

PROGRAMME UPDATE



International Federation of Red Cross and Red Crescent Societies
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

HEALTH & CARE

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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.

In Brief

Appeal No. 05AA088; Appeal target: CHF 4,451,903; Appeal coverage: 107.6%.
(click here to go directly to the attached Contributions List, also available on the website).

Related Emergency or Annual Appeals: Malaria and Measles/Polio

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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>

Community Health Unit: increased the capacity and number of societies to use, and coordinate, the developed community-based health framework and lessons learned.

Global Health Promotion Meeting in Bangkok: the delegation headed by Dr Phua from the former health and care commission participated in the Global Health promotion meeting in Bangkok organized by WHO in August. The major outcome from the meeting is 'The Bangkok Charter for Health Promotion in a Globalized World'. The Federation's contribution and the voice of other community organizations (majority of the participants are ministry of health and WHO experts) made a difference to the Charter with the recognition of the role and focus of communities and civil societies in health. Key messages and a position paper on the International Federation's health promotion activities were produced. The Federation will participate in a follow-up meeting with other NGOs and civil societies in the implementation of this Charter.

Regional support and coordination: Regional conference calls were organized in the Asia Pacific to prepare and share information and materials on Avian Flu (September). Materials and reports are also made available on the Fednet. Support was provided to the South East Asia regional Avian Flu meeting organized by the Indonesia Red Cross where the Jakarta statement was made on the national society's commitment to Avian Flu preparedness and response.

The partnership between the International Olympic Committee (IOC) and the International Federation is strengthened in the South and South East region. In a meeting in New Delhi organized by the IOC and UNAIDS, the national Olympic committee and the Red Cross societies in the South Asia region and China have discussed and agreed on a set of recommendations to work on HIV&AIDS prevention through sport.

Support and coordination was given to the South Asia regional health meeting in New Delhi where health officers, Secretary Generals and health delegates discussed their health priorities and required support from the regional delegation and Geneva. One of the key outcomes is to have more coordinated technical support from Geneva in safe blood and HIV/AIDS. The meeting is also to develop a regional health team approach looking at more strategic directions and support form region and Geneva.

Support was provided in the SE Asia regional health meeting and the regional health team strategy is revised with consultation and input from national societies.

First Aid (FA) and Community-based First Aid (CBFA): the first phase of the project to revitalize the CBFA program is now completed. Key stake holders from national societies and health advisors have been involved in mapping CBFA activities globally. Based on the reviews and analysis of available evaluations, a report was also produced with key recommendations. A one-page fact sheet on CBFA and the CBFA framework with good practice will be produced for volunteers and staff in national societies. The CBFA approach and framework have also been discussed in the first aid meetings organized in the Europe and MENA regions.

Support and advice were provided to the MENA region in its training of trainers workshops and the regional CBFA meeting in Abu Dhabi in December 2005. National societies appreciated and started using the regional manual and the harmonized curriculum for CBFA volunteers and trainers. Although there are still differences in the understanding of CBFA, in general, the emphasis of the discussion has shifted from just first aid techniques to volunteers and community-based approaches and their participation. It was agreed that there are differences between traditional First Aid training and CBFA programme. However both of them can be organized by national societies to complement one another.

Support and advice was provided to the European First Aid education network in the finalization of revised European First Aid certificates. The quality management will be strengthened by additional criteria and monitoring and support visits organized by First Aid representatives of national societies in the Europe region. Representatives from the Asia Pacific region participated in the European First Aid meeting organized in Luxembourg in October. The operational model of the European First Aid regional reference centre was also shared. A working group will be set up to map and reflect on first aid with vulnerable groups in the better resourced national societies in the Europe region.

A press release and web stories were put onto the Federation on World First Aid Day 2005. The theme is on 'First aid with the vulnerable people'. The web stories include helping people to protect themselves in Afghanistan, first aid programme to fight drug and alcohol addition by the Australian Red Cross, young unemployed people learning valuable skills in Papua New Guinea, targeting the most vulnerable groups in Syria through CBFA and first aid as the first step in HIV/AIDS home care carried out by Red Cross volunteers in Zimbabwe. National societies in different regions organized a mass media campaign to raise first aid awareness and some have worked and organized first aid activities with prisoners and staff and elderly population.

ERNA annual meeting in Kiev, September 2005: Advocacy and Partnership were the key words of the meeting. Participants agreed that Red Cross and Red Crescent Movement should strengthen internal and external advocacy to better address HIV/AIDS and TB issues in partnership and fight against the diseases by increasing the resources, implementing effective preventive programmes (including Harm Reduction programmes where not available), making treatment accessible for all, and ensuring comprehensive approach and cooperation at all levels. More initiatives for experience exchanges and more advocacy tools through the Federation are needed. Active help from Western European national societies would be more than appreciated.

The ERNA meeting in Kiev was also one of the platforms for the preparation of the European Red Cross and Red Crescent conference in Moscow. Important messages from national societies for the Moscow conference were formulated by participants during the meeting's working.

Red Cross and Red Crescent European Conference, Moscow, April 2006: The French Red Cross, as chair of the Health and Care Working Group for the Moscow Conference, shares the responsibility with the president of the

Tajikistan Red Crescent and the ERNA President. The last Steering Committee and Working Group meetings took place in December 2005 in Geneva. The health working group has identified the national societies for presentations. The regional conference will be a unique opportunity to address the issues of health on the European level and strengthen the role of European Red Cross and Red Crescent societies, to open discussions with representatives of governments, international organizations, and invited experts.

Regional Partnerships: The Health and Care Department, together with the WHO EURO office, have organized a meeting between the Federation and WHO in November 2005. The meeting has been the first follow-up action after the WHO and the Federation signed the MoU for cooperation during the Health and Care forum in May 2005. The joint plan of action for Europe region has been drafted. The final version will be shared with all colleagues at European Societies, the Secretariat and field structures.

Tuberculosis: the STOP TB Global Partnership (secretariat hosted by WHO in Geneva) suggested the Federation Secretariat host the Secretariat of the European partnership. Dialogue and consultation process is ongoing inside of the Secretariat as well as with Stop TB and WHO. The Federation participated in the Stop TB Coordination Board meeting, which took place in Assisi in November.

The Global Red Cross and Red Crescent Working Group Meeting on Tuberculosis will take place in Geneva on February 9-10. The overall objectives of the meeting is to review achievements in TB elements of our community-based health programme, as well as the main constraints, to share and learn from experiences of others during all phases of development and scale up of programs, address the issues of HIV/TB Co-infection and MDR TB. Over 10 national societies from Europe, Africa and Asia Pacific will participate in the meeting.

HIV/AIDS Unit

Note: The contents of this section are based on objectives set in the 2005 appeal and should be read in conjunction with the mid-year report, and regional reports.

