

Annual report

 International Federation
of Red Cross and Red Crescent Societies

Avian Human Influenza (AI)

Appeal No. MAA00018

21/04/2009

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



A Red Cross volunteer reaching out to the villagers. Maintaining strong relations with the local community has been effective in promoting community health, and approaching effectively community behaviour change. **International Federation**

In brief

Programme purpose: To contribute towards minimizing human morbidity and mortality, massive social disruption and related suffering caused by avian epizootics and/or an influenza pandemic.

Programme(s) summary: The International Federation of Red Cross and Red Crescent Societies is helping 43 National Societies to either mitigate the effects of influenza in the animal community or develop pandemic preparedness and response plans. Financial and technical support has addressed a range of project areas including business continuity plans; the development of coordination mechanisms with other civil society organizations and government authorities; training of first responders; and the adaptation of tools and messages to protect the health, food security and livelihoods of community members in the event of a pandemic. Programme success will be measured by a change in “pandemic competency” and “readiness” in each selected country.

Essential to success is collaboration and coordination with multiple implementing partners, including other United States Agency for International Development (USAID)-funded non-governmental organizations (NGOs) and United Nations (UN) agencies, governments and Movement components working in similar areas. The International Federation has established an inter-agency operations committee to facilitate coordination, and to standardize programme guidance and in-country activities.

Humanitarian Pandemic Preparedness (H2P) projects are being implemented in 31 countries, with

the greatest progress during the reporting period in Nepal, Egypt, Ethiopia, Uganda and Mali. Avian influenza projects were conducted in 13 countries. The International Federation is seeking further funding to expand the programme to more countries.

Financial situation: The total 2008 budget is CHF 13,422,582 (USD 12,783,411 or EUR 8,948,388), of which 33 per cent covered. Expenditure overall was 31 per cent.

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

No. of people we help: The International Federation provided direct financial support or technical assistance to 43 National Societies in 2008, in support of avian or human influenza programmes and tens of thousands of staff, volunteers and community members.

Our partners: The International Federation works in coordination with members of the International Red Cross and Red Crescent Movement, as well as members of the CORE Group, the Academy for Educational Development (AED), InterAction, all relevant United Nations agencies, USAID and relevant national public authorities in countries of operation.

Context

Although world governments and international organisations are taking measures to address the current avian epizootic¹ and to prepare for a human pandemic, the virus' spread in the animal community from Asia to at least 63 countries in Africa and Europe² poses a major threat to humanity. The continuing presence of the virus among animals may disrupt the food chain, the livelihood of poultry farmers, and occasionally human health. As the virus persists in the animal community, the risk that it may evolve into a new disease that is easily transmitted between humans remains imminent and potentially catastrophic. The effects of these risks are likely to impact the least developed countries greatest during a pandemic, where there is insufficient infrastructure to sustain health services, poor disease surveillance, and risks to food and economic security.

The H5N1 virus is of particular concern for several reasons: it mutates rapidly, has a documented propensity to acquire genes from viruses infecting other animal species, and can cause severe disease in humans. According to the latest statistics from the World Health Organization (WHO), since 2003, the H5N1 strain is known to have infected 408 people and killed 254 in 15 countries across Asia, Europe, Middle East and Africa³ with an average global case fatality rate of 62 per cent. In 2008, human cases were reported in Egypt, Indonesia, Vietnam, China, Cambodia and Bangladesh.

The epidemiology of influenza teaches us that we should expect at least one, if not more than one, human pandemics per century⁴ and some could be as devastating as in 1918.⁵ Health experts are warning that influenza pandemic is inevitable, only we cannot predict when it may come. According to WHO, *“the world is presently in phase 3: a new influenza virus subtype is causing disease in humans, but is not yet spreading efficiently and sustainably among humans”*.

¹ An epizootic in animals is the equivalent for an epidemic in humans

² In 2008, outbreaks of H5N1 occurred in 23 countries (Bangladesh, Cambodia, China, Egypt, Germany, Hong Kong, India, Iran, Israel, Japan, Korea, Laos, Nigeria, Pakistan, Russia, Saudi Arabia, Switzerland, Thailand, Togo, Turkey, Ukraine, United Kingdom and Vietnam).

