDS and their families in three African countries. It will determine the appropriateness of combining such activities. The tool is expected to provide valuable proof that adding water and sanitation initiatives to home based care is an effective and cost efficient way of improving the lives and health of people living with HIV/AIDS.
- Guidelines for HIV/AIDS interventions in emergency settings – These Guidelines were made possible through contributions from the International Federation of Red Cross and Red Crescent Societies and many other agencies. The purpose of these Guidelines is to enable governments and cooperating agencies, including UN Agencies and NGOs, to deliver the minimum required multi-sectoral response to HIV/AIDS during the early phase of emergency situations. These guidelines, focusing on the early phase of an emergency, should not prevent organizations from integrating such activities in their preparedness planning. As a general rule, this response should be integrated into existing plans and the use of local resources should be encouraged. A close and positive relationship with local authorities is fundamental to the success of the response and will allow strengthening of the local capacity for the future.
- Ensuring appropriate nutrition in emergencies – Ensuring a balanced diet and appropriate nutrition to fit the diverse needs of people caught in emergencies – all with the speed of emergency response – poses a great challenge for humanitarian organizations. To address this, the Food Basket Calculator (FBC) was launched. The FBC and its Distribution Module (DM) measures food ration size and composition, and assists relief workers: in planning food needs, keeping track of food distributions, and reporting quickly back to donors. Developed with Nestlé, the FBC will be complementary to the Humanitarian Logistics System (HLS) and American Red Cross relief distribution software system.

Nestlé has been partnering and collaborating with the Nigerian Red Cross Society to fight the scourge of HIV/AIDS in Nigeria, through sustained and focused education and awareness programme. This publication “Nutrition and HIV/AIDS: Basic Facts” is the outcome of Red Cross and Nestlé expertise. The brochure will complement the Food Security, Nutrition and Food Aid component of the Humanitarian Charter and Minimum Standards in Disaster Response hand book.

- Managing stress in the field – This publication has been conceived as a practical manual. The different types of stress experienced by delegates are described along with the associated symptoms. It highlights the importance of identifying and knowing personal, team and organizational resources. This second version has been adapted to reflect updated needs and experiences. It incorporates a new self assessment questionnaire at the end of the booklet. Increasing delegates’ knowledge of stress management will avoid potential risks to their psychological and physical health.
- Maternal and Child Health Care –Guidance notes for national societies – In 2004, 10.8 million children under 5 year of age died, 80 per cent of them during the infancy. Nearly all of these deaths will occur in the world’s poorest countries in sub-Saharan Africa and South Asia. Within each country, children from poorest families are most likely to die. The causes of death differ substantially from one country to another, but the leading health problems of women and children are: under-nutrition associated with infectious diseases (including malaria), the effects of multiple concurrent illnesses, and recognition that pneumonia and diarrhea remain the diseases that are most often associated with child deaths, “Effective low-cost interventions are available that can prevent two-thirds of these deaths”.

While more than half a million women die every year from pregnancy-related complications (haemorrhage, infection, unsafe abortion, high blood pressure and obstructed labour), with access to emergency medical

treatment, almost all of these women could be saved. The International Federation of the Red Cross and Red Crescent Societies is a major contributor to the achievement of the U. N. developmental goals articulated at the Millennium Summit. The Federation concurs with the notion that human development is the key to sustaining social and economical progress in all countries. With its established presence in almost every country and its broad legitimacy, the Federation is uniquely placed to play an important role in public health and in the general development of communities.

Strategy 2010 outlines how the Federation can maximize its impact on community health and well-being, the strategy and priorities proposed in Strategy 2010, ARCHI 2010, Santiago Chile –Equity and Health in the Americas, European Health Strategy, the International Federation of Red Cross and Red Crescent Societies key health and health related policies and the national societies field experience form the basis for these Maternal and Child Health (MCH)-guidance notes.

- Reproductive Health Services for Refugees and Internally Displaced Persons – Report of an Inter-Agency Working Group on Reproductive Health in Refugee Situation (IAWG) – Global Evaluation 2004 - This new report, which marks the conclusion of the interagency Global Evaluation of Reproductive Health Services for Refugees and Internally Displaced Persons. The report highlights the status of reproductive health services for refugees and internally displaced persons, identifies gaps in these services and outlines the way forward with respect to strengthening and/or expanding services. The Public Health in Emergencies team has been involved in the implementation of Components.

