

Annual report

 International Federation
of Red Cross and Red Crescent Societies

Global Alliances

Appeal No. MAA00035

21/04/2009

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



Participants in the Red Cross Red Crescent Global Alliance on HIV 2008 Forum *March Against Stigma, Discrimination and Homophobia*. **International Federation**

In brief

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

1. Preventing further infection.
2. Expanding HIV treatment, care and support.
3. Reducing HIV 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 HIV programmes.

This report 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), and the HIV section of the [Health and Care Annual report 2008](#).

Programme(s) summary: The following activities have been achieved with the global International Federation commitment secured in 2006. These achievements are also described in full in this report:

- Red Cross Red Crescent Global Alliance on HIV launched on World AIDS Day, 1 December 2006, to scale-up HIV programming in support of national HIV and AIDS programmes.
- Design and launch of a common framework for scaling up.
- Oversight established, including selection of co-chairs of the Red Cross Red Crescent Global Alliance on HIV Steering Committee, an initial meeting of the committee, and the first Red Cross Red Crescent Global Alliance on HIV Forum meeting just before the International AIDS Conference in Mexico in August 2008.
- Programming standards and guidance defined with the Global Alliance programme manual developed progressively.
- Technical support provided by the secretariat HIV Team in Geneva, zones and regions, along with technical colleagues in Partner National Societies. A system for feedback has been established, and numerous interventions and activities carried out.
- The 2007 General Assembly to “endorse the HIV Global Alliance approach which should continue to be rolled out as quickly as possible in all regions”.
- The Global Alliance was rolled out in full and across almost all zones and regions in 2007. Zone and regional Global Alliance programmes are being launched during 2008.
- System for tracking progress initiated.
- Strengthening communications and advocacy.
- Strengthening resource mobilization.
- Evidence base for interventions – shift in Red Cross Red Crescent attitudes towards more tolerant and open leaders, staff, members, and volunteers of some National Societies enabling collaboration with key marginalized populations.
- Mainstreaming HIV into broader programming and systems.
- Partnership with People Living with HIV (PLHIV) - has been a key focus.
- Addressing gender issues.
- Influencing the International Federation’s “new operating model”.

Financial situation: The total 2008 budget is CHF 694,118 (USD 661,065 or EUR 462,745), of which 19 per cent covered. Expenditure overall was 19 per cent.

In 2009, there will be no separate Global Alliance on HIV Appeal. All HIV funding needs, including coordination of the Global Alliance on HIV will be detailed in the HIV section of the Health and Care Appeal 2009-10. Funds donated to the Global Alliance on HIV Appeal were utilized as a last resort, and the balance has been transferred to the HIV unit for ongoing Global Alliance on HIV activities.

[Click here to go directly to the attached financial report.](#)

No. of people we help: Most scaled-up National Society programmes are still finalizing their plans and mobilizing resources or have only just initiated their new programmes (East Africa and East Asia). The exception is the Southern Africa programme which conducted its first annual review in Johannesburg in February 2008. The Southern Africa HIV Global Alliance (covering 10 National Societies) presented preliminary results in reaching people with Red Cross Red Crescent HIV services. In 2007, the number of people reached were:

Output 1: 6,548,900;

Output 2: 68,630 People Living with HIV and 143,004 Orphans and Vulnerable Children (OVC);
Output 3: 31.7 per cent of 1,671 National Society staff are in HIV workplace programmes; and
Output 4: 8,678 volunteers carried out HIV work (an average 965,647 hours on HIV each month).

Our partners: More than 60 National Societies from low and middle income countries have joined the Global Alliance. Partner National Societies have contributed financially and technically to scale up National Societies' HIV programmes; and some external partners have supported the work of the HIV Global Alliance at several levels (including the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) and the National AIDS Councils in-country). Additional contributions of the Red Cross Societies of Australia, Canada, Netherlands, Sweden, and the United Kingdom have been particularly important in allowing the HIV Global Alliance to develop its methods, and to provide the common services that underpin its day-to-day organization and delivery.

