

HEALTH AND CARE

25 July 2005

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

In Brief

Appeal No. 05AA088; Programme Update no. 1, Period covered: January to June, 2005; Appeal coverage: 116.2%; Outstanding needs: this appeal is fully covered.

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

http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/1-2-3%20-%2005AA088.pdf

Related Emergency or Annual Appeals: N/A

Programme summary: This global programme defines objectives responding to specific national society requests for Secretariat leadership and coordination in terms of advocacy and health promotion, development of tools and guidelines in core areas, especially for control of HIV/AIDS and other communicable diseases and vaccines for preventable diseases, community health (including Community Based First Aid or CBFA), water and sanitation, international Public Health in Emergencies, psychological support, and blood. The Federation believes it can make a difference by supporting national societies with basic interventions in these areas, based on advocacy, creation of awareness and social mobilization.

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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 Federation's partners agree on the main priorities in health, but challenges remain in ensuring that all the intended beneficiaries are reached. Economists widely agree on how important it is to invest in health, emphasizing that "health is good for development and development is good for health". The Millennium Development Goals (MDGs) describe targets considered essential to achieve this, and represent a political commitment that all national societies can contribute as auxiliary to their own governments. The Federation has broadly aligned and designed this global health programme with the MDG's.

Five deadly diseases (HIV/AIDS, measles, and malaria, tuberculosis or TB, and childhood diseases such as pulmonary infections, diarrhoea, and pregnancy related ailments) contribute towards approximately 20 million deaths a year, most of them affecting children in developing countries. Most of these maternal and childhood diseases are preventable and easily treated with access to basic health care. Combating these diseases, and addressing Public Health in Emergencies (PHE) globally, is a major Federation task and challenge.

Health and care

Overall Programme Goal: to improve health and care in the community² and contribute to meeting the MDGs by:

- enabling the communities to reduce vulnerability to disease and to care for their own people.
- preparing national societies and communities to respond to public health crises.

Objective 1: with a focus on HIV/AIDS, community health and regional coordination, epidemic control and communicable diseases, and blood, 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.

Objective 2: focus on Public Health in Emergencies (PHE) and water and sanitation in preparing for and responding to public health crises, including disaster situations.

Specific progress, achievements, and constraints

Objective 1: with a focus on HIV/AIDS, community health and regional coordination, epidemic control and communicable diseases, and blood, lead a coordinated strategy, advocacy, production of tools and guidelines that enables national societies to: 1) Reduce family vulnerability to HIV/AIDS and other infectious diseases. 2) Remain the world's leading definer and provider of first aid, enabling individuals and families around the world to protect and save lives. 3) Improve the preparedness for and the response to public health emergencies.

Further built-up the partnership with PLWHA and their organisations, and together undertake Phase 3 of the global anti-stigma campaign.

Coordination and support were provided to the Japanese RC and the regional health delegates in the organisation of the Red Cross and Red Crescent's participation in the International Congress on HIV/AIDS in the Asia Pacific region in Kobe. There was joint event organised between the APN+ and the Federation during the congress. The main theme is on the 'Come closer...' anti stigma and discrimination campaign. Meeting with JRCS was also organised to discuss its national HIV/AIDS programme. The Federation played a key role in RC/RC Satellite meeting during the conference, made contributions to mobility, Tsunami, + NGO Code of Good Practice sessions in the main conference.

Complete handover of moderation of PassItOn e-forum from HDN, but continue partnership with HDN to mentor moderators, and train key correspondents. Expand membership from 400 to 600, and increase the number of people participating actively in the forum.

In the first half of 2005, Health and Development Networks facilitated the successful handover of the PassItOn e-forum to the International Federation. The Global anti-stigma Campaign Manager, Felicita Hikuam and Coordinator of the European Network of Red Cross and Red Crescent Societies on HIV/AIDS (ERNA) Secretariat, Silvia Kostelna, were trained over a 6-week period to moderate the forum thus taking responsibility for the day-to-day management of the forum. This includes amongst others formatting, scheduling and posting mailings; recruiting new members; soliciting input from members and managing the e-forum inbox.

Since moderation has been handed over to the Federation, the ratio of Red Cross and Red Crescent-related messages versus those from external sources has significantly been increased. Membership has also increased to about 505 members. The moderators consider recruitment of new members as one of their priority tasks and aim to double the membership in the remainder of the year through membership drives and publicity activities. Key Correspondents (KCs) for the PassItOn e-forum will be engaged for the Living2005 conferences in Lima, Peru at the end of the year. These KCs will be recruited to play a crucial role as part of the Key Resource Team for the e-forum.

Undertake the development work to renew the campaign tag line (e.g. Humanity...Pass it on...) to re-energize the campaign in late 2005 and to remove ambiguity, and via communications experts assist NS to develop the capacity to identify stigma issues at country level, and develop appropriate interventions.

Between January and June 2005, the Anti-stigma Campaign conceptualized, designed and launched the 'Come closer...' campaign in collaboration with the Turkish Red Crescent, the Federation sub-delegation in Turkey and the Turkey branch of Saatchi and Saatchi.

Launched on April 19, the 'Come closer...' campaign reenergizes the global anti-stigma campaign and offers an alternative tag line for the Federation's anti-stigma work.

This campaign is based on the partnership with people living with HIV/AIDS and encourages National Societies to take their work with PLWHA from mere intentions of working together to actual work plans and joint action. Come closer... reflects on the Red Cross Red Crescent as an organization moving closer to PLWHA, but also communities in which National Societies work being more accepting of PLWHA.

The Come closer... material reinforces the messages provided by the Stamps campaign with a more lively, brighter tone. Messages include 'Hug! Hug! You cannot get HIV by hugging', 'Shake! Shake! You cannot get HIV by shaking hands' etc. An alternative set with messages such as 'Hug me!' and 'Play with me!' are also included to give National Societies a wider variety of options.

In this phase National Societies are encouraged to conduct focus group testing, thus strengthening their ability to examine the context that they work in and adapt material accordingly. Along with the global material, an empty set of material is provided to accommodate locally initiated and tested messages and a guidance sheet advises on the focus testing, designing and launching processes.