Operational support

In times of natural disaster, public health crisis, and large scale operations, the Federation provides direct support to its member national societies. The Health and Care Department lends its expertise in health, assessing needs, coordinating relief interventions and providing its own material and technical assistance on the ground. The Health and Care Department also liaises with donors and advocates for change with the help of the External Relations and Communications department.

Health and Care team members in Geneva

Bruce Eshaya-Chauvin
Head
Tel. +41 22 730 4862
Mobile : +41 79 705 3787
Email: bruce.eshaya-chauvin@ifrc.org

Public health in emergencies
Adelheid Marschang
Senior Health Officer
Tel. +41 22 730 4336
Mobil: +41 79 217 3384
Email: adelheid.marschang@ifrc.org

Hakan Sandbladh
Senior Health Officer
Tel. 0041 22 730 4407
Mobile: 0041 79 357 1613
Email: hakan.sandbladh@ifrc.org
Water and Sanitation
Uli Jaspers
Unit Manager
Tel. +41 22 730 4472
Mobile : +41 79 203 3339
Email: uli.jaspers@ifrc.org

Robert Fraser

Senior Officer

Tel. +41 22 730 4416
Mobile: +41 79 217 3303
Email: robert.fraser@ifrc.org

Regional responsibilities**Grace Lo**

Senior Health Officer
Asia and Pacific and First Aid Programme
Tel. +41 22 730 4351
Mobile: +41 79 308 9818
Email: grace.lo@ifrc.org

Fidel Font

Senior Health Officer
Americas/MENA and Mother and Child Health
Tel. +41 22 730 4410
Mobile: +41 79 357 1609
Email: fidel.fontsierra@ifrc.org

Lasha Gogvadze

Senior Health Officer
Europe and Tuberculosis programme
Tel. +41 22 730 4408
Mobile: +41 79 308 9801
Email: lasha.gogvadze@ifrc.org

Elizabeth Mbizvo

Senior Health Officer
Africa
Tel. +41 22 730 4487
Mobile: +41 79 308 9831
Email: elizabeth.mbizvo@ifrc.org

Administrative support**Jocelyne Barbe**

Senior Assistant
Public Health in Emergencies, Water and Sanitation, Communicable diseases
Tel. +41 22 730 4386
Email: jocelyne.barbe@ifrc.org

Polly Catsicalis

Senior Assistant
HIV/AIDS
Tel. +41 22 730 4411
Email: polly.catsicalis@ifrc.org

Sabine Feuglet

Senior Assistant
Head of the Dept., Regional Responsibilities, Blood
Tel. +41 22 730 4349
Email: sabine.feuglet@ifrc.org

HIV/AIDS section**Bernard Gardiner**

HIV/AIDS Unit Manager
Tel. 0041 22 730 4404
Mobile: +41 79 217 3315
Email: bernard.gardiner@ifrc.org

Getachew Gizaw

Senior Health Officer
Tel. +41 22 730 4474
Mobile: +41 79 358 3106

Email: getachew.gizaw@ifrc.org
Felicitia Hikuam
HIV/AIDS Campaign Manager
Tel. +41 22 730 4458
Mobile: +41 79 308 98 38
Email: felicita.hikuam@ifrc.org

Communicable diseases
Jean Roy
Senior Public Health Advisor
Tel. +41 22 730 4419
Email: jean.roy@ifrc.org
Marianne Monclair
Senior Health Officer
Tel. +41 22 730 4365
Mobile: +41 79 817 8531
Email: marianne.monclair@ifrc.org

Voluntary Blood Service
Peter Carolan
Senior Health Officer
Tel. +41 22 730 4409
Email: peter.carolan@ifrc.org

