Annual report

International Federation of Red Cross and Red Crescent Societies

Health and Care

Appeal No. MAA00001

21/04/2009

This report covers the period 01/01/2008 to 31/12/2008.

A child in Togo sleeps under a Long-Lasting Insecticide Treated Nets (LLIN). LLINs are the most effective way to prevent malaria. **International Federation**

In brief

Programme purpose: The role of the health and care department is to strengthen the capacity and competences of National Societies in the field of health and care, and to support the scaling-up of activities by providing a strategic vision and high quality technical support.

Programme(s) summary: During the reporting period, the health and care department in Geneva, together with the seven zones, supported National Societies through guidance, expertise and technical and material support. It focused on integrated approaches contributing to the achievement of the Millennium Development Goals (MDGs) and the Global Agenda Goals – to reduce the number of deaths, illnesses and impact from diseases and public health emergencies.

A significant example would be the National Societies' programmes in the field of malaria prevention. The growing scientific evidence shows that combining the distribution of nets and "Hang Up" campaigns in order to increase the use of nets has a positive impact in the field. Trained volunteers taught households that received a net on how to use it, thus bringing an essential contribution in reducing the burden of the disease. Since 2002, more than 249,000 deaths due to malaria have been averted, and 17.5 million people have been protected, as a result of Red Cross Red Crescent net distributions.

In 2008, the global health and care forum was held in Geneva from 14 to 16 May. This forum was an added opportunity to identify new ways to address key health and social challenges. In celebration of the 30 years since the Alma Ata Declaration, the focus for this year's forum was to collectively discuss primary health care as a means to strengthening health systems. A concrete

step in this direction was the completion of the Community-Based Health and First Aid (CBHFA) *in Action* curricula set (implementation guide, facilitator guide, the volunteer manual and community tools).

The International Federation's psychosocial support reference centre in Copenhagen also redefined its strategy and core activities which contributed to all Global Agenda Goals, as they strived to reduce the impact from disasters (Goal 1), reduce diseases and public health emergencies (Goal 2), increase capacity to address the most urgent situations of vulnerability (Goal 3), and reduce intolerance, discrimination and social exclusion (Goal 4). To find out more, go to: http://psp.drk.dk/sw41534.asp

Financial situation: The total 2008 budget is CHF 5,382,022 (USD 5,125,735 or EUR 3,588,015), of which 100 per cent covered. Expenditure overall was 100 per cent.

Click here to go directly to the attached financial report.

See also the financial situation of the individual projects mentioned under this Appeal.

Our partners: The International Federation of the Red Cross and Red Crescent Societies has been a partner in several global efforts aiming at reducing morbidity and mortality caused either by diseases or disasters. Red Cross Red Crescent National Societies' involvement in social mobilization has been recognized in many achievements, and renewed demands have come for them to support several global campaigns and programmes. All over the world, hundreds of thousands of volunteers work in their communities promoting health, preventing diseases, and demonstrating positive values through their action.

See also the Working in partnership section of the individual projects mentioned under this Appeal.

Context

In the last years, major gains have been made towards improving global health. This is demonstrated by great achievements such as the massive global measles mortality reduction or by the trend that shows the stabilization of HIV global prevalence forming a step towards reversing the epidemic as aimed for by the MDGs. Despite the progress made, many challenges to improve global health remain, and efforts to scale-up, and tackle challenges has become more than ever necessary.

Communicable diseases kill more than 14 million people every year. More than 1 billion people still lack access to safe water, and 2.6 billion to basic sanitation. As a consequence to the financial and economic crisis, the number of people suffering from malnutrition and the disruption of livelihood has increased to soon reach 1 billion. The year 2009 has witnessed disasters causing the death of thousands of people. This global situation can also worsen in the years to come through global trends such as climate change, population growth and ageing, urbanization, migration, food and water shortages, poverty, emerging diseases and the lack of access to health services.

To be effective, actors in the health sector need not only to work together, but also hand in hand with other sectors. It is only through such integrated work that the International Federation will build resilient and self-supporting communities. The International Federation and its membership, through its network of volunteers, its community-based approach, its expertise and experience is ready to contribute actively to this global aim.

Progress towards outcomes

Community-Based Health and First Aid

Outcome(s)/Expected result(s)

- National Societies have developed their capacity to reduce vulnerability caused by injuries and diseases by working with, and strengthening the capacities of communities and networks of Red Cross Red Crescent volunteers.

Achievements

- **Tools developed and adapted:** With a name change to Community-Based Health and First Aid (CBHFA) *in Action,* the full set of CBHFA materials has been completed. A CBHFA *in Action* stakeholders meeting was organized in April by the Palang Merah Indonesia (PMI), the International Federation and the American Red Cross to bring together 24 participants and key partners from Host and Partner National Societies to agree upon the steps finalizing the curricula.
- The curricula set included: an implementation guide (for programme managers at the National Society headquarter and branch level), a facilitator guide (for facilitators), a volunteer manual (for volunteers) and Community Tools (illustrated communication materials to be used in household and community activities). The materials were developed with the input of over 30 National Societies which piloted them in four master facilitator workshops since their drafting. Three of those four workshops were organized in 2008: a) Pacific workshop hosted by the Cook Islands Red Cross Society (March 2008); b) an East Africa workshop hosted by the Somali Red Crescent Society (April 2008), and a Southeast Asia region workshop hosted by the Sri Lanka Red Cross (September 2008). The materials are currently in the final stages of production, and are being translated into French, Spanish, Arabic (for the implementation guide only), Portuguese and Bahasa.
- National Societies' action plans developed after each master facilitator's workshop and their implementation are to be followed by the regional/zonal offices. The approach and its materials have also been introduced into the H2P pandemic preparedness programme. The materials were used during the third field school training in Cambodia. This will enhance the community-based outreach activities and the linkage between preparedness and response in health emergency.
- The approach has also attributed to the development of a resource pack for National Societies in first aid activities with vulnerable people by the First Aid Education European Network Taskforce.
- There is already great demand by National Societies in all zones to use the materials and implement the approach throughout their community-based work. In 2009, there are plans to carry out seven master facilitator workshops in three different languages. This will contribute towards the effort of harmonizing the International Federation's community-based health work to reduce duplication and maximize Red Cross Red Crescent health programmes.
- **Standard setting and framework of monitoring developed:** A framework for monitoring the CBHFA approach and indicators for community-based health and first aid is still in the process of development. A set of draft tools was circulated for input to field practitioners and National Societies, and will be revisited in 2009. Existing materials are being collected, analyzed and further developed to complete the framework, as well as to build upon the tools already used by National Societies.
- The revised First Aid Policy was disseminated to all 186 National Societies. The International Federation's community health services advisory group appreciated the consultation process, and will oversee the implementation of this policy. More than 60 per cent of the 39 National Societies which attended the European First Aid Network annual meeting know