The campaign was launched in Panama and the European campaign was launched at the Eurovision Song Contest in Ukraine in May. Other advocacy opportunities for the campaign have been the launch of the Orphans and Vulnerable Children campaign in Southern Africa as well as the 7th International Congress on AIDS in Asia and the Pacific in Japan. Country launches have also been taking place with Namibia Red Cross and others at the forefront of this action. December 1, World AIDS Day, will provide a key-date opportunity for unified Red Cross and Red Crescent action and advocacy based on the Come closer... campaign.

Informal feedback from National Societies has been that the Come closer... campaign is bright, cheerful and versatile, and can be used in nearly any context and in variable manners (e.g. as banners at concerts, on T-shirts for marches, on pins or buttons, as posters and on cups). Another positive feedback was that the messages are very clear and concise and written in a clear comprehensible manner. There does however remain more work to be done in working with National Societies to adapt the material to their unique contexts.

Produce two editions of the PassItOn newsletter, one communications pack, and one audio visual product.

A Communications Pack was developed to introduce the 'Come closer...' campaign. This Pack consists of a cover letter signed by the Secretary General, a guidance document on how to adapt and launch the campaign, a Pass it on...Newsletter (Issue 7) and three versions/sets of optional text for the 'Come closer...' material. The Packs was distributed both electronically and in hard copy to National Societies and Regional Delegations.

Focus testing is a key component of the 'Come closer...' campaign and efforts were made to equip National Societies with the background to be able to adapt the material to local contexts. This process will be continued in the build-up to World AIDS Day 2005.

Communications Pack 6 and the Come closer... material can be viewed in English, French and Spanish at: <http://www.ifrc.org/what/health/hivaids/antistigma/commskit6.asp>

Through a shared Partnership position and work plan (based on Nairobi model) support the capacity building of PLWHA organisations and national societies utilising the GNP+ resource 'Positive Development', and enhance GNP+ efforts to increase representation work with international organisations based in Geneva. Introduce Ambassador's of Hope missions to at least 2 regions that urgently need this work, and media training.

- The Federation made story interventions on participation of PLWHA + human rights during World Health Assembly, UNGASS on AIDS high level meeting, + UNAIDS programme CO-ordination Board.

- The HIV/AIDS Governance Group affirmed strong positions re treatment access, + voluntary counselling + testing, as well as inviting GNP+ to participate formally in the HIV Governance Group.
- The Masambo Fund extended eligibility to all countries that are the focus of WHO 305 roll-out.

Further developed and supported the utilisation of tools and guidelines for national society work.

- Support was provided to the regional and country health delegates to support the Indian RC in the set up of its HIV/AIDS consortium. An agreement was signed on the 12th January 2005. The consortium is supported by the British/Canadian/Danish/Swedish and Spanish RC. A five years HIV/AIDS strategy was developed by the Indian RC.
- Based on Federations model and within the context of countries protocol on ART 5 national societies have developed project documents for a time frame of 5 years. To assist the national societies in training of the Red Cross and Red Crescent volunteers on ART related programme components, the development of 8 training generic modules on : HIV/AIDS basics, treatment literacy, community treatment preparedness, treatment adherence, counselling, nutrition, palliative care and care for the carers are on the verge of completion. In the development of the modules strong collaboration has been forged with World Health Organization both in Geneva and African WHO regional office.
- The International Youth Foundation, a member of the “Big Seven” group of youth organizations has received a PEPFAR (USA President’s Emergency AIDS Initiative) grant for ‘abstinence only’ programming via the Big 7. This conflicts with the Federation’s clear policy of taking comprehensive evidence based approach to prevention. The Secretariat is advising National Societies not to alter their programming approach to suit donor demands which are counter to evidence based programming. The Federation’s existing policy is also consistent with the NGO HIV/AIDS Code of Good Practice. PEPFAR has recently altered its guidelines to allow a comprehensive approach with those above 14 years of age, suggesting advocacy efforts of many organisations for an evidence based approach is having some impact.
- The OVC Strategy for Southern Africa was launched on 15 June, including scale up commitment by National Societies through existing advocacy, home based care + prevention programmes.

Supported resource mobilization for scaled up HIV/AIDS response.

- Coordinated support to the submission of the five years HIV/AIDS programme proposal in S. Asia region was successful. A total of CHF 8.7 millions is funded by the SIDA/Swedish RC over 5 years.
- The ART Resource Mobilisation Officer has been appointed. This post is supported financially by the Swedish and Danish RC, and the appointed person will remain based in Nairobi to assist the 6 national societies planning to implement ART the in resource mobilization both at regionally and nationally levels
- Support and coordination were provided to the start up of Asia Pacific regional five year HIV/AIDS programme plan - a marketing tool to work with partners and raise fund.
- 2 national societies has been supported to submit proposals to the Global Fund 5th round appeal for funding project document submitted to Swiss RC to support Kenya RC ART project in one home based care programme sites and 1.5 million CHF has been obtained for a 5 years period.
- The proposal for development of ART programmes in an initial 6 countries (Zambia, Zimbabwe, Namibia, Ethiopia, Kenya and Uganda) has now been completed. Care was taken during this process to ensure strong agreement with Ministries of Health and other partners in country. To ensure momentum is maintained, tools to assist training of home care volunteers in ART support are being developed through a collaboration between the Geneva Secretariat and SafAIDS (a South African NGO)
- Discussions also took place with the French RC to investigate how to make their experience with Day Care Centres available to the 6 countries. The clinical aspects of the French RC experience could assist building capacity of Ministry of Health services, while National Societies could benefit from various aspects of the French RC’s experience of linking to National Society support and care for PLWHA, including home based care support and self-help groups. Danish RC has raised funds to support implementation in Zimbabwe.

- Efforts to get funding support from EU through German and Swedish RC for Namibia RC comprehensive ART intervention is underway. The technical work and submission of proposal have been done and result is being awaited for.
- Major efforts are underway to access funding from PEPFAR by collaborating with IBM.
- Based on Federations model and within the context of countries protocol on ART 5 national societies have developed project documents for a time frame of 5 years. To assist the national societies in training of the Red Cross and Red Crescent volunteers on ART related programme components, the development of 8 training generic modules on : HIV/AIDS basics, treatment literacy, community treatment preparedness, treatment adherence, counselling, nutrition, palliative care and care for the carers are on the verge of completion. In the development of the modules strong collaboration has been forged with World Health Organization both in Geneva and African WHO regional office.
- The Federation's ART Treatment Model also emphasizes the need to advocate for access to free antiretroviral therapy for the poor, which will necessarily involve using generic versions of the drugs in many developing countries. Donor driven programming.