Evaluate the Global AIDS Programme 2002 – 2005, particularly progress against the scale-up objectives and the depth of the institutionalization of the response: the evaluation was led by an independent consultant and published as ‘8,000 Everyday: Evaluation of the HIV/AIDS Global Programme 2002-2005’, see www.ifrc.org/8000everyday. Management endorsed all the recommendations of the evaluation, and the key recommendation to appoint a HIV/AIDS Special Representative reporting at the Secretary General level to drive forward the Federation’s HIV response will occur in early 2006. In endorsing the recommendations, management considered an alternative to mainstreaming, which would have meant setting up in Africa a HIV reference centre for all Federation HIV work. However, HIV specialists and national societies felt this would not serve regional specificity adequately, and would also risk marginalizing HIV work.

Support the implementation of the Red Cross and Red Crescent treatment access model in 6 countries, including development of necessary tools and guidelines, and support other national societies to join the initiative: the secretariat initiated the development of a generic toolkit on ART programme components. By contracting SafAIDS and in close collaboration with WHO Geneva and WHO Africa region, the development of 8 modules is on the verge of completion. The modules focus on: Basic Facts on HIV/AIDS, Treatment Literacy, Treatment Preparedness, Adherence, Counseling, Nutrition, Palliative Care, and Caring for Caregivers. The first drafts were reviewed in a stakeholders meeting involving UN agencies, INGOs and CBOs and useful inputs were obtained. The second drafts were reviewed in workshops in 2 anglophone and 2 francophone African countries to ensure strong Ministry of Health buy in, and the results of that process were reviewed in a Federation-WHO-SafAIDS marathon in Harare in October. The consultations in the 4 African countries were funded by WHO. The final draft modules will be formally field-tested with Zimbabwe Red Cross in January 2006, and the process has started for formal WHO endorsement as part of the IFRC - WHO MoU if possible. The modules are instrumental in increasing the knowledge and skills base of RC volunteers to enable them support roll-out of ART-based on holistic approach. A workshop on the 6 country pilot project was part of the General Assembly.

A Federation resource mobilization officer was assigned (based in Nairobi) to support national societies to finalize their proposals and find donors. The position was fully funded by the Swedish Red Cross and Danish Red Cross for two years, and both have agreed that the position should contribute to quality start-up of projects, and advise

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national societies on resource mobilization for all aspects of HIV programming given the holistic approach the Federation is taking to treatment access and support. The officer produced a detailed report on the challenges of this work after six months, and that report was reviewed by the HIV/AIDS Governance Group.

In 2005, the resource mobilization delegate provided technical assistance to:

- the Kenya Red Cross in proposal development to access resources from a private Swiss Foundation through the Swiss Red Cross.
- the Namibia Red Cross in proposal development to access the GFTAM (5th round).
- the Zimbabwe and Danish Red Cross in finalizing their ART proposal and kicking off the implementation.
- the KRC in applying for PEPFAR funding in partnership with the American Red Cross and two other American-based NGO's JPHIEGO and Policy/Futures Group and ERC in accessing PEPFAR funding.
- the German Red Cross in applying to the EU for the ERC.
- the Federation's Regional Delegation in Harare to secure financial resources for Home-based and Community-care programming under the consortium with the Netherlands Government, the Swedish Red Cross and SIDA, the Irish Government and in mainstreaming the ART initiative into the overall HIV and AIDS Strategic planning 2006-2010.
- the Federation's Secretariat, in the context of its partnership with WHO/AFRO, together with SAFAIDS, developed the ART tool kit (through facilitation of the two consultative meetings with Government and Civil Society partners in Cameroon and Burkina Faso), and in the final review of the overall consultative process in Zimbabwe.

The RM delegate was nominated civil society representative in the Global Task team set up by UNAIDS to improve AIDS Coordination among multilateral Institutions and International Donors and participated in two high levels meetings in Geneva and New York, an opportunity to advocate and market the Federation's and the national society ART initiative at the highest levels possible.

The Federation's and national society ART initiative was presented as a case study at a World Bank meeting in Ethiopia taking stock of progress in the implementation of the bank's Multi-AIDS programme for Africa (MAP). In principle there are no obstacles for national societies to access WB MAP funding unless proposals are submitted by national societies to National AIDS Control bodies.

Take a lead role in harmonization of the 7th International Conference on Home and Community Care of PLWHA, and 12th International Conference of PLWHA, in Lima Peru in October 2005, to strengthen good practice (support attendance of 15 PLWHA from within Red Cross and Red Crescent, 15 regional network representatives, HIV Governance Group, and 4 Secretariat resource persons). Sponsor the Home and Community Care Conference and organize high profile booth area, contribute to local and international organizing committees, and support development of quality abstracts and presentations for both these conferences): the Secretary General of Mozambique Red Cross was appointed Chair of the Home and Community Care Conference, and members of the Cambodia and China Red Cross (Xinjiang) were appointed to the Conference Programme Committee, while Bernard Gardiner represented the Federation in the International Organizing Committee. The Lima Delegation worked with the Peru Red Cross to develop a plan for implementation of the Peru Red Cross role as chair of the conference Volunteer Committee, and to clarify needs for external assistance. This led to the Spanish Red Cross providing two delegates for six months, to work with the Volunteers Committee and the Communications Committee of the Conference. These delegates were greatly appreciated by the local organizers, as they helped define tasks and work processes, and got the committee work back on track.

GNP+, as conference secretariat, suffered a set back when the International Co-ordinator left the organization. Donor support was inadequate to proceed with the Conferences in 2006, and the Netherlands Government has convened a donor conference to review this in January 2006. It is likely an international PLWHA Conference will proceed in Lima in 2007 and so utilize the capacity that has been built locally, and the organizations that make up the 'Living with HIV Partnership' will continue to work together to increase donor and government understanding of the contributions of PLWHA and the informal health sector to the HIV response.

Provide technical assistance to national societies to prepare papers to submit for oral presentation at the Conferences: quality papers on HIV were presented by national societies at the Health and Care Forum. The

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Australian Red Cross presented a paper to the ICAAP in July on its partnership and co-location with APN+, and African national societies presented at the ICASA in December. Bernard Gardiner presented a paper on 'Spreading the Light of Science' to the Harm Reduction Conference in Belfast in March, and the Italian Red Cross/Senlis Council in December.

The Southern Africa delegation supported national societies to submit many proposals to the now cancelled Home and Community Care Conference, but these all form a first step in best practice documentation and will be further developed.

Mobilize national societies, communities, and PLWHA groups to utilize the AIDS Competence process in partnership with the Constellation for AIDS Competence (develop a work plan with Constellation for AIDS Competence, to support Regional AIDS networks to utilize the process. Hold an AIDS Competence Fair in conjunction with the Conferences in Peru): the Constellation was formally created, and two meetings occurred to plan utilization of the AIDS Competence Network, particularly in the Americas in the lead up to the Lima Conference. The full potential of this work was not realized as the 2005 Appeal was not supported enough to enable the Partnership position to be filled, but contact with the Constellation was maintained, and the Chair of RANWAC was mentored as a facilitator. It is planned that this work will be revitalized in 2006 in West/Central Africa and the Americas. Health and Care Coordinators from Uganda and Rwanda representing English and French-speaking national societies were trained in the AIDS Competence Process.