about the policy. Based on the revised policy, National Societies are developing their own national first aid policy and making strategic changes in their first aid education.

- **Resource people developed and mobilized:** A team of CBHFA *in Action* resource people have been steadily developed through master facilitator workshops. These resource people are coached and being mobilized to various workshops and sensitization meetings. Additional effort is being made to train master facilitators in other key languages, such as French, Portuguese and Russian.
- These resource people form a network of CBHFA *in Action* practitioners who are able to support sister National Societies in facilitating the CBHFA process, review one another's programme and share lessons learnt. This peer to peer approach will be applied in the Southeast Asia region during the interim evaluation which is planned for mid-2009.

Working in partnership

The International Federation's team of seven experts from National Societies has joined and started its work on an evidence-based research process to develop the Consensus of Science on First Aid in the international advisory board in first aid. This board is co-chaired by the American Red Cross and the American Heart Association. The participation is appreciated and it brings in not only the international perspective of first aid, but also the application of the recommendations in different countries with limited resources. A letter of agreement has been drafted to inform this collaboration.

World First Aid Day (WFAD) was celebrated on Saturday, 13 September 2008. The theme for WFAD 2008 was *First Aid for Life,* and over 30 Red Cross and Red Crescent Societies participated.

Approximately 587,201 Red Cross and Red Crescent staff and volunteers gave their time to help coordinate the WFAD events that took place in one or more of the 858 participating regional branches. Various National Societies held first aid competitions amongst primary and secondary students. In addition, first aid demonstrations and seminars were held in central city locations across many of the regional branches. The demonstrations varied in their content but all involved some element of community participation.

Contributing to longer-term impact

Key lessons learnt and good practices were presented during the International Federation's Health and Care Forum in May 2008 by the Sri Lanka Red Cross Society, PMI, the Sudan Red Crescent Society and the National Societies in the Pacific region. The emphasis was on using CBHFA as an integrated approach to work with volunteers and communities in disease prevention and health promotion activities. CBHFA should be used as a framework to move from projects to long-term programme development, helping to make a lasting impact on communities and National Societies themselves.

A minimum standard in CBHFA *in Action* is proposed in the implementation guide. While the approach and curricula are flexible, these standards help to ensure quality and basic core knowledge and skills of all Red Cross and Red Crescent volunteers.

CBHFA was looked upon as the foundation on which to build common volunteer core competencies, during the harmonization process of different health and care portfolios. More specialized curricula, depending upon the community's priority health needs, will fit into the "training plan" after these basic competencies have been developed. In 2009, the harmonization process will continue alongside the implementation of CBHFA where National Societies have expressed an interest.

Measles and Polio

For a complete update, go to the Global Measles and Polio Initiative Annual report 2008.

Outcome(s)/Expected result(s)

The Measles and Polio Initiative continues to work with the zones/regions to provide technical support and resources to National Societies for their involvement in mass measles and polio immunization campaigns. The initiative's goals are in line with those of the World Health Organization (WHO)/United Nations Children's Fund (UNICEF) Global Immunization Vision and Strategy (GIVS) targets: 90 per cent global reduction in measles mortality by 2010 (compared to 2000), and completion of global polio eradication. The initiative also aims, through support to campaign social mobilization, to strengthen National Societies' involvement in routine immunization. The International Federation's secretariat supports these activities through participation in related global partnerships (Measles Initiative and Global Polio Eradication Initiative), and through advocacy on behalf of National Societies for their inclusion in supplementary immunization activities (SIAs).

Achievements

The International Federation's contribution to measles and polio activities was strongly continued in 2008, with increased interest from global immunization partners to collaborate with Red Cross Red Crescent National Societies. In 2008, eight National Societies received funds from the Global Initiative to conduct social mobilization around measles SIAs and polio eradication activities (Benin, Burkina Faso, the Central African Republic, Côte d'Ivoire, Nigeria, Nepal, Georgia and Pakistan). An additional eight National Societies participated in immunization campaigns through bilateral support, mobilization of internal resources or financing by countries partners. In total, approximately 20,000 Red Cross and Red Crescent volunteers were mobilized for campaign immunization activities over the course of the year.

The sustained involvement of National Societies has been recognized in the global achievements recently celebrated, namely the 2008 announcement that global measles mortality had been reduced by 74 per cent (from an estimated 750,000 deaths in 2000 to 197,000 deaths in 2007). In addition, from 2000 to 2007, global routine measles immunization coverage reached an estimated 82 per cent for the first time, although routine coverage in Africa and South-East Asia remained below that mark (74 per cent and 73 per cent respectively).[1]

In the area of polio eradication, 2008 was a challenging year caused by the surge of outbreaks in the north of Nigeria that threatened neighbouring countries with virus importation. Exported polio virus from Nigeria was found in Benin, Burkina Faso, Ghana, Mali, Niger and Togo, prompting emergency outbreak response measures and repeated requests for National Society involvement. In 2009, the International Federation will work with National Societies in polio endemic and reimportation countries to better strategize the International Federation's contribution to polio eradication, particularly in light of the difficulty faced in eradications, and the renewed emphasis on the importance of culturally sensitive social mobilization.