³ Source: [Hwww.who.int/H](http://www.who.int/H), 18 February 2009

⁴ For the XXth century: 1918, 1957 and 1968

⁵ “The Great Influenza: The Epic Story of the Deadliest Plague in History” John M. Barry, NY, Penguin Viking, 2004 ISBN: 0670894737

Given the two existing threats – the spread of avian influenza and the threat of an influenza pandemic as a result of viral mutation – two parallel approaches have been set up to:

- Help communities become more aware of the avian influenza threat and include preventive measures.
- Enable National Societies to play a lead role in the prevention and handling of the effects of a pandemic, using their close connection to communities and auxiliary role towards their government. This approach is currently referred to as Humanitarian Pandemic Preparedness.

Progress towards outcomes

Avian Influenza

Outcome(s)/Expected result(s)

Support to National Societies in their avian influenza prevention activities

Red Cross Red Crescent community-based activities in avian influenza prevention focus on health and hygiene education, and prioritize remote regions with backyard poultry farming. These activities are being implemented in thirteen countries at maximum or high risk: Afghanistan, Belarus, Cambodia, China, Egypt, Moldova, Mongolia, Morocco, Russia, Timor-Leste, Tunisia, Ukraine and Vietnam. Additionally, the International Federation is supporting National Societies' capacity-building activities for the detection and communication of disease outbreaks among poultry, and for the development of avian influenza contingency and service continuity plans.

All avian influenza programmes include, but are not limited to, the following:

- Training of staff and volunteers and capacity building within Red Cross Red Crescent branches.
- Information campaigns among the local population.
- Coordination with public authorities such as the Ministries of Health, Education and Agriculture, or regional veterinary services.
- Organization of community sessions to facilitate the reporting of dead/sick poultry.
- Procurement of disinfectants and personal protective equipment.
- Development of communication and promotional material.
- Awareness sessions at the school level.

The feedback received from government authorities and other partners was consistently positive.

Achievements

Belarus Red Cross Society (BRCS)

- The Avian and Human Influenza (AHI) project was implemented in three oblast organizations and the BRCS railway organization.
- A total of 10,251 people (11.8 per cent of projects' population) participated in BRCS AHI activities.
- There were 252 measures (activities) conducted in the selected project areas, which included public informational and teaching measures within the population and in organized groups.

- There were 30,000 booklets printed, as well as 25,000 posters and 25,000 bookmarks produced.
- A total of 26,619 booklets, posters and bookmarks were distributed in four selected project areas.

Cambodia Red Cross Society (CRC)

- The CRC AHI project targets 274 villages, 17 districts, 46 communes with a total population of 280,488 in 54,674 families. There are 548 Red Cross volunteers working directly with target communities in 12 target provinces.
- Fourteen AHI project staff participated in an internal CRC AHI training focusing on basic project management and community bio-security. The same training was organized at target Red Cross branches for 548 volunteers.
- Twenty AHI project staff participated in an inter-personal communication skill for avian and human influenza training facilitated by CRC, AED, the Food and Agricultural Organization (FAO) and the Community Economic Development Assistance Corporation (CEDAC).
- The CRC has integrated the AHI project with other health-related projects such as the Guppy Fish project and Dengue Hemorrhagic Fever public awareness promotion methodology.
- AED provided the CRC with 192 videos, CDs, and 300 recording tapes for AHI promotion.
- There were 36,140 posters, 65,495 leaflets, 552 T-shirts, 552 caps and 552 hygiene kits distributed to branches and target communities.

Red Cross Society of China

- The AI project was implemented in Gansu and Xingjian, but activities in Sichuan had to be temporarily suspended because of an earthquake.
- A baseline survey was conducted and covered 20 per cent of the total targeted households.
- About 50 facilitators from prefecture Red Cross branches were trained in Gansu and Xingjian.
- Approximately 200 volunteers were recruited from senior high schools, clinics and village communities in the two selected provinces.
- A first round of private home education was conducted in Gansu.
- There were 646 posters and 800 leaflets distributed for health promotion.