Enhance good practice and accountability to beneficiaries through utilizing the NGO Code of Good Practice to guide the secretariat's work with national societies: Phase 1 of the Code was completed, and all agree that the Federation was an excellent host. Donor support for Phase 2 implementation has not yet been realized, so a six-month officer was appointed in December to promote the Code to donors. That position is hosted by the International HIV/AIDS Alliance on behalf of the newly formed Phase 2 Steering Committee, which includes the Federation. The Federation remains the key website for the Code, and is strongly associated with the Code. Bernard Gardiner presented on the Code to European NGO's in October in Berlin, during a WHO Europe treatment-oriented consultation. The Federation has taken seriously its endorsement of the principles in the Code, particularly the commitment to a comprehensive and gender relevant approach to prevention work. This issue was discussed passionately at the Health Forum in week 19, and prevention is prioritized for attention in the Federation's 2006 programme. The commitment to the Code was renewed by the General Assembly HIV/AIDS resolution which referred specifically to the Code.

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

The Federation has completed two comprehensive annual reports to UNAIDS as part of its three-year work programme as a UNAIDS Collaborating Center for the reduction of stigma and discrimination in collaboration with GNP+ at local, regional and global levels. These reports included a round-up of country level work, and made recommendations to UNAIDS on a range of issues. Within the Eastern Africa region, promotion of skills and information exchange between PLHA Groups and national societies to enhance knowledge on GIPA./MIPA with a view to reducing stigma and discrimination was enhanced through capacity building workshops on Advocacy, treatment literacy, and the development of community training and empowerment tools for advocacy by NAP+. The participation of PLWHA in the review and finalization of the Federation's Community-based ART training toolkits, Global HIV/AIDS evaluation, and documentation of Best practices (Uganda Case) are excellent examples of the Federation's uptake of GIPA principles. National Societies in the region (Eritrea, Ethiopia, Kenya, Uganda, Tanzania and Rwanda) have been supported to develop joint work plans highlighting common activities to be implemented with groups and networks of people living with HIV and AIDS at national level. National societies continue to reach out to PLWHA Groups in line with the world aids campaign theme "Come Closer" in an attempt to reduce stigma and discrimination and to increase the visibility of PLWHA in Kenya, Uganda, Tanzania, Ethiopia the World AIDS campaign theme.

In April 2005, the 3rd phase of the anti-stigma campaign, called 'Come closer...', was launched in Panama in an event attended by REDLA+. This 3rd phase of the campaign builds on the previous phase of the campaign with

messages like Hug! Hug! You cannot get HIV by hugging! And ‘Touch! Touch! You cannot get HIV by touching!’.

The European campaign was launched during the Eurovision Song Contest events in Kiev, May 2005 and national societies have used the campaign messages and visuals for other events such as the 7th International Congress on AIDS in Asia and the Pacific, held in Japan, July 2005. As ‘Come closer...’ was the Federation’s theme for World AIDS Day 2005, various national societies made use of the colourful material to implement activities. The ‘Come closer...’ theme was combined with the World AIDS Campaign theme ‘Stop AIDS. Keep the promise’ to remind nations of pledges made to reduce stigma and discrimination against people living with HIV/AIDS. See press release and other documents developed to assist national societies in advocacy for the day at: www.ifrc.org/wad2005.

While encouraging national societies to strengthen their partnerships with people living with HIV/AIDS and develop joint workplans, the ‘Come closer...’ phase aims to build the capacity of national societies to adapt material and ultimately develop their own behaviour change targeted materials. The campaign visuals can be viewed at www.ifrc.org/what/health/hivaids/antistigma.

The 3rd phase of the campaign also developed a CD-Rom called ‘Leading by example’, which collated all anti-stigma campaign resource material developed by the campaign since its launch in 2002. Over 2000 copies of this CD-Rom were printed and distributed to all national societies, regional delegations and partner organizations.

Complete handover of moderation of the Pass-It-On e-forum from Health and Development Network (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: a training event for moderators occurred just before the Health and Care Forum and a second training began in December 2005. The training of two moderators in May, 2005 enabled the total handover of the e-Forum to the International Federation. Currently, the Federation handles the day-to-day management of the e-Forum, previously done by HDN. A team of four moderators began a training in December 2005, pre-empting the development of a wider resource team to moderate the Forum and support discussions. The regionally representative moderators come from Europe, Africa and South Asia. The aim is to train moderators in most regions of the world to encourage regional contributions to the forum and more engaging discussions. The Pass It On e-forum has become the main way the global HIV programme communicates key HIV information. No themed discussions were held in 2005, and non Red Cross Red Crescent postings were significantly minimized. Contributions from outside Geneva are still infrequent unless Geneva follows up with individuals when topics for posting are identified by the manager of the HIV global programme. The number of subscribers has increased to 416, after a careful checking to remove redundant subscriptions and duplca.

Undertake the development work to renew the campaign tag line (e.g. Humanity...Pass it on...) to reinvigorate the campaign in late 2005 and to remove ambiguity, and via communications experts assist national societies to develop the capacity to identify stigma issues at country level, and develop appropriate interventions: the Turkish Red Crescent work with Saatchi and Saatchi Turkey was redeveloped for the global ‘Come closer....’ campaign with major input from the HIV Unit in Geneva. Three sets of materials were sent electronically to national societies and delegations for focus testing for local use ahead of World Red Cross Day. The materials can be viewed in four languages as a flash file heading of the page at <http://www.ifrc.org/comecloser>.

Produce two editions of the Pass-It-On newsletter, one communications pack, and one audio visual product. Through a shared Partnership position and work plan (based on the Nairobi model) support the capacity building of PLWHA organizations and national societies utilizing the Global Network of People living with AIDS (GNP+) resource ‘Positive Development’, and enhance GNP+ efforts to increase representation work with international organizations based in Geneva: the appeal was not being supported sufficiently to fill the partnership position. However, a communications pack for ‘Come closer...’, including an edition of Pass-It-On...newsletter was produced for World Red Cross day, and a double CD-rom of 3 years of campaigning work ‘Leading by Example’ was released with another communications pack. This CD resource contained all Communication Packs, Newsletters, audio visual material and other resources developed by the anti-stigma campaign. Resources from partner organizations such as UNAIDS and GNP+ were also included

Ahead of World AIDS Day, the first issue of an electronic Newsletter was developed and distributed to more than 350 individuals including partner organizations. A workshop on the partnership with PLHWA was part of the General Assembly programme, which featured reports of excellent collaboration in Namibia, Argentina and Laos.