[1] Progress in Global Measles Control and Mortality Reduction, 2000-2007. WHO Weekly Epidemiological Record. No. 49, 2008, 83, 441-448. http://www.who.int/wer/2008/wer8349.pdf

Technical support was provided to National Societies for the development of proposals, with a focus on linking mass immunization social mobilization with longer-term CBHFA plans. A multi-National Society planning workshop was organized in Côte d'Ivoire to review proposals of National Societies with upcoming campaigns. The workshop was supported by the American Red Cross's measles delegate, and was an effective model of a National Society's peer review and support which should be replicated in the future. There are still outstanding technical support needs which must be addressed in 2009.

Within the secretariat, health and care staff continued to play a coordination role in support of the activities enabled by the Global Measles and Polio Initiative. This includes participation in weekly teleconferences and annual planning meetings to ensure that National Societies are a part of the planning process. After participation in the 8th Annual Measles Initiative Advocacy Meeting, the International Federation and the American Red Cross organized a one-day campaign social mobilization lessons learned workshop. The workshop included participation of eight Federation zone/regional health staff, six National Societies with mass immunization experience, and two Partner National Societies. The meeting sought to share experiences in the area of mass social mobilization, identify gaps in campaign planning and implementation, and set standards for Red Cross Red Crescent involvement.

The International Federation also continued to participate in various international immunization partnerships, in addition to the Measles Initiative and Global Polio Eradication Initiative. As a member of the GAVI Alliance Civil Society Task Team (CSO TT), the International Federation's secretariat supported the implementation of the CSO funding window, and promoted its uptake among National Societies. The Red Cross of the Democratic Republic of the Congo is presently the sole National Society receiving GAVI Alliance CSO funds. Additional efforts will be made in 2009 to increase National Society application for the CSO strengthening funding window. Increasing emphasis is also being placed on expanding National Society involvement in the promotion of routine immunization at the community level, to complement the International Federation's extensive experience in mass immunization.

The secretariat continues to prioritize the analysis of volunteers' added value during mass campaigns. At the 2008 WHO World Health Assembly, the contribution of the Red Cross Red Crescent was again noted during a statement on progress towards the global immunization strategy.[2] And the scope of the International Federation's support to measles and polio activities from 2000 to 2007 was published in the 2nd edition of *Partnering for Community Impact*.[3] In fulfilling the International Federation's role as a leading national social mobilization partner, it is building the capacity of National Societies themselves, while making a visible and effective impact on progress towards child survival and MDG 4.

Malaria

For a complete update, go to the Global Malaria Initiative Annual report 2008.

Outcome(s)/Expected result(s)

The Global Malaria Initiative continues to build the capacities of the zones to provide technical support to National Societies as they scale-up their malaria activities towards the Roll Back

[2] Global Immunisation Strategy Statement by Kate Elder, International Federation's health and care department, to Committee A of the World Health Assembly, in Geneva. 21st May 2008. Hhttp://www.ifrc.org/docs/news/speech08/ke210508.asp

[3] Partnering for Community Impact: the incredible reduction in measles mortality and overcoming the last barriers to polio eradication through partnership. International Federation, 2008. Hhttp://www.ifrc.org/Docs/pubs/health/measle-polio-final-report.pdf

Malaria (RBM) 2010 and 2015 targets. In 2008, the programme focused on developing the malaria toolkit consisting of four modules: 1) Malaria Technical Module, 2) Mass Malaria Net Distribution and Hang Up, 3) Supervision Module, and the 4) Behaviour Change Communication. The 2008 malaria planning meeting was held in Dakar, Senegal in February 2008. A malaria management survey tool was developed. This survey tool will allow National Societies to conduct accurate, rapid and inexpensive malaria net usage and coverage surveys.

Achievements

Red Cross Red Crescent and the International Federation's secretariat supported the malaria activities expanded in 2008. This expansion of malaria focused on health programming, and will continue as ministries of health work towards the December 31st 2010 RBM targets (80 per cent of people at risk from malaria are protected, 80 per cent of malaria patients are diagnosed and treated within one day, and malaria burden is reduced by 50 per cent compared with 2000).

Data from national surveys conducted by the Health Bridge and the Centres for Disease Control and Prevention financed by the Canadian Red Cross, showed excellent results from Red Cross Red Crescent-supported LLIN distributions in Mali and Madagascar in late 2007.

In Mali, the 2008 rainy season LLIN ownership and usage survey showed 77 per cent of households had a least one malaria net hanging, with 96 per cent of children under five sleeping under a malaria net the night before in households that owned a malaria net. Madagascar showed similar results following the 2008 rainy season LLIN ownership and usage survey, where 77 per cent of households owned a malaria net, and 95 per cent of children under five slept under a malaria net the night before in households owning a net. Wealth quintile data from the Madagascar national survey showed the perfect equity between the poorest and the least poor households in districts where Red Cross was involved in social mobilization activities and malaria net distribution.

This year, the global malaria prevention partnership shifted focus from the logistics of LLIN distribution to post distribution activities, to ensure that once LLINs are in households they are suspended and used. Red Cross Red Crescent is well positioned at the community level to respond to this new focus through ongoing Hang Up and Keep Up programmes.

There was limited success in reinforcing malaria technical capacity at the zone level in 2008. This activity will continue into 2009 with expanded support available to the zones from the Geneva secretariat. The main challenge in 2009 will be to ensure that human resources are in place at the zone level, so the reinforcement of technical capacity can take place. During 2008, the majority of requests for technical support by National Societies were filled by Partner National Societies or though exchange visits between Operational National Societies.