Evaluation of the Global HIV/AIDS Programme 2002 – 2005.

The evaluation will be completed by end of June 2005 for the HIV/AIDS Unit of the Secretariat. The prime reason for scheduling the HIV Governance Group meeting for 2005 in the second half of the year is so that the strategic issues contained in the finding of the evaluation can be considered by the HIV Governance Group. The HIV Governance Group will report on this to the September 2005 Governing Board meeting.

Secretariat performance against objectives and expected results and key National Society activities.

Key indicator 1: Develop a Federation model for involvement in treatment access, assist at least 6 national societies to develop proposals, and establish a resource mobilisation position to approach donors to fund these projects.

Global Health and Care Forum

The Health and Care Department held a forum in Geneva in mid-May 2005 to highlight National Society work. In response to the request of the HIV Governance Group's, a significant part of the agenda of this Forum was focussed on HIV/AIDS. There are many advantages to linking HIV work with other health programming during the Forum, as this is the way most National Societies approach the work. The non-health aspects of HIV programming can also be addressed in this Forum.

It is anticipated that good practices presented at the Forum will also be submitted for the programme of the 12th Home and Community Care of PLWHA Conference.

Key Indicator 3: Become a better home for PLWHA.

UNAIDS Collaborating Centre for Reduction of Stigma and Discrimination in collaboration with GNP+

Reports for 2003 and 2004 have been submitted to UNAIDS, and a review meeting with senior UNAIDS and Federation staff will be held to shift the emphasis to facilitating regional level collaboration in year 3 of the plan.

In order to emphasize that partnerships are only valuable if they actually lead to concrete action being taken, National Societies and Regional RCRC Networks are being encouraged to develop joint a work plan with PLWHA organizations rather than signing a Memorandum of Understanding.

Masambo Fund

The target of raising funds for around 50 people in 2004 was reached. The Foundation has been established, and the administration system has been designed. National Societies have been slow to respond to invitations to submit applications, highlighting the barrier of stigma and the practical difficulties to put someone on treatment even when funds are available. National Societies probably need stronger workplace programmes to create a climate

where people can be open about their status. Secretariat capacity to support national societies with this work is limited by funding constraints.

The Living with HIV Partnership

This 6 member's partnership of organizations working with PLWHA¹ has been formed to organize the 12th International Conference for PLWHA and the 7th International Conference on Home and Community Care for PLWHA in Lima, Peru, October 9-13, 2005. On the 14th October a RCRC meeting will be held to promote "AIDS Competence"² work... Spanish RC is providing two delegates in Lima to support conference organisation – one focussed on volunteer mobilisation, a second focussed on communications.

Current trends in counselling and testing practice

An important shift in how some countries are approaching Voluntary Counselling and Testing (VCT) has occurred with the introduction of 'provider initiated testing', an idea sponsored by the Global Business Coalition of AIDS. This means everyone who visits a clinic for any reason will be tested for HIV, unless they specifically ask not to be tested. WHO has gone along with this as a way to get numbers up for '3 x 5' initiative, but insists that counselling must be part of the process. The Secretariat believes there is a strong risk that with the emphasis on 'providers' the counselling will not actually occur.

The Secretariat believes that the Federation should maintain its policy of Voluntary Counselling and Testing to ensure informed consent, and to genuinely involve and empower PLWHA.

Furthermore, short cuts in the testing process are a missed opportunity for prevention activities, and also undermine patient's motivation to manage the life long treatment regimens. Any increase in patients dropping out of long term treatment will create a public health problem as resistance to treatment develops and is transmitted to others. It is suggested that the Federation emphasise the strengths of the VCT approach which treats the PLWHA as a partner in their own care.

CONCLUSIONS AND REQUEST FOR BOARD INPUT

The momentum of the Global Programme has been maintained in the period since October 2004. It is apparent that progress has been made in mainstreaming the HIV issue within Federation in recent times.

There are a number of key constraints that remain to be overcome, crucially around availability of resources, the variation in National Society progress with implementation of the Federation's HIV policy and scale-up of a comprehensive programme.

Community Health and Regional Coordination: increased the capacity and number of national societies to use the developed community based health framework and documented the lessons learned.

- In the global health forum, support and advice were provided to nine national societies from the Asia Pacific region to share good practices – Pakistan, Sri Lanka, Nepal, Bangladesh, Philippines, Laos, Indonesia, China and Fiji RC. Leaders and health practitioners participated actively to exchange experiences and learn from each other in different health and care programmes.
- Joint support and supervision with OD/DP/P&V departments were provided to support the project in 'harmonising the different tools and approaches' in community based programming. More than 100 tools are collected from the field. A database is created for users to access to these tools. Now these tools are categorised. A wider consultation with practitioners will start before a toolbox will be assembled based on the collected tools.

¹ Consisting of the International Federation, GNP+, the International Community of Women Living with HIV/AIDS (ICW), the International Council of AIDS Service Organizations (ICASO), the United Nations Joint Programme on HIV/AIDS (UNAIDS), and the World Health Organization (WHO)

² "AIDS Competence" is a process that helps organizations build capacity to respond to HIV/AIDS and learn and share with others developed by UNAIDS in collaboration with BP.