At the regional level, RDN HIV/AIDS unit worked with NAP+ to produce a nutritional manual for people living with HIV/AIDS with an additional chapter on nutrition and ART, supported participants to the East and Southern Africa Pediatric treatment workshop to enhance pediatric treatment literacy in the region; Ambassadors of Hope missions sent to Zanzibar-Tanzania to help strengthen linkages with the TRC and spearhead advocacy around treatment access: participation of NAP+ during the RDN world AIDS day celebrations in line with the theme of "Come Closer".

Introduce Ambassador's of Hope missions to at least 2 regions that urgently need this work, and media training: the Harare delegation appointed a partnership officer to work with regional network of PLHWA, to support Ambassador of Hope missions and other work. Contact between national societies and PLHWA networks was facilitated in Korea, Ukraine, Panama and Sweden in particular.

A paper on issues arising in HIV reporting in the media was distributed to all communications officers, and HIV technical advisers to continue the process of awareness raising and collaboration between communications and HIV activities.

Refine draft HIV prevention guidelines 'Educating Desire' with a particular focus on gender, community mobilization, mass communications, targeting for effectiveness, and publish multiple languages. HIV prevention must be revitalized to parallel treatments roll-out: the issues involved in prevention work were discussed at the Health and Care Forum, and the HIV Governance Group, with a paper prepared by Australian Red Cross. This set the stage for prioritization of the work in 2006, and a Prevention Officer position is approved for advertising in 2006. The Panama Delegation has worked with the Panama Red Cross and other national societies in that region to roll out a high quality 'Faces' campaign promoting protection through consistent use of condoms, which could potentially be rolled out globally.

Further develop the community home based care model though testing and implementation of care for carers guideline: Care for the Carers has been included as Module 8 of the ART Toolkit.

Define a Red Cross and Red Crescent Palliative Care model, and develop partnerships and a proposal for implementation in at least one country: a meeting on palliative care occurred on 17 February in Geneva agreed that the British Red Cross would work with some national societies to develop case studies in two places, and the Federation will use these as the way to clarify what guidance is necessary and next steps to support and strengthen the quality of home care implementation through inclusion of palliative care measures. Palliative Care is the subject of Module 7 of the ART Toolkit. It will also be included in the tool being developed to support home care volunteers with ART scale up.

Continue to support the harm reduction capacity building work plan for Eastern Europe and Central Asia in partnership with the Italian Red Cross: since the summer of 2004, 15 national Red Cross and Red Crescent societies in Eastern Europe and Central Asia expanded their HIV/AIDS response with harm reduction activities to reduce sharing of needles. The 2005 annual ERNA meeting, which took place in Kiev, highlighted the positive impact of the Red Cross and Red Crescent harm reduction initiatives. National societies shared their own experience to peers, compiled the problems faced and mapped ways to increase commitment and capacity. In most countries national societies will multiply the pilot projects. There are a few countries where there is a need for stronger collective advocacy to create a context where harm reduction programming is feasible.

The quality of the training offered by Villa Maraini has improved with experience, facilitator skill development and thorough evaluation of each training. In October the training organized for central Asian national societies was simultaneously translated into the Russian language, and discussion has opened about a workshop in Mandarin in 2006.

Support development of a HIV/AIDS Strategic Plan for Europe, development of the India HIV/AIDS Consortium, and scale-up of the response in China and Indonesia: HIV/AIDS is identified as one of major health themes for the coming European Red Cross and Red Crescent Conference planned for Moscow in 2006. This will be the forum where European societies will agree on a roadmap for scaling-up collective HIV/AIDS activities in Europe.

The Red Cross Society of China has developed and adopted its five years HIV/AIDS work plan and it is introduced to the branches. Working with bilaterals, except the Yunnan and Xinjiang provinces, the HIV/AIDS programme is now implemented in Sichuan, Qinghai, Gansu, Inner Mongolia, Jilin, Heilongjiang and Liaoning provinces. Programs also started in Shandong and Henan. The scale of prevention and anti stigma and discrimination activities has expanded its scale. Meanwhile, the experience to work with PLWHA is also increasing in some branches.

The Indonesia Red Cross has its HIV/AIDS strategic plan and is now incorporated into the national society's development plan for 2005-09. The leadership recognized this as a key priority. Its hotline phone counseling service has been evaluated and this may expand to other provinces. The prevention, care and support programme will focus more on care and support to key population groups.

In the beginning of the year, staff and HIV/AIDS coordinators were recruited and peer education and prevention work started in Tamil Nadu, Maharashtra and Andhra Pradesh. Care and support for PLWHA program has also started in Tamil Nadu through community centre and at the Tambaram hospital in Chennai. However, this work has been affected after changes at the leadership. Partners in the consortium will be brought together by the Indian Red Cross and discuss ways forward.

Collaboration with ICRC and UN Office for Drugs and Crime (UNODC) to develop a Federation model for HIV response in the prison system building on existing relationships and TB interventions: the Federation Delegation in Moscow and Russian Red Cross are working closely to develop a model for integration of HIV/AIDS component into ongoing USAID TB projects. The programme includes activities in prisons. The draft model will be presented for discussion during the planned Red Cross and Red Crescent Working Group meeting on Tuberculosis in February 2006.

The ICRC gave formal permission for its representatives in Latin America to work with the Federation to highlight HIV work in prisons as part of the Home and Community Care Conference. Despite the fact that this conference was cancelled, this collaborative work can still be developed for inclusion in the PLWHA Conference programme in Lima in 2007. The Federation vice President Massimo Barra participated in a key UNODC meeting in 2005 and spoke strongly in favor of harm reduction and drug substitution. This was followed up by an intervention in the UNAIDS Programme Co-ordination Board to maintain a comprehensive and evidence-based approach to HIV prevention.

Co-ordinate fundraising for at least 6 national society treatment programmes: the HIV/AIDS resource mobilization officer has reported separately to the HIV Governance Group on this work, and that detailed report is available on request. Following the numerous efforts undertaken in 2005 by the 6 pilot national societies and the overall Red Cross family at large, (Swedish, German, Danish, French, Swiss RC Societies) and through country applications to access various resources providers (Global Fund in Namibia, Uganda and Zambia), EU in Namibia and Kenya, PEPFAR in Kenya and Ethiopia, World Bank MAP program, Private sector,..), by the end of the year around USD 11 million had been raised collectively to finance the Federation's and national society initiative on Community and Home Based Care support for Antiretroviral Therapy. In Ethiopia, Kenya, Zimbabwe, and Namibia, 9,400 clients (31% of our total target, with 20% sure and 11% depending on the success of proposals) will benefit from such initiatives over the next five years. All PNS supporting bi-laterally HIV and AIDS Home Based and Community Care programmes have mainstreamed costs related to ART literacy for volunteers and community preparedness into their funding support. This is considered a great achievement even if there remains a long way to go in the implementation phase and in mobilizing more resources for national societies.