The Nigerian Red Cross Society supported the mass distribution of 560,800 LLINs in the Cross River State in December 2008. The programme received financial and technical support from the Canadian Red Cross. The Togo Red Cross supported the countrywide distribution of 1.2 million LLINs with financial and technical support from the Canadian Red Cross. Togo is the first country globally to conduct a countrywide malaria net redistribution activity. The International Federation's secretariat also supported the mass distribution of malaria nets in the Kanyakumari district in India. Mass distributions planned for Burundi and Burkina Faso for late 2008 were delayed until early 2009.

Blood

Outcome(s)/Expected result(s)

National Societies are able to build their capacity and effectiveness as auxiliaries to their governments in promoting voluntary, non-remunerated blood donation (vnrbd) as the foundation for their nation's safer blood supplies.

Achievements

Working in a spirit of close collaboration with WHO, as both organizations share a common vision for 100 per cent vnrbd, significant achievements occurred in 2008:

- The international colloquium on voluntary, non remunerated blood donation was cosponsored by WHO's regional office for Eastern Mediterranean. This colloquium attracted 213 participants from 74 countries, including 50 National Societies. Major outcomes included a commitment from participants to work towards the achievement of 100 per cent voluntary, non-remunerated blood donation in order to make a significant impact on the relevant MDG goals: (1) reduce child mortality, (2) improve maternal health, and (3) combat HIV/AIDS).
- There was growing interest from all regions in youth programmes which focused on regular blood donation and health promotion. This has resulted in an expanding network embracing around 80 countries which have introduced Club 25 programmes or similar healthy lifestyles initiatives for young donors.
- The demand for the Federation's toolkit, *Making a Difference…Recruiting Voluntary, Non-remunerated Blood Donors*, resulted in the printing of an updated version of the toolkit in January with all 250 copies distributed within weeks of publication.
- The International Federation's Global Advisory Panel on Corporate Governance and Risk Management for National Societies with Blood Programmes (GAP) has provided specific in-country support to two National Societies seeking to build their capacity in vnrbd activities, and at the same time reduce the risk associated with national blood programmes.

Working in partnership

- World Blood Donor Day (14 June) provided a milestone to monitor the International Federation's progress with key partners working towards 100 per cent vnrbd. WHO reports that 54 countries are now achieving 100 per cent voluntary, non remunerated blood donation (representing a 50 per cent increase over 10 years).
- Cooperation with WHO's regional office for Europe resulted in the development of a common framework for vnrbd to enhance the regional blood supply sufficiency (South East Europe Blood Safety Meeting in April 2008). As a result of recent workshops with National Societies in that region, several National Societies are now working in close partnership with governments to promote voluntary, non remunerated blood donation with active Club 25 programmes in Serbia, Croatia and Albania.

Water, Sanitation and Hygiene Promotion

For a complete update, go to the Global Water and Sanitation Initiative Annual report 2008.

The International Federation's water and sanitation policy lays out the goals and responsibilities both in disaster preparedness/response, recovery and longer-term water and sanitation programming contexts.

Outcome(s)/Expected result(s)

The water and sanitation unit in Geneva continues to provide technical and programming support to a network of over 45 multilateral water and sanitation coordinators, delegates, project

managers and officers worldwide, and ad hoc support to bilateral Partner National Society water and sanitation programmes. This is further to the contribution made to the broader public health and health in emergencies agenda. During the year, closer working modalities especially with emergency health bore fruit, especially in closer interaction in emergency response, and further ERU development, integration and revision. A significant increase in project delivery under the Global Water and Sanitation Initiative has been realized, particularly in the provision of sustainable water supplies and sanitation facilities.

Achievements

In disaster response (DR) and preparedness, the primary global water and sanitation tools are (1) to ensure the inclusion of technically competent water and sanitation Field Assessment Coordination Team (FACT) members, when FACT is deployed in large-scale disasters, or alternatively or additionally maintain a "pool" of water and sanitation delegates and officers available to provide technical support in disaster response; and (2) maintain the relevance, capacity and readiness of the water and sanitation Emergency Response Unit (ERU) (now standardized to three modules, encompassing safe water supply, sanitation and hygiene promotion) for rapid deployment. During the reporting period, water and sanitation ERU modules were deployed in Myanmar, China, Philippines, Sudan and Zimbabwe targeting over 500,000 vulnerable people. Delegates, officers and volunteers with water and sanitation skills received FACT, ERU and regional disaster response team (RDRT) training during the reporting period.

To further increase zonal, regional and country-level water and sanitation disaster response capacity, both in terms of trained human resources and pre-positioned water and sanitation disaster response kits, the water and sanitation unit concluded standardized designs for the kits with user manuals. The first ten are now in place in the three African and Middle East and North Africa (MENA) zones. Standardized training and orientation has been undertaken in West Africa, Southern Africa and MENA to which over fifty Federation and National Society staff and volunteers attended. Utilizing the standard training package developed in the 2008 trainings, further training in East Africa and Southeast Asia/Pacific is expected to occur in 2009.

The guide for the use of household-level water treatment and safe storage (HWTS), both for use in emergencies and developmental settings, is now finalized and published. The document is being rolled out both internally and externally at global events such as the World Water Forum and the UN water, sanitation, hygiene (WASH) cluster meetings, Federation water and sanitation trainings, and by integrating it into the supply chain.

External relations and engagement with the WASH cluster continued operationally at the field and global level. The International Federation engaged specifically in the hygiene promotion sector, making a significant input to the development of tools, especially the "Hygiene Promotion Box", now being adopted by the Hygiene Promotion Group (UNICEF, Oxfam, Action Contre La Faim (ACF) and others) as the standard item of equipment for hygiene promotion in emergency.

The International Federation continues to engage with the inter-agency water and sanitation group, attending and presenting at their most recent workshop/meeting hosted by Médecins Sans Frontières (MSF) in Brussels, as well as providing the venue for the global annual WASH meeting in Geneva planned for January 2009, with over 60 participants, including major emergency water and sanitation players.