Mongolia Red Cross Society (MRCS)

- The AI project was carried out in two provinces in phase one. Three additional provinces were added in phase two.
- There were 76,092 members of herding families educated on AI prevention and hand-washing instructions, as well as 62,269 school children.
- The estimated number of indirect beneficiaries through mass media (TV and FM radio) is about 590.
- There were 407 national trainers, and 1,953 trained volunteers educated (85.4 per cent or 134,174 individuals) of the target population.
- Five national trainers were trained for each of the newly-selected provinces
- There were 605 AI prevention kits, 260 uniforms with Federation and MRCS logos, 14,000 (sets of communication materials (six different types including hand-washing instruction brochures and training packages) distributed.
- There was a 50 per cent increase in the number of indirect beneficiaries due to mass media messages.

Russian Red Cross Society

- The Russian Red Cross Society implemented the AI programme in two regions (Krasnodar and Rostov).
- Twenty staff members and volunteers of the Red Cross were trained to work with communities.
- In eleven districts of Krasnodar and the Rostov region, 84 training sessions (1.5 hour each) were conducted for a total of 2,178 people.
- About 3,000 informational leaflets were distributed to the target population.

Tunisian Red Crescent (TRC)

- TRC printed 5,000 leaflets and 1,000 posters.
- TRC produced promotional materials for schools (1,000 T-shirts, pencils, bags, and books).
- The Avian Influenza programme will be disseminated to five selected schools.

Ukraine Red Cross Society (URCS)

- Total population (68,900) living in the pilot settlements.
- Targeted groups include: staff and volunteers of five URCS branches, people living/working closely with poultry, school children, poultry farming workers and members of hunting associations.
- Meeting, seminars, university conferences, quizzes and pictures contests in schools were conducted in the five project implementation regions.
- Thousands of people in each district received informative literature, as well as broad media events were organized.

Viet Nam Red Cross Society (VNRC)

- VNRC trained at least 19 key facilitators for training on health education skills.
- Some 400 volunteers were trained to carry out door-to-door education.
- VNRC reached some 29,000 beneficiaries, and provided them with IEC materials, using UNICEF-printed fliers.
- There were 100,000 leaflets and 116,200 posters distributed to the target population.
- Monitoring and evaluation activities were implemented in three out of the five target provinces.

Timor-Leste Red Cross Society

- AI information was disseminated to 14,461 beneficiaries in the community and 6,445 students.
- AI drama was conducted for 2,271 beneficiaries in the community and 814 students.
- There were 769 households informed on AI, as well as 25,928 people received related pamphlets.
- National headquarters monitored activities by conducting seven monitoring visits.

H2P

Outcome(s)/Expected result(s)

The International Federation has accepted a three-year grant from USAID in October 2007 to help at least 20 National Societies develop Pandemic Preparedness and Response Plans, which will include business continuity plans, established coordination mechanisms with other civil

society organizations and government authorities, and trained first responders who can help mitigate the effects of a pandemic on health, food security and livelihoods.

Achievements and results during the first three quarters of 2008 focused on building the knowledge and infrastructure necessary to execute a global programme, and to pilot test activities in a few countries.

Achievements

- Strong working relationships with multiple implementing partners, on the global programmatic level, as well as locally in countries of operation.
- A team of avian and human influenza coordinators recruited in all zones, Geneva, and National Societies.
- An advocacy tool kit developed, and a strategy formulated for engaging governments and partners.
- Project activities were initiated in six countries (Egypt, Rwanda, Mali, Uganda, Ethiopia and Nepal).

The AHI unit's strategy in the last quarter of 2008 was modified to increase demand among National Societies for human pandemic projects, and to accelerate implementation. In October 2008, the International Federation distributed a request for proposals (RFP) to a USAID-Federation pre-approved list of eligible countries as well as other non-USAID countries. Staff support from Federation zonal offices and/or the AHI unit in Geneva was made available to assist National Societies in responding to the RFP. This process ensured a bottom-up approach to country selection, where each National Society chose whether or not to respond, and then was required to demonstrate interest and capacity. This has allowed the International Federation to initiate project activities in many countries quickly and simultaneously.