- WHO report to be released on World Health day calls for new approach to save lives of mothers and children. In view of this objective the International Federation has finalised the Mother and Child Health - In 2004, the International Federation's Health and Community Services commission requested that guidance notes for maternal and child health be prepared for National Societies so that they can better contribute to most vulnerable groups (women of reproductive health adolescents and under five children), also to contribute to the global health agenda and in particular to the Millennium Development Goals numbers four and five. In April 2005, the Health and Community Services commission approved and endorsed the Mother and Child Health guidance notes prepared by the Health and Care Department with the support and contribution of Regional delegations, PNS health advisers, WHO/ UNICEF technical departments and Geneva University. These guidelines are developed to assist National Societies and their regional and local branches to carry out actions and activities to reduce the vulnerability of children and adolescents and of women of reproductive age.
- PHE training in Panama (one week) focused on building up better knowledge and capacity of Caribbean NSs, the Regional Delegation and PADRU. This was the first in a series of training programmes to be held worldwide. The development of a PHE training curricula with a full set of presentations is made in response poor operational capacity and knowledge in PHE found in the field and at amongst people involved in relief. The feedback is very good. Next quarter training will take place in Panama, targeting the Spanish speaking part, followed by at least two others in other parts of the world this year.
- Review of health ERU operational capacity and performance ongoing, aiming at improving NS and Secretariat response capacity to make the health ERUs more effective and complementary to other PHE efforts.
- Italian Red Cross / Villa Maraini organised 2 trainings for the National Societies in Eastern Europe and Central Asia in the frame of European programme to scale up harm reduction activities of 15 National Societies. The global unit managed attended the full training in April and provided detailed feedback on the programme.
- In close cooperation with Europe Department, the Regional Health officer is responsible for the preparation process of the health part for the European Conference, which will take place in Moscow in 2006. The terms of reference are prepared. The Regional Health Officer visited French Red Cross and discussed the ToR and future steps for the Working Group on Health.
- The Regional Health Officer participated in the Collaborative on training in TB programmes in Europe region. The movement was presented by the Delegation in Moscow and the Secretariat.
- Intensive Work is ongoing closely with Europe Department on issues health and Care in Europe (it includes the special focus on health and care activities by EU National Societies).
- Close cooperation at global level is planned with UNICEF for cooperation in HIV/AIDS and TB issues among young population in Eastern European countries.
- The regional health officer participated in FACT mission in Georgia (after severe floods). Plan of action was prepared and activities are already taking place.

Impact:

The new pledge – 60,000 EURO to extend the harm reduction programmes was received from Italian Red Cross until the end of 2005. Plan of action is prepared and submitted.

The Regional Health Officer participated in the health committee meeting of the Council of Europe. The potential cooperation is foreseen in social welfare programmes, palliative care in Europe and TB and human rights.

The preparation of the Federation's Press release on the World TB day 2005 (March 24) was well coordinated with Delegations and National Societies involved in TB programme. The press release covered brief highlights on recent study on TB stigma in CA, progress in Russia, opinions of other partners about the role of the Red Cross / Red Crescent in TB control (Stop TB, Eli Lilly).

First Aid/Community First aid: remaining the world's leader in First Aid (FA), enabling individuals, households and communities with knowledge and skills to protect and save lives.

- The report of the National Societies in World First Aid Day 2004 was completed and posted on the website.
- Two meetings were organised to assess the current development and progress of the first aid in the community (CBFA) programmes. A plan of action is drawn in order to revitalise and remarket the program. Phase one is commenced to establish the guiding principles of the CBFA approach and to document some good practices.
- Evaluation of the CBFA region in the MENA region is completed with key recommendations. Support was provided in its regional harmonisation of the first aid in the community curricula for volunteers and trainers. The revised manual for volunteers is produced. The key support is to emphasise the importance of community-based approach, its link to volunteers and public health priorities.
- Support was given to the European First Aid network and its reference centre in its ongoing/new projects including the development of the European First Aid manual. WHO representative from the Europe office will join the expert panel.
- The theme of World First Aid Day 2005 is 'First aid with the vulnerable people'. Key messages are developed and included in the information packs, which are available to all national societies in all four official languages.

Communicable disease and epidemic control: provided the leadership, coordination tools & guidelines required to support the scaling up of TB, measles, malaria and polio programmes and response mechanism to epidemics, including newly emerging diseases (e.g. SARS).

TB:

The Stop TB Partnership secretariat is coordinating the development of the Second Global Plan to Stop TB (2006-2015). The Federation will be part of a roadmap for TB control over the next decade (2006-2015), in working towards the goal to eliminate TB as a global public health problem by 2050. Taking into account, that only 16 countries have yet reached the World Health Assembly targets for 2005 (Case detection rate – 43% and Treatment success rate – 82%),

Much more will need to be done in actual implementation in affected countries, including those not considered high burden countries, if the targets are to be met on time.

Various activities to achieve well defined objectives of the Red Cross / Red Crescent Societies in TB control is coordinated by the Health and Care department. The following achievements marked the reporting period:

- American Red Cross and the Secretariat in consultation with the Stop TB Partnership to developed a strategy paper on a role of Red Cross Red Crescent in achieving global targets in TB.
- The Federation is the member of 2 working groups at Stop TB - DOTS expansion and recently established advocacy and communication working group.
- Coordinated support was provided to Myanmar Red Cross to start its community based TB programme. Joint monitoring visit (USAID, Russia, CDC Atlanta, Russian Red Cross and the Federation) of the TB programme took place in March in Russia (Khakasia). The progress was noticed by visiting partners as well as governmental officials.
- In March the RHO chaired the meeting initiated and organised by Ukraine Red Cross in relation to GF for TB in Ukraine. The event has advocated for the establishment of CCM (country coordination mechanism) in the country, for expansion of DOTS and improving TB control. Different partner organisations present as well as media representatives.
- The special training on TB/HIV programme management was organised by the WHO collaborative centre in Italy. The Regional Health Officer participated in the training together with representatives of National TB/HIV programmes of Pakistan, China and Latvia.
- Expanded partnership with Eli Lilly in MDR (multi drug resistant TB). Pilot project started in Kazakhstan and will be expanded in Romania and South Africa.

Impact:

Eli Lilly and Co, announce 2 additional pledges for MDR TB programme for Red Cross Societies of Romania and South Africa. This is in addition to ongoing pilot project in Kazakhstan.

In January 2005 the Federation was accepted as a collaborative partner to KNCV (TB Foundation, Holland) for Global TB Initiative supported by USAID. Results will be announced mid year.

Astra Zeneca – UK based pharmaceutical company, continued support to TB projects in central Asia through British Red Cross. Regional Health Officer participated in the meeting with Astra Zeneca organised by British Red Cross.

The Red Cross Society of Serbia and Montenegro is invited to participate in the Global Fund funded TB and HIV programmes. Those and other issues were discussed during the visit to Belgrade by the Regional Health Officer.