Support GFATM development, including advice to Vice Chair and Developing Country NGO alternate board member, and advocacy to ensure renewal and expansion of the Fund: Razia Essak-Kauaria served one year as alternate developing countries NGO board member of the GFATM Board with support from Bernard

Gardiner, who also participated in the northern NGO delegation including one Board meeting and the delegations strategic planning meeting in September 2005. The delegations were successful on many fronts including the setting of standards for the functioning of CCM's, and preparations for a funding round six.

Enhance national society ability to undertake advocacy work and access and co-ordinate local funding opportunities from GFATM, embassies, private sector and other donors: advocacy opportunities have been highlighted via the Pass-It-On e-forum in particular, and via the anti-stigma campaign materials and newsletters, which included specific guides for national society action. The partnership with Nestle led to a small nutrition for PLWHA project, and a WATSAN pilot project focusing on PLWHA in home based care. The HIV/AIDS resource mobilization officer has reported separately to the HIV Governance Group on other aspects of this work.

Support national societies to successfully manage principle recipient or sub-recipient roles in the GFATM structure: the Sierra Leone Red Cross successfully manages the Principle Recipient role and was asked to present on this to other national societies during the Health and Care Forum. The Iran Red Crescent presented in the same forum on the difficulties they have had with GFATM processes. This led to a rich discussion and highlighting of the opportunity for long-term sustainable funding presented by GFATM, as long as national societies can build strong partnership with Ministries of Health.

Support the strategic direction of the Big 7 Alliance of CEO's of large youth organizations to collaborate to scale up the involvement of youth in the HIV response: momentum has been lost as funding for implementation of the Big 7 model has not been located. The Big 7 Alliance was weakened when the International Youth Foundation (IYF) was granted PEPFAR prevention funding that did not include education about condoms as per the model previously agreed by Big 7 members. IYF committed to raising complementary funds to enable a comprehensive approach to be implemented, but those funds did not materialize. Some members refused to participate in a limited programme, and also questioned the need for IYF to scale up its own organization rather than work through partners.

Despite this the IYF programme partnership in Kenya - the Partners Collaborating in Youth Empowerment in Kenya (PACOEK) is progressing very well and is a good showcase on partnership. Within the framework of this partnership, a peer education kit consisting of a peer education manual, activity kit and work book has been developed, published and is currently under distribution and use by the partnership. With funds from IYF, KRC has conducted various trainings for youth as peer educators, peer educators in TOT, and sensitization of youth on drug and substance abuse. This programme has enhanced partnership between KRC and the government through the Ministry of Education and assured the national societies of future government support. Federation relations have been maintained with YWCA which could lead to partnership work on gender issues in the future. YWCA invited Susan Johnston to speak on women's leadership in the HIV/AIDS response on World AIDS Day.

Epidemic Control Unit

Malaria: this year's appeal funding enabled the Federation to serve as a major global player in the coordination, planning and programming of innovative and large scale malaria control programmes. Specifically, the important all partners' weekly global conference calls on malaria planning and resource mobilization served as the foundation for working with U.N. agencies, public and private donors, technical groups, and other interested partners. Building on the Measles Initiative Partnership model, this new malaria global partnership, while virtual (regular telecommunication) with no distinct staff or structure, served as the most important impetus for scaling up malaria control in Africa since the start of Roll Back Malaria. Many of the Federation's malaria activities in 2005 are directly related to this successful and ongoing "malaria partnership" mechanism with the Federation playing a leading role. Following the successful implementation of the first nationwide bednet distribution effort in Togo in late 2004, the Federation's experience in building a Togo partnership of more than 30 partners to achieve an unprecedented scaled-up project was presented at multiple meetings and special occasions throughout the world. PowerPoint presentations on the Togo Integrated Measles and Malaria Campaign were made in Brussels to the European Union Parliament's Development Committee, to audiences in Manchester and Liverpool, England, to the Measles Partnership in Washington, D.C. and to RBM audiences at WHO, at the launching of the World's Malaria Report, and at numerous other global meetings. Funds in the appeal, provided for advocacy on many levels including participation at the Global Malaria Donors' High Level Partnership Meetings in New York City, Geneva,

and Paris where the Federation and its Red Cross societies were singled out as leading the way forward in malaria control through free distribution of long lasting insecticidal nets (LLINs) and successful partnerships. Advocacy on all levels attracted the attention of corporations and other private donors in 2005 resulting in substantial contributions to the separate Malaria Programme Initiative Appeal where more than 20 million CHF were raised. The resulting activities for 2005 are impressive and summarized below. Fuller descriptions of achievements are available in the Annual Reports on the Malaria Programme Initiative Appeal (M05PI001) and on Polio and Measles Appeal (05AA089).

The large-scale distribution of long lasting insecticide nets (LLIN's) occurred:

- in mainland Equatorial Guinea in August (70,000 LLINs from other donors) and the Federation's procurement of 20,000 LLINs to be distributed to the population of Malabo Island in early 2006 with support from the Equatorial Guinea Red Cross society;
- in Mozambique with 440,000 LLINs procured directly by the Canadian Red Cross in November and December; and
- in Niger's nationwide (2,030,000 LLINs) polio and malaria integrated campaign in December supported by the Federation, GFATM and Canadian Red Cross funding. An additional 265,000 LLINs were procured with Canadian Red Cross funding for a final distribution in Niger's capital, Niamey, in early 2006.

These large-scale efforts were made possible by the generous support of the Global Fund for AIDS, Tuberculosis, and Malaria (GFATM), the Canadian Red Cross, the Norwegian and American Red Cross societies, and Exxon-Mobil working with UNICEF, WHO, and the Measles Initiative Partnership.

Funding to this appeal also enabled the Federation to pioneer and demonstrate the importance of post-campaign follow-up to ensure that households receiving nets actually hang them and use them correctly. Thus the Federation's trademark "Keep-Up" programme initiated in Togo after the December 2004 campaign has attracted the attention of global partners. WHO and UNICEF are committing to similar programmes in all countries where mass distribution of LLINs is planned. These 2005 community level experiences have led to collaborative plans for "Keep-Up" efforts in Equatorial Guinea, Mozambique, Niger and other campaign countries in 2006. This is leading to a clear and well defined role for Red Cross and Red Crescent volunteers at the community level and is expected to grow substantially. It is a perfect match with the Movement's Community-Based First Aid (CBFA) strategies.

Another important 2005 activity made possible through this support has been the collaborative programming and resource mobilization between Roll Back Malaria (RBM) staff at WHO and the Federation for the following:

- EU Commission proposal for malaria support to the Central Africa RBM Network (CARN) for USD 600,000 to national societies in Central Africa (final approval expected in early 2006);
- a major RBM/Federation proposal to the Netherlands government for EUR 6 million which was approved for procurement of LLINs and re-treatment of existing nets and is currently being implemented in 6 African countries (Burkina Faso, Chad, Gambia, Guinea Bissau, Madagascar, Mali) with support for Red Cross volunteers in those countries; and
- a Bill and Melinda Gates Foundation proposal from the Federation's Brussel's office for malaria advocacy and resource mobilization and support to 3 European national societies for malaria advocacy. The initial letter of intent to the Foundation was favorably approved and a full proposal is currently under preparation for submission.