Twenty-five National Societies submitted extended concept papers (ECP) in response to the RFP. These were reviewed thoroughly by the AHI unit and members of an inter-agency operations committee. Letters of award (LoA) went out to 20 National Societies on 21 November 2008 (Azerbaijan, Benin, Ecuador, Ghana, Guatemala, India, Indonesia, Kenya, Laos, Liberia, Malawi, Morocco, Nicaragua, Nigeria, Peru, Philippines, Senegal, Tanzania, Ukraine and Vietnam).

Five National Societies did not receive a LoA, but instead were offered a small grant and/or technical assistance to help them re-submit an ECP (Burundi, Madagascar, Moldova, Mozambique and South Africa).

A start-up team (with representatives from the AHI unit, the zone, and an NGO partner) will be dispatched to each National Society receiving a grant award in January and February 2009, in order to assist the National Society prepare a detailed proposal by 31 March 2009. Some regional meetings will be organized in order to provide extensive briefing sessions.

Mapping in-country resources

A detailed analysis and mapping of available human resources and their areas of coverage to include roles and responsibilities of the international and local organizations likely to respond to an influenza pandemic is being conducted by the International Federation in all 31 countries of operation.

In Egypt, the Egyptian Red Crescent Society prepared community maps detailing resources available to the community, as well as volunteer distribution. Field areas were divided into mini-sectors, each assigned to specific volunteers. Detailed mapping has been performed in Uganda where the Uganda Red Cross Society (URCS) hired consultants to conduct a baseline survey,

and in Mali, where the Mali Red Cross conducted regional vulnerability and capacity assessment.

Preparatory activities for the mapping have already started in West and Central Africa (Liberia, Senegal, Nigeria, Ghana and Benin); East Africa (Ethiopia, Kenya and Tanzania); Southern Africa (Malawi); Asia Pacific (India, Philippines, Indonesia, Laos and Vietnam); North Africa (Morocco); the Americas (Nicaragua, Guatemala, Peru and Ecuador); and Europe (Ukraine and Azerbaijan).

Establish a functioning network/ partnership

An important milestone in H2P projects is to develop, in countries of operation, a network of organizations and agencies capable of supporting a district/community-level response to pandemic influenza. Such a network has already been created in Egypt and Nepal, where the National Society plays the lead role. The process to form these networks is in the final stages of negotiation with prospective partners in Ethiopia, Uganda and Mali. Preparatory activities for in-country partnership started in West and Central Africa (Liberia, Senegal, Nigeria, Ghana and Benin); East Africa (Kenya and Tanzania); Southern Africa (Malawi); Asia Pacific (India, Philippines, Indonesia, Laos and Vietnam); North Africa (Morocco); the Americas (Nicaragua, Guatemala, Peru and Ecuador); and Europe (Ukraine and Azerbaijan).

At the global level, the International Federation has set up several mechanisms to facilitate coordination among partners and within the secretariat, including:

- **Partners meeting** – This meeting brings together key stakeholders, including decision makers and programme managers to promote increased understanding of strategic priorities, operational successes and challenges, and progress to date.
- **Operations committee** – This committee brings together operation-level decision makers from the International Federation and its partners, to review in-country strategy, procedures, and operation guidelines to ensure consensus, a common approach, and a single set of documents. This committee serves as a single point of contact and distribution point for information and decisions related to operations; it monitors sector- and project-specific progress; ensures awareness of operational challenges and successes; and refines approaches where necessary. Specifically, the operations committee establishes working groups and disseminates their findings, provides feedback to partner strategies, and communicates decisions and recommendations for operational guidelines under one heading.
- **Zone coordination and technical assistance workshops** – This recurring meeting brings together technical advisors and sub-grant managers directly supporting National Societies applying for, or receiving sub-grant awards to review global programme guidelines and strategies for adaptation in each country. The meeting also addresses operational challenges, identifies and schedules support, and makes recommendations to refine approaches as needed. Specifically, this workshop may include technical training, simulations, case studies, and reviews and discussion of modifications to existing protocols.
- **Working groups** – Working groups are technical committees established by the operations committee to research content-specific programmatic issues and develop generic guidelines; as well as to propose policies, and design trainings that may be adapted for each country. Specifically, working groups have been set up to address food security, livelihoods, health, country plans and website communications.