Malaria:

- Large scale distribution of insecticide treated nets is being planned for three countries: Equatorial Guinea (August), Mozambique (Nov.-Dec.) and Niger (Dec.) with partial funding from Exxon-Mobil, Canadian Red Cross, GFATM, and the Federation.
- Planning and funding has been provided for the first of the 3 year community “Keep-Up” programme in Togo with a Federation staff traveling to Benin in March to review implementation with Togo staff. A vehicle and motorcycles were ordered and delivered to the Togo Red Cross as part of the programme.
- The Federation supported three joint proposals (Federation and RBM/WHO) for submission: to EU Commission (for Central Africa RBM Network – CARN support), the Dutch government for LLITNs and retreatment kits for 6 African countries (Burkina Faso, Chad, Gambia, Guinea Bissau, Madagascar, Mali), and to the Gates Foundation (support to EU Federation Office in Brussels). The Dutch government provided 6 million EUROS which were channeled through WHO and UNICEF with 6 national societies now able to access funds from local WHO offices. Approval of the other two proposals is pending.
- Communication and partnership efforts were carried out through multiple international meetings, weekly malaria partnership global teleconferencing, and presentation of the Togo story at the RBM Board Meeting in Geneva in March.

Measles

- National Society measles proposals to do social mobilisation in national vaccination campaigns were received from 3 of 6 expected countries (Botswana, Côte d’Ivoire, and Tunis). All three have been approved for funding.
- The Federation participated in the annual Measles Initiative Partnership Meeting in Washington, D.C. in February where the Togo Integrated Measles/Malaria/Polio/Mebendazole campaign was highlighted and CDC presented results of the January national coverage survey.
- The Federation staffs have actively participated in all weekly global teleconferences with Measles Initiative Partners for planning the eleven national measles campaigns in Africa in 2005.
- WHO released in March 2005 a historic press release announcing an unprecedented 46% decrease from 2000 levels of measles mortality in children in Africa. The Red Cross was credited as a major partner in the more than 45 national campaigns and more than 175 million vaccinations since 2000.
- Regional Health Delegates are continuing to receive support, sometimes participate in the global conference call and National Societies are increasingly active as members of the national planning groups (ICCs).

Polio:

- Funding support for polio National Immunization Days (NIDs) was provided to Ethiopia, Côte d’Ivoire, Guinea Bissau, Guinea Conakry, Nigeria and Sierra Leone. All participated in the Feb-May 2005 NIDs except for Guinea Bissau.
- No support solicited from Indian and Pakistan; however, a polio outbreak in Yemen required immediate action and received funding support from the Federation to involve the Red Crescent in control activities in May.
- Regional Delegates and national societies continue to actively participate in their national planning groups. The Federation anticipates funding at least 4 more polio efforts in the next 6 months.

Response to epidemics, including newly emerging diseases (e.g. SARS).

This task has been taken on partly by the Public Health in Emergencies Unit after the position for senior officer for epidemiology ended.

- § PHE unit contributed to the work on influenza preparedness by WHO and partner states to WHO. It resulted in guidance notes to states on national and international measures during influenza pandemics. The document was finalized in April and circulated during the World Health assembly. It is posted on the website who.int and was circulated to health advisors, regional health officers at the Secretariat and to regional health delegates.
- § PHE unit participated in working groups of the ICG for meningitis for coordination of vaccine stocks. Within this group led by WHO a new toolkit is developed for immunization campaigns which is expected to be finalized in the last quarter of 2005 and field tested thereafter.
- § PHE unit supported the Marburg virus outbreak control in Angola with coordination and technical support and deploying one delegate to support the operation for 4 weeks.

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

- **Extension of Club 25 programmes** – Initial distribution undertaken but insufficient funding available to complete process with demand clearly outstripping supply.
- **10th International Colloquium on Recruitment of voluntary, non-remunerated blood donors** (Chile, South America, March 2006) - Collaboration with PAHO - Steering Committee meeting organised with PAHO in April 2005 and draft framework of programme prepared. Agreement on timelines for preparations for colloquium and confirmation of dates (20-24 March 2006).
- **Close collaboration with IFBDO,WHO,ISBT, ADRP for World Blood Donor Day (WBDD)** - World Health Assembly passes resolution supported by IFRC for WBDD to be included as an annual event in WHO's official health calendar.
 - More than 100 countries participate in WBDD celebrations in 2005, representing about 25% increase in participating countries over 2004.
 - The provision of context-specific development support to national societies through the various activities of the Global Advisory Panel, for example the implementation of a new Self Evaluation tool to assist national societies with blood programmes.
- **Implementation of toolkit Making a Difference** - Insufficient funding available for printing and distribution of further copies: demand outstripping supply especially for French versions of the toolkit and for translations into other languages especially Arabic, Russian where many outstanding orders for this manual remain to be filled.
- **Liaison with Global Advisory Panel (GAP Blood)** - Distribution of Self Assessment and regional discussion meetings held in Asia with other regions to follow later in 2005-6. GAP granted oversight role for capacity building of blood programmes in Tsunami affected region with first planning meeting conducted at country level in Indonesia 7-8 June 2005 and others to follow in remainder of 2005.
- **Quarterly newsletter (*Donor Recruitment International*)** - One issue only for first six months due to funding problems.

Objective 2: focus on Public Health in Emergencies (PHE) and water and sanitation in preparing for and responding to public health crises, including disaster situations.

Expected programme result(s); and related activities for this objective: provided leadership, coordination tools & guidelines to support a more efficient, accountable and coordinated response to Public Health Emergencies (PHE) and water and sanitation with a smoother transition to reconstruction, rehabilitation and development. PHE capacity of national societies in 3 regions was enhanced.

- Assessment Methodology Field Manual completed and will be printed next quarter. Worked closely with the consultant to ensure that health is well covered. Close working relationship was established with WHO during early phase of Tsunami.
- Two Public Health in Emergencies trainings were held in Panama in March and April (one week each) focused on building up better knowledge and capacity of Central American and Caribbean NSs, the Regional Delegation and PADRU. The development of a PHE training curriculum with a full set of presentations is made in response to poor operational capacity and knowledge in Public Health in Emergencies found in the field and amongst people involved in relief. The feedback from the second training is also very good. One more training is planned towards the end of the year for South East Asia and one health briefing of PNS health advisors in autumn 2005.
- Memory sticks equipped with all current operational standards, rules and regulations, policies and guidelines, reference websites, standard formats and job descriptions for emergencies and key health presentations ((1 GB capacity) were distributed to all participants at the second PHE training. It is intended as an operational tool for NSs, delegations and others. Participants appreciated the tools highly. We are testing them for usefulness as a field support tool.
- The performance assessment of health ERU operational capacity and performance during the Tsunami response was finalized end of May: Main findings were presented at the general ERU working group meeting in Vienna and at the DMWG in Ottawa. The report was circulated to NSs, key Federation staff and to the health advisor's group (Stockholm group). It contains relevant recommendations to further improve and adapt, but also to clarify and recall the health roles of BHC ERUs.
- Public Health Guide for Emergencies still in demand and a revision planned for the second half of 2005.
- The new Managing Stress in the Field edition is available and translated into various languages and an Arabic version was designed and printed in Amman and is in high demand.
- Support to two health ERU trainings was given (facilitation, support with the field exercise and participants evaluation).