Recovery (post-tsunami); In the Maldives, the International Federation's supplementary water supply systems project was completed and the communities on the 15 islands (24,000 people) benefited. The systems were also used during the dry season, when the communities used up all their harvested rainwater. The rainwater harvesting kits project was distributed to all households (total 15,496 households) on 79 tsunami-affected islands. Final monitoring visits confirmed a minimum installation rate of 80 per cent of the households on all of the islands. In Sri Lanka, the International Federation water and sanitation programme completed 28 small

community water supply systems, each of which supplied water to approximately 50 households. Additionally, 40 Red Cross volunteers were trained as participatory hygiene and sanitation transformation (PHAST) facilitators, and 30 community volunteers are running PHAST in their villages. In Indonesia, all four individual Federation/PMI water, sanitation and hygiene promotion recovery projects are established and close to being finalized. The International Federation has also taken on an extra water and sanitation project on Nias Island to provide water and sanitation infrastructure and hygiene promotion to 21,900 beneficiaries in 24 villages.

Public Health in Emergencies (PHE)

Outcome(s)/Expected result(s)

Health needs of populations affected by emergencies are addressed effectively through coordinated health interventions on all levels. Capacity of field staff and National Societies in PHE is improved and updated. Initiatives, tools, and action on PHE are coordinated and furthered through common work and representation both inside and outside the Movement resulting in better action, knowledge and accountability.

Achievements

Support to emergency operations

Several major emergencies have caused major human and material devastation in the past months. While the continuing effects of Cyclone Nargis in Myanmar and the China Sichuan earthquake were still felt, a strong hurricane season affected the Caribbean region, mainly Jamaica, Cuba and Haiti. Later on the year, Zimbabwe suffered one of the biggest cholera outbreaks in recent memory.

Continuous support was given to major emergency operations. Follow-up for the earthquake in China and the Myanmar cyclone operations was carried out, and support to the Caribbean hurricane season and its activities was in place.

Meanwhile, several operations in Africa took place, including Disaster Relief Emergency Fund (DREF) operations concerned with epidemic outbreaks. For example, the yellow fever outbreak in the Central African Republic, ebola in the Democratic Republic of the Congo, and others. These operations were given technical support to activities performed by National Societies and to the DREF process.

The most significant operation in Africa from the health point of view was the ongoing cholera epidemic in Zimbabwe. The epidemic reached a catastrophic scale, and took place over a severe food security crisis and the breakdown of the health and other infrastructures in the country. The International Federation, led by a strong sense of need in this situation launched a massive operation in Zimbabwe to support the Zimbabwe Red Cross Society (ZRCS), as well as tackled the cholera outbreak. This operation was characterized by the deployment of health and water and sanitation ERUs to manage the cholera cases, as well as carry out large social mobilization programmes. This operation is important because it has brought back cholera to the forefront for the International Federation. The cholera outbreak in Zimbabwe is still expanding and threatens to be a precedent for future large outbreaks.

As part of its next phase and as emphasized in several operations, the secretariat will focus on improving information sharing with partners around emergency operations.

Coordination and Representation

This health in emergencies function is gaining more focus and importance in the secretariat. With many of the response functions rolled out or in the process of being rolled out to the zones, coordinating global efforts and representing the International Federation is a function which is gaining increased importance for maintaining homogenous approaches and activities, as well as enabling mutual learning.

Activities in the second half of 2008 included:

- Follow up on the ERU working group and planning next steps and an improved approach for the functioning of the working group.
- Working with health in the community on the development of CBHFA and its harmonization with emergency health (EH) materials.
- Coordinating zonal efforts for EH capacity building and fundraising for such activities (see East Asia and South Asia PHE trainings below).
- Represent the International Federation with medical logistics in the development of the new inter-agency emergency health kit.
- Represent the International Federation in the International Coordination Group (ICG) for vaccinations for yellow fever and meningitis.
- Represent the International Federation in coordination with WHO Health Action in Crises and Communicable Diseases.
- Organize a partnership with the Veratect corporation on an early warning system for epidemics. The applications of this partnership will begin in 2009.
- Coordinate with external partners such as the Inter-Agency Standing Committee, the health cluster and the nutrition and food security cluster.
- Coordinate with the Operations Support department on the development of early warning systems.
- Continue working relations with the psychosocial support reference centre in Copenhagen and the Climate Centre in the Hague.

Development of PHE, monitoring and evaluation and knowledge sharing

More emphasis was put on these functions in 2008. However, more work needs to be done to make knowledge sharing and the development of concepts and tools an intuitive and integrated part of the PHE function. This is taking place, and will be further developed in the coming period.

During the second half of 2008, the following activities took place:

- Finalized and printed the “Epidemic Control for Volunteers training manual and toolkit” in English. This project has been developed over the past two years and aims at providing volunteers with no medical background with the tools to perform community services in a range of epidemics. The manual and toolkit were printed in English at the end of 2008, with ongoing work to produce them in French, Spanish, Arabic and Portuguese in the coming period.
- The third field school pilot took place in Cambodia in November. This is the last of the three pilots of the field-based approach to training health professionals in emergencies. The field school will be reviewed in the beginning of 2009 to reach an agreeable application for the approach.
- Workshops on climate change and health took place in the East Africa and South East Asia zones. These workshops will set the ground for further work and cooperation on the subject of climate change.
- Support and coordination with the psychosocial support reference centre in Copenhagen resulted in supporting a specialized psychosocial support scientific journal to produce a special issue on IASC guidelines for Mental Health and psychosocial support, including two articles by the psychosocial support centre roster members. The International Federation is acknowledged in the special issue.

- Work to develop aspects such as psychosocial support in ERUs and community outreach in ERUs is ongoing with partners.