The guidance of the HIV Governance Group and many other members of the Federation Governing Board has been instrumental in encouraging the Alliance to move forward, supplemented latterly by the advice of the Global Alliance Steering Committee. Secretariat staff colleagues in zones, regions and in Geneva have provided strong support to this programme with their hard work and enthusiasm, and with their determination in the face of many challenges.

Context

The HIV Global Alliance's programming principles are that interventions must:

- be evidence-based - informed by locally-prevalent patterns of HIV risk, vulnerability, and impact, and driven by a demonstrable understanding of what is effective in a particular context;
- be mainstreamed, wherever feasible - not only within structures and programmes of the Red Cross Red Crescent, but importantly, they should be integrated into, and seek to strengthen community and institutional systems for health, education, social care, and livelihood promotion. Thus HIV activities should be carried out jointly with maternal and reproductive health, tuberculosis (TB), safe blood, and other related interventions; and
- seek out the most vulnerable, and build resilience by reaching and empowering the people most in need. Particular emphasis is on involving people living with HIV and their families. Crucially, in the face of an increasingly feminized epidemic, addressing gender inequalities – and sexual and gender-based violence - is also a priority feature.

The HIV Global Alliance methodology is based on simplifying what is done, harmonizing how it is done, and scaling up what can be done well. This is done through the application of the “seven ones”:

- One set of needs analysis.
- One set of objectives and strategies.
- One HIV country action plan (for each operating National Society) with expectation of long-term commitment to ensure sustainability.
- One shared understanding of the division of labour among entities of the Red Cross Red Crescent Movement.
- One results-based funding framework in which multi and bilateral financing channels can co-exist.
- One performance tracking system.
One accountability and reporting mechanism.

Progress towards outcomes

Outcome(s)/Expected result(s)

The HIV Global Alliance aims by 2010 to double Red Cross Red Crescent programming in targeted communities, and to reach at least 137 million beneficiaries.

- 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 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 in the Global Alliance framework.
- The HIV team at the Geneva secretariat has contributed to 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 Global Alliance in Southern Africa's first year of implementation (10 national societies) was reviewed in early 2008. The findings and the corrective measures for lessons learned 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

- 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 Middle East and North Africa (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 a high-level participation in each of the launches (often HIV Special Representative with representatives of host Government and the Joint United Nations Programme on HIV/AIDS (UNAIDS)), a press conference and follow-up interviews.
- Communication with all members of the Global Alliance was enhanced with the issue of the Global Alliance in newsletters in 2008. These can be viewed on FedNet: <https://fednet.ifrc.org/sw147276.asp>
- 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, attended by the HIV Special Representative and the HIV unit manager. A global-level financial contribution was also provided to the Americas zone for their Global Alliance launch, and to assist the Mexican Red Cross host 70 Red Cross Red Crescent participants in the International AIDS Conference (AIDS2008).
- Continuous input to improve the Global Alliance programme manual has been received 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 forum meeting, so a one-day meeting was arranged in Mexico in August 2008 for all Red Cross Red Crescent participants of the AIDS2008 Conference. More than 50 people participated in the meeting which included a briefing from RCRC+ (the network of Red Cross Red Crescent staff and volunteers living with HIV) on LIVING2008 (a symposium of PLHIV which focuses on the development of an advocacy agenda for the next few years), discussions concerning the Global Alliance on HIV, and an initial start to the work focusing on the development of the sexual and gender-based violence (SGBV) part of Output 3. Debriefing meetings were held throughout AIDS2008, including a debate on prevention targeting, resource mobilization and the GFATM, as well as other themes from the conference.
- Advice on 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 Coordinating Mechanism (CCM) endorsement. County-level engagement was the focus for round 9, for example, in Mozambique and in Southern Africa, as well as the collaboration with the UNAIDS Technical Support Facility - Southern Africa. The Caribbean multi-country application through the PanCaribbean Partnership against HIV AIDS-HIV AIDS in the Caribbean (PANCAP) is in the process for Global Fund round 9.