PHE Unit has ensured a coordinated psychological and social support in emergencies, all in close coordination with the Copenhagen PSP Reference Centre, and in accordance with the 2004 Federation – Danish RC agreement.

Psychological Support Programme

The PHE unit met several times with the technical focal person from the Federation PS reference centre and finalized amongst others a framework for the working relationship and roles and responsibilities between the PHE unit as focal unit for PSP support to NSs at the Secretariat, and the technical focal point in the PSP reference centre and the centre at large. It was presented to the Steering Committee of the PSP in a meeting mid June in Copenhagen.

The Icelandic Red Cross has consistently supported the PSP reference centre ; contributing to its development, management and programming in an active and constructive manner. It is our sincere belief that the Icelandic Red Cross has helped (the Danish Red Cross) to make a passion project a reality.

We have followed and engaged with the changes in the status of the Centre, believing these to be positive developments, and not least of all the emphasis on the international orientation of PSP Reference centre and its management.

Concurrently to these developments, the Icelandic Red Cross has built up a profile and expertise in (domestic) PSP support which is formally recognised by its Govt and increasingly shared with sister national societies in our Federation, (in Baltic and Middle East). However, this cycle of change (for both the Reference centre and the Icelandic Red Cross), is considered not fully complete, or insufficiently grounded rooted. We believe the next 2 to 4 years will be critical in cementing these changes, understanding the real scope of upcoming opportunities and directions. Not least of these is the tension between developing and sharing generic/ adapted competence throughout the Movements components and/ or focusing on specific and technical responses to enlarged European context. The Icelandic Red Cross feels a need and a mutual benefit in being close the to policy making body of the centre during this period the whilst it encouraging wider participation in PSP programming and activities. In order

to continue to nourish this established relationship the Icelandic Red Cross wishes to be accepted in the capacity of an observer to the steering committee for the next two to four years.

The new Managing Stress in the Field edition is available and translated into various languages and an Arabic version was designed and printed in Amman and is in high demand.

Coordination, cooperation and strategic partnerships

- PHE unit contributed to the work on influenza preparedness by WHO and partner states to WHO. It resulted in guidance notes to states on national and international measures during influenza pandemics. The document was finalized in April and circulated during the World Health assembly. It is posted on the website WHO int. and was circulated to health advisors, regional health officers at the Secretariat and to regional health delegates.
- PHE unit /H&C department made a first statement at the WHA in May, outlining the Federation's health response mechanisms in emergencies, highlighting partnering activities and complementarity's to governments, agencies and UN system.
- Started work with WHO on an immunization toolkit and guidelines development for immunization campaigns within the ICG (Inter Agency Coordination Group on Meningitis) group.
- Participation at the WHO global measles management meeting in Delhi/India in April on invitation of WHO
- Contribution at the WHO HAC consultation on Child Health in Emergencies
- Two meetings with WHO on Psychosocial Support in Emergencies, preparing for the creation of the IASC task Force group on the same subject (ToR prepared).
- The Assessment Methodology Field Manual in cooperation with DP department's consultant was finalized and is in the course of printing. A training manual is envisaged to extend the applicability of the manual.
- Work with the IASC working group on Sexual and Gender Based Violence in Emergencies/Humanitarian Settings continued, the guidelines are due to be finalized within the next quarter.
- Training support to OSD department for the FACT (on health and PSP assessment in emergencies) and Team leader (on Management of Stress for TLs) training in France and Finland

Impact : International Federation of Red Cross and Red Crescent Societies – WHO Collaboration signed in May 11, 2005 – The basis of cooperation between the International Federation and WHO is their complementary approach to vulnerability to disease as a major cause of poverty, just as poverty itself is a major contributor to vulnerability to disease. Treats to public health compromise the productivity and productive potential of individuals, communities and entire nations.

There are many potential areas for enhanced or innovative collaboration between the International Federation and WHO in the spheres of policy, project implementation and/or programme support, in particular targeting the most vulnerable in affected communities. Regional and country office and delegations, as well as the relevant headquarters units, of the International Federation and WHO are encouraged to explore opportunities for strengthened collaboration, especially in the following sectors: Emergencies and health action in crisis situations, HIV/AIDS, Advocacy. The collaboration between the International Federation and WHO is already extensive, but opportunities can and should be explored to extend and improve this collaboration further. Both the International Federation and WHO would benefit from this at different stages of programme delivery, eventually offering better response and services to the most vulnerable. The list is by no means exhaustive, new opportunities will continue to appear

Water and Sanitation (WS): the Federation WS Policy (2003) lays out responsibilities in both the disaster response context and the approach to developmental WS programming. WS in Disaster Response and Preparedness remains a core activity, and maintaining a global position is vital for the Federation. The Global WS Initiative (GWSI), still in its infancy, is perceived as the way forward to a ten year developmental commitment to the 'Federation's contribution to meeting the WS MDG's' and being an effective WS player during the second UN Decade for Water, 2005-2015.

Disaster Preparedness and Response Activities: coordination and technical support in disaster response, research and further development of response mechanisms will continue in cooperation and coordination with other humanitarian organizations active in Disaster Response. The ERU/FACT/RDRT system maintains a 'pool' of trained human resources for rapid deployment, combined with mostly standardized equipment/material packages. The Federation's proven capacity in safe water supply continues to operate well by providing effective rapid assessments, deployment of experienced WS delegates and/ or ERU modules. However, much of the morbidity and mortality in post-disaster scenarios relates to poor or inadequate sanitation facilities, or poor hygiene practice. The existing response capacity to sanitation needs in disasters only partly addresses the problem, and needs upgrading together with the national societies concerned.

Planned activities:

- Produce a field manual 'Excreta Disposal in Emergencies' together with Oxfam, Water, Engineering and Development Centre (WEDC), and UNHCR.
- Redesign the Mass Sanitation ERU module, field test it, and include the 'rapid' latrine concept.
- Adapt the PHAST methodology to be integrated into the standard disaster response and the ERU system.
- Revisions and updates of the WatSan ERU manual and parts and the CD 'WS Mission Assistant'.
- Continue coordination of the ERU technical working group where deployment experiences are shared, new technologies are reviewed, and planning of joint ERU training and curricula development is carried out.