Capacity building

While capacity building remains one of the major concerns and functions of PHE, all efforts are made to roll out this function to the zones with proper support from the secretariat. This effort has started to bear fruit in 2008 where coordinated work with colleagues from several delegations resulted in the revision of the PHE training curricula. The new curricula were tested in regional trainings in the East Asia region in Beijing and the South Asia region in Islamabad in the second half of 2008. Both trainings have added critically needed health resources to National Societies in their respective regions.

A pilot training to test the epidemic control for volunteers took place in Nigeria in cooperation with the zone and the NRCS. This was useful to get feedback on the draft of the package, to support the capacity building of NRCS, and to provide a pilot for the zone to follow up on.

Tuberculosis (TB) and Harm reduction

During 2008, the International Federation's TB programme continued to contribute towards the goal of eliminating TB as a public health problem, and to obtain a world free of TB. Through a dynamic network of involved National Societies, partnership with other international organizations, donors and private sector that share this goal, the Red Cross and Red Crescent has strengthened its reputation as an effective force in global TB control.

The global TB programme acts as a bridge between National Societies in TB endemic countries, by supporting National Societies and major partners, as well as bringing together the technical expertise and resources needed to achieve the common goal of eliminating TB.

Overall, resources available for TB control globally and in operational countries increased as a result of intensified promotion, strategic outreach, and stakeholder mobilization, including efforts to engage donors on a long-term basis. Multi-year agreements with pharmaceutical company Eli Lilly signed during 2007 for USD 1.6 million has expanded to USD 2 million, matching funding from USAID for USD 475,0000. Support from internal and external partners has given the secretariat and the National Societies increased stability.

Outcome(s)/Expected result(s)

a. To coordinate TB activities and increase technical support to societies.
b. Strengthened integration between TB/HIV programmes.
c. To increase an advocacy for TB as a priority health issue.

Achievements

a.

- Support provided to the Liberian Red Cross Society/British Red Cross' initiation to strengthen the TB component of the Liberia Red Cross Society's community health programme.

- Support and technical input to develop the TB training and funding proposal for the Southern African zone (will be implemented as from 2009 by the zone).

- Support and technical input to develop the proposals for a TB programme for the Armenian Red Cross and the Namibia Red Cross (to begin in 2009).
- Support and technical input to develop proposals and workplans for new TB initiatives in South Africa, Kazakhstan and India for a United States Agency for International Development (USAID) grant.
- Support and technical input provided to TB reviews in Central Asia (conducted by the British Red Cross) and Russia.

b.

- Contribution to Red Cross and Red Crescent HIV Global Alliance through the input in programme manuals.
- All TB initiatives started in 2008 by African National Societies are implemented on the basis of ongoing activities in HIV home-based care programmes in Kenya, Mozambique, and South Africa.
- TB/HIV training was provided to the National Societies of Russia, Belorussia, Moldova and Ukraine upon the request of the Europe zone, and together with the International Federation's regional office in Moscow.

c.

- The International Federation joined the global campaign launched by Stop TB Partnership and Stop TB Ambassador Luis Figu. Posters and leaflets with the main message "I can stop TB" have been distributed in almost all countries.
- A special statement on TB/HIV integration was made during the TB/HIV global leader's forum at the UN in New York on 9 June 2008.
- A media tour took place in October 2008 in South Africa, that highlighted TB and TB/HIV as one of the major threats for communities, underlining the importance of Red Cross interventions.

Working in partnership

In 2008, the International Federation continued to be part of the coordination board of the Stop TB Global Partnership. It attended a meeting in May 2008 in Cairo, which discussed high-level issues, including the new challenges in TB, the launch of regional Stop TB partnership for the Eastern Mediterranean region and the TB/HIV high-level forum at the UN in New York (as mentioned before).

Eli Lilly Multi-Drug Resistance (MDR) TB summit took place in October 2008 in Paris, together with 15 partners involved in MDR TB activities.

The International Federation chaired the committee for the selection of the civil society organization for the StopTB-initiated "challenge facility" programme with a total funding of USD 600,000. The funding supports the civil society role in TB programmes. Unfortunately, National Societies did not express a big interest.

The partnership with Eli Lilly was expanded, and financial support received for three years for activities in Southern Africa and Armenia.

The International Federation started a new partnership with USAID in addressing MDR TB in Kazakhstan, India and South Africa. The first allocation was USD 475,000.

Harm Reduction Programme / Humanitarian Drug Policy

The International Federation's health and care department continued to provide support to the training initiative in harm reduction funded by Italian Red Cross. Support included coordination of activities at the societies' level as well as co-facilitation of technical trainings organized together with the Italian Red Cross in Rome, Villa Maraini. In October 2008, a training was organized for the representatives of four the Red Cross Societies in Africa. The training plan for 2009 is still under development.

HIV

This section should be read in conjunction with the consolidated progress report issued by the HIV Special Representative of the Secretary General in April 2008, and the From Algiers to Johannesburg: Rising to the challenges of HIV in Africa issued for the 7th Pan African Conference in October 2008.

See these documents on FedNet: https://fednet.ifrc.org/sw147276.asp and https://fednet.ifrc.org/graphics/Fednet_files/Meetings_conferences_11/Africa/7th_pac/PAC_Secretariat%20Report_EN.pdf (found in the "Secretariat Report to the Pan-African Conference", starting on pg. 23)

For more information, go to the Global Alliances Annual report 2008.

The purpose of the International Federation Global Alliance on HIV is to scale-up the International Federation's efforts to support national HIV and AIDS programmes to reduce vulnerability to HIV and its impact, through three programmatic objectives:

1. Preventing further infection.
2. Expanding care, treatment and support.
3. Reducing stigma and discrimination.

bolstered by a fourth enabling output:

4. Strengthening community and National Red Cross Red Crescent Society capacities to deliver and sustain scaled-up programmes.