Measles: Appeal funding enabled staff to continue serving as active global partners in the Africa Measles Initiative Partnership with attendance and presentations at the annual partnership meeting in Washington and at other WHO and related events to promote the incredible impact of this 5-year-old initiative. In September 2005, WHO singled out the Measles Initiative and the Red Cross leadership for achieving a 60% reduction in childhood mortality in Africa since the start of the Initiative in 2001. Clearly successful, global donors, including the U.N. Foundation, have committed to another five-year commitment through 2010 to further reduce measles deaths in Africa. Prior to 1999 more than 800,000 child deaths were reported. Today, WHO is reporting approximately 250,000 annually. Future funding of the Federation's Measles and Polio Appeal (2006-2007) is critical to reach targets of 80-95% reductions in mortality. This achievement and those in the area of polio eradication have been fully described in the Federation's new document "Partnering for Impact, the incredible reduction in measles mortality and overcoming the last barriers to polio eradication" published in December. This document was widely circulated to donors and

partners and provides a summary of contributions, country activities and achievements from 2000 to 2005. The 2005 Measles and Polio Appeal Annual Report provides more detail on national society achievements.

Polio: In addition to the remaining six endemic (polio virus originating countries), there was spread to as many as 20 other countries in 2004. The Federation accelerated its collaboration with WHO's Global Polio Eradication Programme to confront this spread and to meet the 2006-2007 eradication target. This year's efforts successfully achieved complete control and prevention of further virus transmission in almost all of the 20 countries where cross-country contamination had occurred. This was in large part due to the implementation of a series of continental-wide synchronized polio vaccination campaigns in contiguous countries throughout 2005. At the end of 2005, there were encouraging signs that the eradication goal is in sight. Red Cross and Red Crescent volunteers in many countries responded by serving as house to house vaccinators, as educators and motivators at the community level and in logistics support. Descriptions of national society efforts are well described in the Appeal's Annual Report for 2005. It is gratifying to see that WHO has repeatedly acknowledged in all of its polio publications the contributions and participation of the Federation and its member national societies.

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

- Development of joint strategic communications framework (WHO and Federation) and plan in support of a 'global campaign on universal access to safe blood' based on firm foundation of voluntary, non-remunerated blood donors: discussion paper to be launched as part of International Colloquium on Recruitment of Voluntary, Non-Remunerated Blood Donors, Santiago, Chile March 2006.
- World Blood Donor Day, 14 June: WHO and IFRC have agreed that the theme of the WBDD 2006 will be **Maternal and Child Health** thus affording us an opportunity to directly relate safer blood with two of the Millennium Goals: more than 100 countries participated in WBDD 2005 and more are expected to be involved in 2006: a regional plan of action for a major media event has been drawn up in conjunction with a working party led by the Singapore and Thai Red Cross national societies.
- The Federation's Global Advisory Panel on risk management and corporate governance for NS with blood programmes (GAP) has continued its work in focusing on the distribution of the Self Assessment and conducting regional discussions to ensure all national societies understand the importance of adhering to quality standards in blood service delivery and minimizing risk to themselves and the Federation. The Chairman of GAP has compiled a consolidated response from responses received from NS and progress is underway to complete the Self Assessment in most regions throughout 2006.
- Two successful regional workshops were undertaken in Africa and Asia towards the end of 2005, using the new curriculum materials prepared in conjunction with WHO: and it is pleasing to report that since the pilot programme conducted in Hangzhou, China in November 2004 a further 30 regional workshops have been conducted using the ToT materials in China alone with more than 3000 participants exposed to the programme "Developing a Voluntary Blood Donor Programme for Blood Safety" in that country.

Public Health in Emergencies (PHE) Unit

Response to epidemics, including newly emerging and re-emerging diseases:

AVIAN INFLUENZA (AI) prevention and PANDEMIC HUMAN INFLUENZA preparedness: the PHE Unit has taken firm action in terms of preparation for possible pandemic and 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 by WHO Influenza working group and circulated during the World Health assembly. It is posted on the WHO website and was circulated to national society health advisors, regional health officers at the Secretariat and to regional health delegates in May 2005 along with 4 other strategic WHO documents for outbreak preparedness, background material on the pandemic threat, communication guidelines and information on anti-virals.

The PHE unit further created a guidance document focused on the prevention of avian influenza by prevention of animal to human transmission "Avian Influenza: Facts and Recommendations for National Societies, Delegations and Secretariat" in September and circulated it in October through the Federation health network to all NS. It triggered off and enhanced NS prevention activities and NS dialogue and engagement with national health system, governments and national task forces. PHE unit equally engaged increasingly in inter-agency planning since the Inter-Agency Standing Committee (IASC) Task Force on influenza was created in November.

The PHE Unit has been represented in international AI conferences (e.g Joint WHO/FAO/WB/OIE meeting on Avian Influenza and Human Pandemic Influenza in Geneva in November). It has conducted 14 teleconferences with national societies worldwide, regional health delegates, country health delegates and HODs, to keep all and everyone abreast with facts and further development technically as well as keeping track on NS actions on the preparedness side.

All relevant documents are posted on the FedNet. A dedicated AI page is under construction on the Public Federation Website.

Preparedness includes information sharing as well as pre-positioning of antivirals (like Tamiflu). Some 1,500 treatment doses of Tamiflu were purchased and prepositioned at the Secretariat. Pre-positioning of Tamiflu treatment stocks for Federation staff and RDRT members has been achieved in Suva RD, Beijing RD, Indonesia, Turkey RD; Sri Lanka delegation and other RDs to follow. Information to NS on the procurement of seasonal human influenza vaccine and Tamiflu was facilitated.

The disease so much feared is a person-to-person transmissible version of the AI virus, which does not exist so far. However, two factors are causing alarm: when the current Avian flu virus (H5N1) infects people, the case fatality rate is high (up to 62% of people contracting the disease may die); the H5N1 virus frequently mutates and incorporates genetic material from other viruses. If the virus incorporates certain genetic material of human influenza viruses (occurring seasonally) that enables transmission from man to man, the risk for facing a rapid spread and of a highly contagious and quite deadly disease is very high.

Such material can be incorporated from the “normal”, seasonal flu and therefore minimizing the circulation of such a seasonal flu virus is vital (by vaccination with human seasonal influenza vaccine). Since the person-to-person transmissible virus does not yet exist, the possibilities to produce an effective vaccine within a short period at the onset of a pandemic is not bright. Furthermore, the most effective antiviral drug, Tamiflu, may not be that effective against the man to man transmittable version of the AI virus.