Coordination of the Tsunami health and WatSan responses and planning

Sri Lanka - Three Basic Health Care Emergency Response Units (ERUs), one Hospital ERU (ICRC) and two Water and Sanitation ERUs were deployed and are now handing over services to various institutions. A specific ERU capacity and performance indicator assessment has been carried out, in Sri Lanka as well as in Indonesia, aiming at pinpointing areas of the ERU system in need for adjustment and upgrading.

Provision of psychological support has been a major programme, continuing, and expanding inland. Secondly an expanded and further developed community-based first aid services, with enhanced community-based health programmes to control communicable diseases, providing primary health care, mother and child health, and health education to tsunami affected, especially displaced people.

In the rehabilitation phase, expanded Psychological Support and Community Health support programmes are the main foci. The Federation has taken on the coordination of a huge physical rehabilitation and upgrading scheme of 34 Ministry of Health' health institutions, apart from further support in measles control, possible TB intervention and upgrading of blood services.

Providing safe and adequate water supply and a hygienic sanitation environment in temporary shelters (for 100,000 people), in newly constructed houses, and to the rural population in directly or indirectly affected districts. Supporting the authorities in restoring water and sanitation infrastructure to prior-tsunami conditions. Rehabilitating, upgrading and expanding where needed the water and sewage systems of the municipalities and towns in the affected districts.

Maldives - The main intervention is housing projects for the hard hit population. Health wise, psychological support programme is successfully implemented apart from distribution of dressing kits and medical supplies. The provision of psychological support counselling is made at the community level and training at least one teacher from each island in psychological support for children. Further health interventions are under consideration, having in mind that the Maldives do not have a National Society as yet.

Continuing first aid and water safety programmes for at least next two to three years. These should be integrated into national society activities. Additional programmes could include HIV/AIDS awareness, combating drug abuse, WatSan etc.

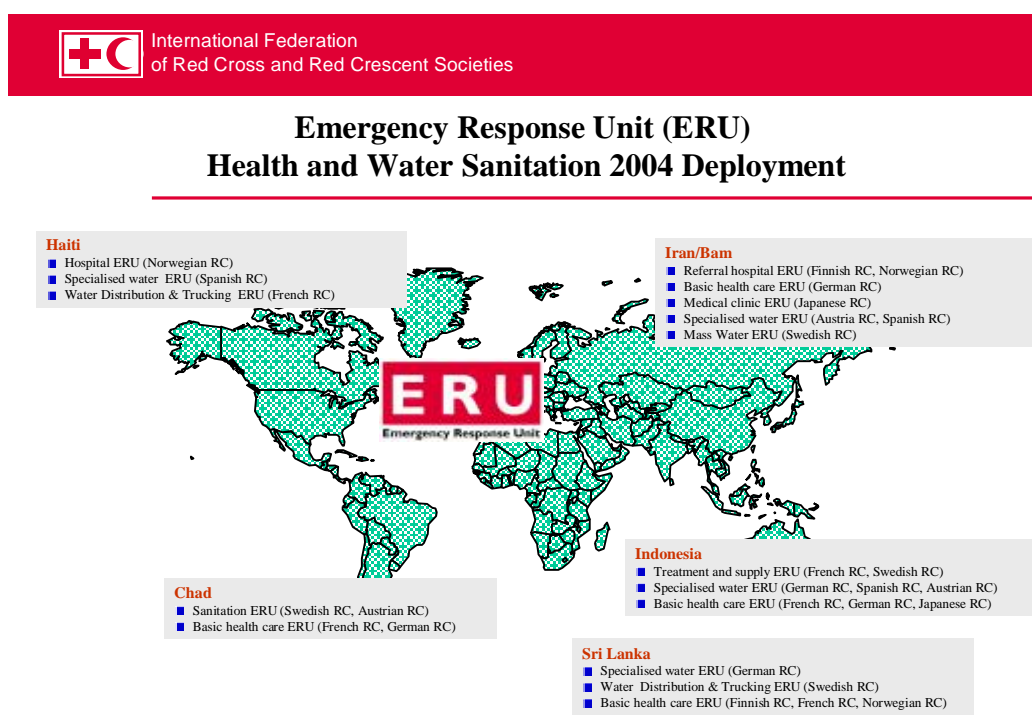
Indonesia - Provision of basic health care until the capacity of MoH is restored; improving ambulance service and first aid branches, blood services and donor recruitment; hygiene promotion; psychological support in emergencies for staff and affected communities, strengthening resources.

Establishing and continuing community-based first aid, HIV/AIDS programmes including prevention, care and support, reduction of stigma and discrimination, harm reduction. Establishing and continuing affective, adequate and affordable social service programme linked to livelihood programmes where appropriate.

Developing and environmentally safer multi-scale waste-water system and locally accepted latrines; support to water infrastructure rehabilitation and construction. Hygiene promotion, through the branches and building PMI WatSan response capacity.

Coordination of Health and Wat/San ERUs deployments.

Public Health Emergency (PHE) Unit at the Secretariat was heavily involved in the design and provision of immediate response from day one. These health professionals were carefully selected and in constant contact with the PHE Unit/Secretariat. To ensure that the correct health programme profiles, standards and support to the field and regional delegations can be made, especially during the upcoming rehabilitation phase, an intensive monitoring and support system has been designed at the Health and Care Department PHE Unit.



The Global WS Initiative (GWSI)

- The GWSI was officially launched in February prior to World Water Day with a press release and media interviews and articles. Previous to the official launch, the GWSI was endorsed by a key group of National Societies (Austrian, British, Danish, Dutch, Finnish, Spanish, & Swedish RCS's) who working closely with the WatSan Unit and the Red Cross EU Office in Brussels, prepared bids for GWSI funding for multilateral funding in a total of 11 ACP countries (Eritrea, Ethiopia, Kenya, Malawi, Mozambique, Haiti, Dominican Republic, DR Congo, Nigeria, Zambia & Zimbabwe) to a total value of 23 Millions Euro. Results of the bidding are expected in July 2005. A second phase of bidding will take place later in 2005 and Regional bids are under preparation for Pacific, Caribbean, Eastern and Southern Africa Regions. Close contacts with the EU have been maintained throughout this process with support from the RC EU Office in Brussels.
- As a part of GWSI, a pilot project to investigate the feasibility of household water treatment for PLWHA

is about to begin (although delayed) with funding secured from several donors.