Outcome(s)/Expected result(s):

- The global HIV team has oriented the zone offices and National Societies to the conceptual framework of the Global Alliance on HIV, and provided technical support to ensure quality, including the capacity building of HIV focal points in zone offices and National Societies
- The HIV technical unit at the Geneva secretariat has reviewed 47 Global Alliance proposals in 2008, and has addressed quality issues with National Society, zone or bilateral technical experts prior to plan and budget launches.
- In total, 57 National Societies have now developed comprehensive HIV programme documents and launched their Global Alliance plan and budgets. The capacity of the National Societies strengthened in programmatic outputs and the Global Alliance framework.
- The HIV team at the Geneva secretariat has contributed to the Global Alliance development processes and related technical capacity building in Eastern Africa,

Western and Central Africa, South Asia, South-East Asia, East Asia, the Pacific and the Americas.

- The first year of implementation of the Global Alliance in southern Africa (10 National Societies) was reviewed in early 2008, and the findings and lessons learned necessary corrective measures were taken, and experience shared within the Global Alliance forum.
- Twenty-one master trainers from six National Societies in South Asia were trained on the use of the Federation training package on comprehensive HIV interventions.
- Efforts exerted for mobilizing significant funds for programme implementation.

Achievements

a) HIV in Emergencies:

Technical input was provided to authors and editor of the *World Disaster Report 2008*. A panel debate involving the United Nations Refugee Agency (UNHCR), the International HIV/AIDS Alliance, and Dr Noreen Kaleeba was attended by UN agencies and government missions in Geneva. Copies of the report were distributed at a HIV in Emergencies satellite event at the AIDS2008.

The International Federation signed a new Joint United Nations Programme on HIV/AIDS (UNAIDS) Collaborating Centre agreement to work on stigma reduction in partnership with the Global Network of People Living with HIV and AIDS (GNP+), and to improve the handling of HIV issues in humanitarian crisis situations.

The Special Representative has served as co-chair of the Interagency Standing Committee Taskforce on HIV.

The Code of Good Practice for NGOs Responding to HIV self assessment tool on HIV in Emergencies was released and is available at http://www.hivcode.org.

b) HIV prevention, treatment, care and support

Standards for HIV peer education were finalized, following the feedback by global prevention resource people, ready for roll out in 2009. The standards were developed in collaboration with the British Red Cross.

HIV prevention guidelines were nearing completion by the end of 2008, and a complete draft will be ready for review by global prevention resource people in early 2009.

In South Asia, 21 master trainers from six National Societies were trained on all eight modules of the Federation generic training package, increasing their knowledge and skills on comprehensive HIV programme interventions. The master trainers will enable the National Societies to cascade the programme to their branches and partners in country.

Global-level financial support enabled the Southern Africa zone to print the Portuguese version of the training package, and to develop IEC materials in local languages.

c) HIV Global Alliance

Seventy National Societies (including donor National Societies) are active members of the Global Alliance on HIV. All zones have now launched Global Alliance on HIV scale-up plans, including a regional support plan, except the MENA region which plans to do this in early 2009.
All country and regional plans can be viewed at FedNet: **https://fednet.ifrc.org/sw144808.asp#516_124359,** and all implementing National Societies have been supported to establish baselines. As each zone/regional Global Alliance on HIV

launch occurred, media opportunities were maximized through high-level participation in the launches (often the HIV Special Representative with representatives of the host Government and UNAIDS), a press conference and follow up interviews.

Communication with all members of the Global Alliance was enhanced with the issue of Global Alliance on newsletters in 2008 which can be viewed on FedNet: **https://fednet.ifrc.org/sw147276.asp**

The capacity of National Societies (14 in East and West Africa, 10 in the Americas, 17 in Asia Pacific and six in Europe) were strengthened in the areas of planning and programme document development, as evidenced by the quality of the programmes developed. Global-level financial support enabled the Europe zone to hold a Global Alliance on HIV working meeting in Tashkent in May, which was attended by the HIV Special Representative and the HIV unit manager. A global-level financial contribution was also provided to the Americas zone regarding their Global Alliance launch and AIDS2008 arrangements.

Continuous input to improve the Global Alliance programme manual has been invited throughout 2008, and a new version will be issued in early 2009 with improved guidance on TB integration. The format of the Global Alliance report has been streamlined with that of the secretariat wide-reporting format, in coordination with the planning, monitoring, evaluation and reporting department at the Geneva secretariat.

The Special Representative on HIV visited particular countries including Indonesia, Papua New Guinea, and India to boost their efforts given the critical importance of work on HIV in those countries.

Funding was not available for a 2008 Global Alliance annual review meeting, so a one-day meeting was arranged in Mexico in August 2008 for all Red Cross and Red Crescent participants of the AIDS2008 Conference. More than 50 people participated in the meeting which included a briefing from Red Cross Red Crescent (RCRC)+ on LIVING2008, discussion regarding the Global Alliance on HIV, and the beginning of work to develop the sexual and gender-based violence part of Output 3. Debriefing meetings were held throughout AIDS2008, including a debate on prevention targeting, resource mobilization and the Global Fund for HIV, Tuberculosis and Malaria (GFATM), and other themes from the conference.

Advice on the GFATM proposal processes was provided to the Pacific, Southern Africa and the Caribbean. Four National Societies in the Pacific are part of an approved grant, but the Southern Africa proposal did not proceed in round eight as a few National Societies did not arrange the required country coordination mechanism (CCM) endorsement. Country-level engagement was the focus for round nine, for example, in Mozambique and Southern Africa, and in collaboration with the UNAIDS technical support facility - Southern Africa is occurring. The Caribbean multi-country application through the Pan-Caribbean Partnership Against HIV/AIDS (PANCAP) is in the process for Global Fund round nine.

d) Health in Prisons

The draft health in prisons project report, undertaken to develop a platform of common interest with the International Committee of the Red Cross (ICRC), has been sent to the ICRC for final comment.