Training of first responders

By the end of the programme, a cadre of trained community-level authorities, staff and volunteers in pilot areas of each country (including political, religious, health, and other social service officials) will ensure transfer of the skills required to lead an effective humanitarian

response to pandemic influenza. Training in pilot areas will enable National Societies to test strategies and material, and then to expand a basic training package to all Red Cross branches countrywide before trying to train all volunteers. This strategy is based on the idea that it is safer to train more people in less material, than few people in great depth.

The Egyptian Red Crescent trained 127 volunteers to conduct vulnerability and capacity assessments in two pilot areas. They also trained their staff, volunteers and partner NGOs on their curricula guidelines, including a table-top simulation exercise. As representatives of the civil society, they participated in two simulation exercises conducted by the Egyptian government on the national and governorate influenza pandemic contingency plans.

The Nepalese Red Cross organized several sensitization workshops across their different departments, as well as briefed other NGO actors and government officials. All project staff received the necessary induction courses before being dispatched to their assigned areas.

In Mali, a national Mali Red Cross planning workshop was organized for senior staff from various regions. The workshop included a table top pandemic simulation exercise, as well as a regional vulnerability and capacity assessment.

Briefing and sensitisation sessions for Red Cross staff and volunteers, selected NGOs and government officials were initiated in Ethiopia, Rwanda and Uganda.

H2P country response plan

The most important deliverable of each H2P project is the development of an H2P country response plan. This plan will include the roles of international, national and local authorities responsible for the implementation of all activities required to deliver an effective humanitarian response in different parts of the country in a pandemic influenza outbreak.

At the end of 2008, an H2P country plan working group was formed, chaired by the International Federation, in order to develop a template for the country plan, present it to the operations committee for feedback, and share it with H2P relevant staff once revised and finalized. This template is expected to be ready by the first quarter of 2009, then tested in pilot areas of countries of operation before being rolled-out to every Red Cross Red Crescent branch in 31 National Societies.

Tools and Guidelines for Mass Dissemination

Several technical working groups were established by the operations committee with representatives from the International Federation, NGO partners and UN organizations, to research content-specific programmatic issues; and to develop generic guidelines, propose policies, and design trainings that may be adapted for each country.

- **Health working group:** The HWG has drafted curricula modules on:
 - a. Introduction/ User Guide: Overview, Adaptation, Trainer's Tips
 - b. What is Pandemic Influenza
 - c. Spreading the Word: Getting Prevention and Other Messages to the Community
 - d. Infection Control for Community Health Responders
 - e. District/ Community-level Planning for Local Leaders

Curricula have been translated into Arabic. The Egyptian Red Crescent has modified the curricula for their local context. Testing of the generic global curricula is scheduled for the first quarter of 2009 in Nepal and Uganda, to be then revised and rolled-out to other countries. There are plans to link the health curricula with the food security and livelihoods

guidelines to explore integration into single curricula. The curricula are designed to function as an off-the-shelf training guide that can stand alone, or be integrated into the Community-based Health and First Aid (CBHFA), the epidemic control for volunteers training manual and other key Federation materials.

- **Food security/Livelihoods:** At the request of USAID and partners, the International Federation assumed responsibility for the food security and livelihoods working groups, formerly managed by other NGOs. The International Federation has successfully recruited members and established measures of success for each group. Draft versions of the following documents were developed: mapping of relevant resources, characteristics of pandemic resilient communities and a guide for pandemic preparedness and response. Both working groups are developing a matrix for policy makers, community leaders and households for pre-pandemic, pandemic and post-pandemic phases. The matrix will form the basis of the tools for community leaders, and will be included in the country plan template.
- **Website:** An H2P website working group was created in December 2008 with representatives from AED, CORE, InterAction, the International Federation, the United Nations Pandemic Influenza Contingency (UN PIC), the World Food Programme (WFP) and USAID. A design agency was selected, and all materials developed for pandemic have been gathered from each agency.
- **Country plan:** The working group was created in December 2008 to develop a template for the country plan. The working group is chaired by the International Federation and includes members of the International Federation, CORE and AED.