- Regular support to NS's with WatSan Programmes or who are planning such continues from the Regional WatSan Delegates of Officers notably in Central America & Caribbean, Eastern and Southern Africa, South-East Asia, DPRK and China. Other regions are served directly from the WatSan Unit in Geneva.
- First activity under this arrangement will be the technical field trials to be held in September and hosted by Austrian Red Cross in Austria. Austrian Red Cross, also support a part time staff on loan working with the Unit.

The 'software' component in developmental WatSan

- Final draft awaits peer review before publishing. This component of our work is strengthened by the recent addition of a staff on loan for one year from Spanish Red Cross who will have Tsunami responsibilities but will also focus on WatSan software and our operations in the Americas.
- Actually 11 countries GWSI proposals have been finalised and presented for funding. These are multilateral projects, Federation in partnership with ONS/PNS consortia.

Impact:

The WatSan Unit activities have played a major role in responding to the Tsunami operation, not only in Overall coordination of the WatSan component but in regular task-force engagement, HR work including JD's and briefing, arranging specific consultancies with TOR's and follow-up missions to the field. Support particularly to the ERU PNS group and DM in-house. WatSan has been and is seen as one of the key success factors in the operation both from internal and external evaluations and served over 500,000 beneficiaries. Other operations have continued in most notably Chad and Haiti.

Despite the demands of the Tsunami operation, longer-term activities have only suffered to a minimal extent by time delays, but GWSI launching and fundraising is well established, software and ERU developments are under way and representation and new initiatives are on-going.

Funding for the WatSan & PLWHA pilot is secured and activities should start in the second half of 2005.

Redesign of the Mass Sanitation Module of the WatSan ERU is planned out.

Constraints:

Continued uncertainty around the 'Federation of the Future' does not create the most conducive working environment linked to continued calls for reorganisation and/or potential downsizing. Some delays in planned activities have taken place but not to a significant degree. Key decisions are awaited most notably from EU and British Red Cross. A new staff on loan from Spanish Red Cross, it is expected, will ease the present workload.

Reluctance from PNS to support core WatSan positions in the field, especially at Regional level forces us to look for other opportunities. One way ahead is that if GWSI is successful in identifying new sources of longer term WatSan funding, this is one means to address this issue.

Community based programming; its approaches and impact are not understood and interpreted in the same way by different sectors/practitioners. Volunteer's management and community involvement are not often seen as fundamental pillars to the success of these programmes.

APPEAL No. 05AA088

PLEDGES RECEIVED

04/08/2005

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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CASH

REQUESTED IN APPEAL CHF ----->				4,451,904	TOTAL COVERAGE 116.2%	
OPENING BALANCE				970,552		
BRITISH - RC		10,000	GBP	22,860	30.11.04	WATSAN UNIT
BRITISH - RC				8,499	18.04.05	SOFTWARE PUBLISHING COSTS WAT/SAN
BRITISH - GOVT/DIFD GRANT				300,000	01.01.05	
BRITISH - RC		16,000	GBP	34,896	31.05.05	PILOT WATSAN PLWHA
BRITISH - RC				35,145	06.06.05	FORUM
CANADIAN - RC		20,000	CAD	18,800	24.05.05	FORUM
CANADIAN PRIVATE DONOR		5,000	USD	5,660	07.03.05	
DANISH - RC				20,300	17.02.05	STAFF ON LOAN
DANISH - RC				75,000	26.05.05	HEALTH AND CARE FORUM
DANISH - RC				134,186	08.07.05	RESOURCE MOBILISATION DELEGATE
FINNISH - GOVT/RC		20,000	EUR	30,750	09.05.05	HEALTH OFFICER
FINNISH - GOVT/RC		45,000	EUR	69,188	09.05.05	INFORMATION, WORKSHOPS, TRAINING
FINNISH - RC		40,000	EUR	61,760	03.06.05	CBFA, REG. COORDINATION & COMMUNITY HEALTH
ITALIAN - RC		60,000	EUR	92,250	13.05.05	RISK REDUCTION HIV/AIDS
NESTLE				200,000	10.05.05	HIV/AIDS, WATER SANITATION
NETHERLANDS - RC		10,000	EUR	15,440	03.06.05	FORUM
NORWEGIAN - RC				10,000	18.03.05	BLOOD PROGRAMME
NORWEGIAN - GOVT/RC		1,150,000	NOK	217,350	14.03.05	
NORWEGIAN - RC				63,168	04.05.05	STAFF ON LOAN
NORWEGIAN - GOVT/RC		100,000	NOK	19,550	11.07.05	PUBLIC HEALTH IN EMERGENCIES
NORWEGIAN - RC				100,000	26.07.05	HEALTH & CARE FORUM
ORLES FOUNDATION		4,314	EUR	6,632	12.05.05	CHILDREN IN SPAIN & PORTUGAL
PRIVATE DONORS ON LINE				7,710	20.01.05	
PROCTER & GAMBLE		50,000	USD	56,600	02.02.05	WATSAN, PLWHA PILOT PROJECT
SWEDISH - RC		3,200,000	SEK	547,200	24.05.05	
SWISS RC HUMANITARIAN FOUNDATION				1,591,490	26.07.05	CARE & ANTIRETROVIRAL THERAPY FOR PLWHA
SWISS - PRIVATE DONOR				9,000	09.05.05	WATSAN
SWISS - PRIVATE DONOR		50,000	USD	62,285	01.07.05	
SUB/TOTAL RECEIVED IN CASH				4,786,271	CHF	107.5%

KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
DENMARK	DELEGATE(S)			22,400		

APPEAL No. 05AA088

PLEDGES RECEIVED

04/08/2005

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
GREAT BRITAIN	DELEGATE(S)			73,000		
WHO	DELEGATE(S)			73,000		
OTHER	DELEGATE(S)			73,000		
NORWAY	DELEGATE(S)			73,000		
USA - AMCROSS	DELEGATE(S)			73,000		
SUB/TOTAL RECEIVED IN KIND/SERVICES				387,400	CHF	8.7%

ADDITIONAL TO APPEAL BUDGET

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