Constraints or Challenges

- The major constraint is the 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 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 the 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 progress towards the development of generic tools and guidelines at the global level, and 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 of the 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 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

The Global Alliance on HIV approach, the “seven ones”, is fostering partnership, but not all stakeholders are fully engaged. National Societies have been encouraged to strengthen connections with line ministries in their respective countries, and to fully utilize the memorandum of understanding (MoU) signed with the World Health Organization (WHO).

The International Federation has been represented in the Living Partnership by the HIV unit manager, and was asked to serve on the conference selection committee. The partnership organized the LIVING 2008 positive leadership summit for two days before the AIDS2008 in Mexico, which Dr. Peter Piot, UNAIDS Executive Director, described as the most important event at AIDS2008. To prepare for this meeting, a member of the HIV governance group represented the International Federation at a pre-conference hosted by the Her Serene Highness Stephanie in Monaco in January. To enable the HIV Governance Group member to consult with other People Living with HIV, a meeting of PLHIV representatives from most zones was held in Geneva in May, and the group resolved to continuing networking under the name RCRC+. The group provided an “eye opening” statement to the HIV governance group which was noted by the Governing Board “with concern” about the high levels of discrimination still present in the International Federation. A document providing feedback on the key advocacy themes to be worked on at the LIVING 2008 was sent by the group to the conference programme committee. The RCRC+ group then attend the LIVING 2008 meeting, contributed to the Red Cross Red Crescent day before AIDS2008, and supported the Vice President-Americas to address the 1st *March Against Stigma Discrimination and Homophobia*.

Contributing to longer-term impact

The Global Alliance framework is contributing to longer-term impact through working towards harmonized, evidence-based and scaled-up HIV programming. HIV has been considered in many countries in sub-Saharan Africa as a chronic disaster. The HIV programmes focus on reducing morbidity and mortality related to infection; mitigating impacts; reducing intolerance, discrimination and social exclusion; promoting respect for diversity and human dignity; and empowering and actively involving the community. Thus, the HIV Global Alliance is cross-sectional, addressing all four global agendas of the International Federation, thereby contributing to a wider impact.

The International Federation’s human resources (HR) department has indicated it will take the lead in implementing HIV in the workplace. The department briefed zone HR managers in their 2008 orientation meeting.

Gender

The Global Alliance on HIV has emphasized gender issues in the following ways:

- Required male/female breakdown of all data.
- Inclusion of sexual and gender-based violence in Output 3.
- Detailed guidance regarding gender issues throughout the manual.
- Working to reduce stigma and marginalization, which includes sexual minorities. Men who have sex with men (MSM) have been emphasized as a target group in HIV prevention work in all countries, as concentrated epidemics amongst MSM are occurring even within generalized epidemics.

Members of the Global Alliance have expressed concern that Output 3, and gender issues in particular, are underdeveloped. To deepen understanding of the issues, clarify approaches and improve guidance, a significant proportion of the Red Cross Red Crescent day before the Mexico AIDS conference was devoted to gender issues. This session agreed that collaboration with the principles and values department to review and develop the work in Southern Africa in early 2009 is the next step.

A pilot project in Malawi involving the traditional opinion leaders/chiefs has started bearing fruit in terms of addressing sexual and gender-based violence and wife inheritance. These discussions can help develop the Global Alliance guidance on SGBV in 2009.

The Canadian Red Cross Society played a key role in this session, and presented its own work on sexual and gender-based violence – practical programming.

The indicator emphasizing “incident reporting” is being reviewed to find a better fit to the approach National Societies want to develop regarding sexual and gender-based violence.

Looking ahead

Ongoing technical support will be provided to the zones and National Societies to improve HIV programming and implementation, and to review, monitor, and evaluate their Global Alliance programme components.

There will be a critical review of the implementation of the prevention output across the HIV Global Alliance zonal and regional components over the next three years. *HIV Prevention Guidelines* and *Standards for HIV Peer Education*, will be disseminated in 2009, and support will be provided to ensure effective utilization to improve the quality of HIV prevention work throughout the International Federation.

If funding support is available, the implementation of scaled-up comprehensive Global Alliance HIV programmes will be expanded to additional National Societies.

Collaboration with the Austrian Red Cross Society has started in preparation for the International AIDS Conference in Vienna in 2010.

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.

Contact information

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