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

Selected Parameters	
Year/Period	2004/1-2004/12
Appeal	M04AA098
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
Budget (A)	4,428,877					4,428,877
Opening Balance (B)	488,577					488,577
Income						
Cash contributions						
<i>Australian Red Cross</i>	20,731					20,731
<i>Austrian Red Cross</i>	11,908					11,908
<i>British Red Cross</i>	356,231					356,231
<i>Finnish Red Cross</i>	241,735					241,735
<i>Icelandic Red Cross</i>	12,802					12,802
<i>Italian Red Cross</i>	280,800					280,800
<i>Norwegian Red Cross</i>	1,033,155					1,033,155
<i>On Line donations</i>	3,287					3,287
<i>Orles Foundation</i>	8,594					8,594
<i>Danish Red Cross</i>	4,836					4,836
<i>Swedish Red Cross</i>	404,250					404,250
<i>Switzerland - Private Donors</i>	814,000					814,000
<i>American Red Cross</i>	4,836					4,836
Cash contributions (C1)	3,197,163					3,197,163
Reallocations (within appeal or from/to another appeal)						
<i>British Red Cross</i>	0					0
<i>OPEC Fund For International Develop</i>	15,056					15,056
<i>Unilever</i>	255,000					255,000
Reallocations (C2)	270,056					270,056
Inkind Personnel						
<i>CDC</i>	74,400					74,400
<i>WHO</i>	74,400					74,400
<i>Austrian Red Cross</i>	24,179					24,179
<i>British Red Cross</i>	74,400					74,400
<i>Danish Red Cross</i>	74,400					74,400
<i>German Red Cross</i>	74,400					74,400
<i>Norwegian Red Cross</i>	3,720					3,720
<i>American Red Cross</i>	74,400					74,400
Inkind Personnel (C4)	474,299					474,299
Other Income						
<i>Miscellaneous Income</i>	61,078					61,078
Other Income (C5)	61,078					61,078
Total Income (C) = SUM(C1..C5)	4,002,596					4,002,596
Total Funding (B + C)	4,491,173					4,491,173

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
Opening Balance (B)	488,577					488,577
Income (C)	4,002,596					4,002,596
Expenditure (D)	-3,541,695					-3,541,695
Closing Balance (B + C + D)	949,477					949,477

International Federation of Red Cross and Red Crescent Societies

01.98/2004 HEALTH & CARE

Selected Parameters	
Year/Period	2004/1-2004/12
Appeal	M04AA098
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance A - B
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A							B	A - B
BUDGET (C)		4,428,877					4,428,877	
Supplies								
Clothing & textiles		5,840					5,840	-5,840
Food		119					119	-119
Water & Sanitation		30,000					30,000	-30,000
Medical & First Aid		24,170					24,170	-24,170
Teaching Materials		866					866	-866
Other Supplies & Services		71					71	-71
Total Supplies		61,065					61,065	-61,065
Capital Expenditure								
Computers & Telecom		8,240					8,240	-8,240
Office/Household Furniture & Equipm.		3,624					3,624	-3,624
Total Capital Expenditure		11,864					11,864	-11,864
Transport & Storage								
Storage		176					176	-176
Distribution & Monitoring		60					60	-60
Transport & Vehicle Costs		18,826					18,826	-18,826
Total Transport & Storage		19,061					19,061	-19,061
Personnel Expenditures								
Delegates Payroll	2,048,000	1,273,332					1,273,332	774,668
Delegate Benefits		76,200					76,200	-76,200
Staff-on-Loan		614,879					614,879	-614,879
National & National Society Staff		20,079					20,079	-20,079
Consultants	535,000	105,783					105,783	429,217
Total Personnel Expenditures	2,583,000	2,090,273					2,090,273	492,727
Workshops & Training								
Workshops & Training	180,000	192,537					192,537	-12,537
Total Workshops & Training	180,000	192,537					192,537	-12,537
General Expenditure								
Travel	390,000	408,029					408,029	-18,029
Information & Public Relation	720,000	265,053					265,053	454,947
Office Costs	33,000	84,546					84,546	-51,546
Communications	75,000	89,896					89,896	-14,896
Professional Fees	160,000							160,000
Financial Charges		5,578					5,578	-5,578
Other General Expenses		33,969					33,969	-33,969
Total General Expenditure	1,378,000	887,072					887,072	490,928
Federation Contributions & Transfers								
Cash Transfers National Societies		45,407					45,407	-45,407
Federation Contributions		23,400					23,400	-23,400
Membership Fees		-1,054					-1,054	1,054
Total Federation Contributions & Tr		67,753					67,753	-67,753
Program Support								
Program Support	287,877	228,206					228,206	59,671
Total Program Support	287,877	228,206					228,206	59,671
Operational Provisions								
Operational Provisions		-16,136					-16,136	16,136
Total Operational Provisions		-16,136					-16,136	16,136
Total								0
TOTAL EXPENDITURE (D)	4,428,877	3,541,695					3,541,695	887,182