Yellow Fever: An outbreak of Yellow Fever in West Africa and in Sudan (South Kordufan) for the first time after decades called for additional technical support to the Sudan national society and delegation. The Federation fielded a consultant to assess and investigate the Yellow Fever outbreak, pushing for a better coordinated operation and use of SRC volunteers, all as a part of the overall Pan Sudan health action plans agreed upon. The Federation is part of the management committee for the emergency stock on Yellow Fever vaccine and supported the release of 1.7 million vaccines for phase 1 vaccination. GAVI supports the phase 2 vaccination campaign, and technical follow up support will be facilitated to start up volunteer trainings, capacity building and branch development in South Kordufan as part of the starting pan-Sudan health program.

MENINGITIS: the PHE unit participated in the ICG meetings for meningitis, coordinating emergency vaccine stocks. Within this group led by WHO a new toolkit has been developed with our input for mass immunization campaigns which is about completed.

Needs Assessment Methodology Field Manual: has been completed and the manual is available (in English); the document is being disseminated to national societies to provide guidance for field testing.

PHE courses: 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 national societies, 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 poor PHE knowledge found in the field and amongst people involved in relief. The feedback from these workshops is very good. The PHE trainings connect with the existing RDRT/RITs pool in Central America. Follow up of operational application and capacity is planned for 2006.

Operational standardization: memory sticks loaded with all current operational standards, rules and regulations, ERU, FACT and RDRT information and SOPS, policies and guideline for emergencies, reference websites, standard formats and job descriptions for emergencies and key health presentations were distributed to all

participants at the PHE workshops. The intentions are to provide a generic operational tool for national societies, delegations and others. Participants appreciated this tremendously.

International Capacity Building

- Performance indicators and ERU Performance: the operational capacity and performance assessment of Basic Health ERUs during the Tsunami response was finalized at the end of May: Main findings were presented at the general ERU working group meeting in Vienna, at the ERU health Working Group meeting in Oslo, and at the DMWG in Ottawa. The report was circulated to national societies, 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. It was agreed with PNS that from now on bi-annual health ERU working group meetings will be held to keep abreast of developments and monitor implementation of these recommendations. The next meeting is planned for February 2006. At the 2-day health ERU WG meeting a set of technical and standard issues were addressed and followed up from the previous year(s). "New" national societies interested in participating in the ERU system participated and new approaches such as mixed national society teams, new ERU developments, possible triage ERU, links with FACT and RDRT etc were addressed and to be followed up in the next meeting.
- the "Public Health in Emergencies" manual had to be reprinted due to extraordinary demand. Revision is ongoing with John Hopkins University: a number of chapters need updating and others are added like Reproductive Health, PSP, AIDS in Emergencies, new disasters, emerging diseases etc.
- PHE Training Curriculum and Training Manual further development is also to be done with Johns Hopkins University, in support to the PHE courses next year and in the attempt to further establish a standardized approach about the main PHE issues. The printed version additional background material will form the backbone later on (2007) for the Regional Delegations and national societies to use by themselves and forming their own PHE training courses and further build capacity in the regions and among RDRTs.
- The "Managing Stress in the Field" manual was revised and the new version is now available and in high demand. It was translated into various languages including to an Arabic version which was designed and printed in Amman.
- The "Food Basket Calculator" (FBC) was printed and is ready. Tufts University is to field test it and do further improvement. Also, a similar technology is planned to be researched and developed for HIV/AIDS patients in need for correct local foods. The FBC is now followed by a Distribution Module (DM), ready to use in early 2006.
- Health ERU Training: supported four health ERU trainings and the French Red Cross PIRAC training (facilitation, support with the field exercise and participants evaluation). Training input was provided to FACT and team leader courses.
- Concept papers and think-tanking around Disaster Management and health and Networks in the sense of Federation health networks were drafted as contribution in the context of Federation of the Future working models.

Psychological Support Programme (PSP)

PSP support is growing in importance and this particular specialist area is now well recognized as a very important aspect of essential emergency and recovery support in the community. During the Tsunami, WHO highlighted this to be one of the most important interventions.

Multilateral and bilateral efforts have flourished during this year, trying to meet some of the demands. Early assessments connected with FACT and Recovery Assessment Teams have been conducted after the Tsunami (in particular in Indonesia and Sri Lanka) setting the stage for PSP support programmes which are now ongoing. In post earthquake Pakistan, major efforts are made, while more long term programmes have been supported in e.g. Iran and Russia (Beslan). In addition:

- A Federation – Danish Red Cross Framework Agreement was drafted, outlining better the working relationships, roles and responsibilities between the Secretariat and the Federation Reference Center for PSP in Copenhagen.
- To make the Federation – Reference Centre more effective and meet the growing demand, a roster meeting was held in Canada, where specialist needs in various operational areas were identified and discussed. This competence diversification has been identified during last years of operations. Psychosocial specialists are needed for **urgent assessments** and related to FACT, **developing programmes, managing long term**

programmes as well as for **evaluations and training** respectively. The roster pool has to be adapted to be more operational and field oriented for early emergency deployments of the members.

- Several Nordic national societies have actively supported PSP development and the operations, in particular the Danish and Icelandic Red Cross. A similar set up in Latin America is under further development. More and more national societies are developing capacity PSP and interestingly, some of the MENA national societies.
- The new “Managing Stress in the Field” manual is a best seller, available in several languages including Arabic. “Coping with Crisis” continues being distributed in various languages, although we had no funds allocated for this project. Still, the Reference Centre Website is underutilized.
- 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 things happening.
- The Reference Centre has 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. However, the previous PSP Staff on Loan position at the H&C Department was abolished, making the PHE Unit the focal point operationally. It has been a very hectic year and the PHE Unit has had it very hard to cope with the PSP demand, therefore risking missed opportunities as well as quality of the PSP interventions.
- The Icelandic Red Cross has built up a profile and expertise in (domestic) PSP support which is formally recognized by its Government and increasingly shared with sister national societies in the Federation, (in Baltic and Middle East). Another 2 to 4 years will be needed to consolidate these changes, understanding the real scope of upcoming opportunities and directions. There is an inadequate willingness to share development and sharing generic/adapted competence throughout the Movement’s components.
- The Tsunami operation will provide opportunities to diversify the pool of PSP expertise and to work towards a PSP policy in which a common denominator for one approach should be found.