Research material on migration and detention gathered by the project has been handed over to the International Federation's migration taskforce.

An intervention was made at the UNAIDS Programme Coordination Board (PCB) meeting in December 2008 expressing concern that the treatment of bed numbers to be reported to the United Nations General Assembly Special Session (UNGASS) on drugs in 2009

could include detention beds not managed by health professions, where the "treatment" is sometimes cruel, degrading and inhumane, and at times meets the definition of torture.

e) Stigma Reduction

The International Federation signed a new UNAIDS collaborating centre agreement to work on stigma reduction in partnership with GNP+, and to improve the handling of HIV issues in humanitarian crisis situations.

The RCRC+ network was formed and contributed to the development of People Living with HIV (PLHIV) movement's advocacy agenda. Four advocacy guidance notes summarizing this work can be seen on the GNP+ website. RCRC+ members were asked by the governing board to provide an annual report on how well the International Federation is implementing the greater involvement of PLHIV principles as per the Code of Good Practice for NGOs (and Red Cross and Red Crescent) Responding to HIV.

An intervention was made by the International Federation's Vice-President (Africa) to UNGASS on HIV in June 2008. Go to: http://www.ifrc.org/docs/news/speech08/tb090608.asp

The Norwegian grant for improving the Masambo Fund has been used to support a summer intern to process grants, and develop simplified application procedures and publicity materials.

World AIDS Day campaign materials were adapted to "deliver the Global Alliance on HIV", "mobilize the community", and "partner with PLHV" TO DO MORE AND DO BETTER themes. Posters in four languages were launched on World AIDS Day in Geneva for use throughout 2009.

f) Scientific Liaison

The HIV unit resourced block accommodation bookings and other coordination for LIVING 2008 and AIDS 2008 Red Cross and Red Crescent participants, and funded a significant proportion of the rooms, and airfares/per diem for most participants living with HIV. Fourteen RCRC+ members participated in LIVING2008, and more than 50 Red Cross and Red Crescent delegates attended AIDS2008.

The International Federation's hosting of the Code of Good Practice for NGOs (and Red Cross and Red Crescent) Responding to HIV has been managed to the full satisfaction of the Steering Committee organizations. The project is on track to close in April 2009 and to handover the ongoing maintenance to GNP+. Translated versions of the Code are now available, and a range of self-assessment tools developed and put on the new website http://www.hivcode.org.

The Southern Africa's Global Alliance on HIV programme launched in late 2006 and implemented in 2007 was reviewed. This included a field review in one sample National Society (Malawi), identifying success, weaknesses and constraints for discussion with the National Society. Based on the findings of the field review and the reports of the 10 National Societies, a two-day meeting was conducted with partners in order to exchange views on successes, weaknesses and constraints, and to identify lessons learned for improved performance. As of yet, no formal link has been built with universities for operational research.

It has been negotiated that the annual workplan of the UNAIDS Collaborating Centre on Stigma will undertake an annual research project in collaboration with GNP+ to improve the evidence base for advocacy.

Constraints or Challenges

The major constraint is shortage of funding support at the zone and National Society levels for the organization and implementation of scaled-up programmes. The Southern Africa zone is doing well in resource mobilization, and other zones could learn from the Southern African experience in fund raising. The effectiveness of the International Federation's secretariat in Geneva in resource mobilization also needs attention.

Even though the HIV programme is already decentralized and HIV technical advisers are in place in many regions, doing business has been more complicated as the readiness of zones to take on responsibility for leadership development, technical advice and quality control varies considerably. The organization and implementation of the Global Alliance programmes has been conducted during the process of establishing the zone offices, including recruitment of core technical staff and putting in place the new operating model. Some zones have lost HIV technical staff, for example, the East Africa zone has reduced their HIV technical staff from three to one. Global Alliance development at the zonal level continues to be a major challenge and requires considerable involvement and support from the HIV unit at the Geneva secretariat. This inevitably affects the progress towards the development of generic tools and guidelines at the global level, and the implementation of the generic tools at the community level. This situation also limits the availability of quality technical support to National Societies for effective programme implementation.

Technical core health and care programme staff in zone offices are not yet fully in place in all zones at the end of 2008.

No technical staff member at the Geneva secretariat is dedicated to output 3 of the Global Alliance on HIV, which is still underdeveloped. The principles and values department is keen to create a position in their department to work on HIV-related stigma issues and to take the lead on delivering the three-year UNAIDS collaborating centre agreement.

A key challenge is to harmonize HIV prevention approaches in practice throughout the International Federation, and to ensure that Red Cross Red Crescent prevention programming is evidence based, well targeted and at a sufficient scale to have an impact.

Most donor National Society support for the HIV part of the Health and Care appeal has come six months or later into the year and is earmarked, making it very difficult to effectively carry out programme activities. Therefore, most of the expenditure for the first six months had to be recoded, doubling the workload for the HIV unit, with its already limited human resources.

In various countries, Red Cross and Red Crescent HIV programming was affected by natural disasters and political turmoil and unrest. For example, in Kenya, the political uprising negatively impacted on the performances of both the zone office and the Kenya Red Cross Society**.**

Working in partnership

Refer to the Working in partnership section in each of the projects mentioned under this Annual report, or go directly to the section in the annual report of the individual project if available.

Contributing to longer-term impact

Refer to the Contributing to longer-term impact section in each of the projects mentioned under this Annual report, or go directly to the section in the annual report of the individual project if available.

Looking ahead

Refer to the Looking ahead section in each of the projects mentioned under this Annual report, or go directly to the section in the annual report of the individual project if available.

How we work	
The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".	**Global Agenda Goals:** • Reduce the numbers of deaths, injuries and impact from disasters. • Reduce the number of deaths, illnesses and impact from diseases and public health emergencies. • Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability. • Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

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