Coordination, cooperation, strategic partnerships and operational alliances

- Federation PHE working relationships with international partners has moved ahead considerably, especially with WHO/HAC (Health Action in Crisis) and IASC (Inter Agency Standing Committee).
- The PHE Unit /H&C department made a statement at the WHA in May, outlining the Federation’s health response mechanisms in emergencies, highlighting partnering activities and complementarities to WHO, governments, agencies and UN system.
- Participated at the WHO global measles management meeting in Delhi/India in April on invitation of WHO.
- Contributed at the WHO HAC consultation on Child Health in Emergencies
- Supported throughout several WHO meetings, the creation of an IASC Task Force on Psychosocial Support in Emergencies.
- Worked with the IASC working group on Sexual and Gender Based Violence in Emergencies/ Humanitarian Settings. The Guidelines and a field manual are drafted.
- Training support provided to the Operations Support department (OSD) for the FACT (on health and PSP assessment in emergencies) and Team leader (on Management of Stress for TLs) training in France and Finland. Support for the ERU health trainings, see above
- Based on the OCHA “Disaster Response Review”, the IASC formed various technical clusters to address identified operational gaps and shortcomings in the delivery of relief. The PHE Unit was much involved in the creation of the Health, Food and Nutrition clusters and separately, the Mental Health clusters. The H&C WatSan Unit covered the Water and Sanitation cluster development. In particular, the PHE Unit became involved in the design of the Health cluster where WHO HAC was chosen the lead agency. The aim was to create an international body that provided NGOs, UN and other organizations an operational coordination and cooperation platform in support to government and its Ministry of Health in emergencies.

Water and Sanitation Unit (WatSan)

The Federation WatSan 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) is perceived as the way forward to a ten year developmental commitment to the ‘Federation’s contribution to meeting the WS MDGs

and being an effective WS player during the second UN Decade for Water, 2005-2015 and was officially launched in March, 2005.

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.

Operations in 2005 have been overshadowed by the largest Federation WatSan disaster response in its ten-year history, primarily to the two major operations in the Tsunami-affected countries (specifically Maldives, Sri Lanka and Indonesia) and the Pakistan earthquake, both operations requiring a high degree of technical and managerial coordination, significant WatSan HR deployments, WatSan ERU deployments, technical missions, planning, budgeting, monitoring and evaluation which has had a continued demand on the WatSan Unit throughout the year. However, in both major operations, established strategies and HR structures, systems and resources have been created, and as a result the operational support is being increasingly decentralized to the field though still requiring a significant input from the WatSan Unit. WatSan interventions have also been coordinated by the unit in Haiti (now wound down), Southern Africa Food Insecurity, Sahel Operation, Southern Sudan, Chad and the recent developments in East Africa as well as hurricane and floods interventions in Central America.

The need for a better focused approach to hygiene promotion and sanitation, already recognized before these operations occurred, has provided an opportunity - especially in Pakistan - to pilot hygiene promotion/sanitation WatSan Delegates or teams for the first time, and although in its early stages, we are increasingly seeing the need for WatSan HR deployments to better cater for both 'hardware' and 'software' elements to maximize impact upon our beneficiaries, both in disaster response but also developmental interventions.

One outcome of the Tsunami operation was the UN initiative to create a better structured technical coordination body in major disasters, forming 'cluster groups' with lead agencies, for example in the WatSan sector, UNICEF has taken this role. The Federation WatSan Unit has provided consistent support to this Global initiative, both as a member of the ad-hoc IASC WatSan cluster group as well as its regular participation and engagement with the Inter-Agency WatSan Working Group.

The Global WatSan Initiative (GWSI):

- GWSI has been endorsed by a key group of national societies (Austrian, British, Danish, Dutch, Finnish, Irish, Spanish, & Swedish Red Cross) who, working closely with a group of operating national societies in Sub-Saharan Africa and the Caribbean, produced a total of 19 Red Cross and Red Crescent bids for potential funding by the EU, for large scale, longer-term developmental WatSan projects (of which 8 are multilateral under the Federation umbrella). This approach has been recognized as a good example of a new type of operational alliance within the framework of the 'Federation of the Future' and is being documented as such. The results, expected in January 2006, will be analyzed, and a second tranche of bidding will commence in March 2006. A booklet explaining the GWSI methodology, with planning tools was finalized and is being printed.
- As a part of GWSI, a pilot project to investigate the feasibility of household water treatment for PLWHA is about to begin (although delayed) in Kenya, with funding secured from several donors. The financial donations for the pilot have been secured, and materials for the pilot have arrived in Kenya. The project will start on schedule, in January 2006.
- Regular support to national societies with WatSan programmes, for those that are planning activities, continues, notably in Central America and the Caribbean, Eastern and Southern Africa, South-East & South Asia, DPRK and China. Other regions are served directly from the WatSan Unit in Geneva. The normal technical support role of the regional or country-based WatSan delegates or programme officers continue, followed-up by regular field missions from the WatSan unit in Geneva.

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

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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CASH

REQUESTED IN APPEAL CHF ----->				4,451,904	TOTAL COVERAGE 107.5%	
OPENING BALANCE				970,552		
BIOMEDICAL SERVICES		100,000	USD	127,000	23.09.05	INTERNATIONAL COLLOQUIUM
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
BRITISH - RC				5,335	27.07.05	ACP-ERU WATER FACILITY
BRITISH - RC				25,943	13.12.05	SENIOR OFFICER WATSAN
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
DANISH - RC				94,532	03.08.05	
DINERS CLUB				1,492	31.12.05	
DINERS CLUB				1,455	31.12.05	
DINERS CLUB				1,140	31.12.05	
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
FINNISH - RC		3,300	EUR	5,108	26.07.05	ACP-ERU WATER FACILITY
GERMAN - RC				20,000	13.09.05	INTERNATIONAL COLLOQUIUM VNRBD
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 - RC		10,000	USD	12,805	18.11.05	BLOOD PROGRAMME
NORWEGIAN - GOVT/RC		2,300,000	NOK	450,800	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
NORWEGIAN - RC		2,000,000	NOK	388,800	16.12.05	NIGER INTEGRATED CAMPAIGN EVALUATION & PROCUREMENT OF LLITN
NORWEGIAN - RC		100,000	NOK	19,600	25.08.05	
ORLES FOUNDATION		4,314	EUR	6,632	12.05.05	CHILDREN IN SPAIN & PORTUGAL
PRIVATE DONORS ON LINE				7,335	20.01.05	
PROCTER & GAMBLE		50,000	USD	56,600	02.02.05	WATSAN, PLWHA PILOT PROJECT
SPANISH - PRIVATE DONOR				774	02.12.05	WORLD AIDS DAY
SWEDISH - RC		3,200,000	SEK	547,200	24.05.05	
SWEDISH - RC				10,000	19.12.05	TB MEETING

APPEAL No. 05AA088

PLEDGES RECEIVED

14/02/2006

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SWISS RC HUMANITARIAN FOUNDATION				240,554	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	
UNICEF				16,100	29.12.05	SPREADING LIGHT OF SCIENCE
WESTERN UNION				1,635	31.12.05	
SUB/TOTAL RECEIVED IN CASH				4,400,129	CHF	98.8%

KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
DENMARK	DELEGATE(S)			22,400		
GREAT BRITAIN	DELEGATE(S)			73,000		
WHO	DELEGATE(S)			73,000		
OTHER	DELEGATE(S)			73,000		
NORWAY	DELEGATE(S)			73,000		
USA - AMGROSS	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	