Constraints or Challenges

There are many challenges facing a global programme with USAID standards for reporting and 18 months to produce countrywide preparedness and response plans that will include non-Movement actors and be adopted by local governments. Briefly, the major challenges include managing a large portfolio while maintaining high quality standards. The lack of timely financial reporting in order to access grant funds will threaten obligations. National Societies are being asked to redirect their energy from training volunteers to building partnerships with non-traditional partners, and performing extensive advocacy work to ensure that Red Cross-civil society plans are adopted as national policy. There are risks to the project design, as the International Federation and its partners have made assumptions about the timing and duration of pandemic phases, and its tools and messages may or may not predict the correct scenario. Furthermore, there is a risk that the material presented may not strike the right balance between what is simple and effective enough to save lives. Should a pandemic strike, some assumptions about the continuing availability and viability of the secretariat and its partners to provide routine, let alone extraordinary services may be threatened. Comprehensive business continuity plans are not yet in place for all essential actors.

Working in partnership

The International Federation is closely working with USAID, UNSIC, WHO, the United Nations Children's Fund (UNICEF), UN Office for the Coordination of Humanitarian Affairs (OCHA), as well as others. The International Federation is a member of the UN system inter-agency technical working group on influenza, which discusses key strategic and operational issues. The International Federation is also responsible in coordinating the global programmatic planning and the in-country technical support of the following partners:

- The CORE Group, which leads the H2P health technical working group, is responsible for the development and design of guidelines and materials related to care for the ill, reducing

person-to-person transmission, and lowering excess mortality from common (non-flu) illnesses in a pandemic. Additionally, CORE will seek opportunities to stimulate country-level coordination of NGOs.

- AI.COMM, managed by the Academy for Educational Development (AED), is responsible in developing communication materials. Additionally, it leads formative research.
- InterAction is responsible in mapping out international non-governmental organizations (INGO) and their partners' programmatic capacities at the national levels that may be mobilized for disaster response. InterAction will also coordinate three major regional meetings aimed at introducing the initiative on a larger scale in Africa, Asia and Latin America.

Contributing to longer-term impact

Preparing for a pandemic influenza is not very different than preparing for any disaster. Basic prevention measures apply, as well as non-pharmaceutical interventions. In order to ensure the sustainability of the AHI programme, all curricula and guidelines will be incorporated into existing Federation materials. Avian and Pandemic Influenza prevention have been incorporated into the Epidemic Control for Volunteers training manual, published by the health department. This will ensure a minimum sustainability of the programme beyond the available funding.

In H2P countries of operation, the International Federation is supporting National Societies lead a network of organizations, be part of national task forces or other disaster preparedness teams. Eventually, the programme is striving to improve National Societies' relationships with their governments and usually, they would become the focal organization for pandemic preparedness and avian influenza prevention.

Looking ahead

To ensure that all efforts are sustainable, that knowledge is retained and shared, as well as a long-term viability of expertise and experiences sustained, the unit will consider developing a reference centre concerned with epidemics and emerging infectious diseases. The setting up of such a reference centre will enhance the unit's response capacity on many fronts, not only with current pathogens (like the current cholera epidemic in Zimbabwe), but emerging ones as well (Severe Acute Respiratory Syndrome (SARS) being a good example). It will improve the knowledge, ability and credibility of the Red Cross and Red Crescent Societies in public health in general. It will broaden collaboration, expertise and partnership, and will ensure a maximum field input. The centre will add impetus and critical mass to the decentralization process, and contribute to the modernization of operations in the health and care department.

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

For further information specifically related to this report, please contact:

- In the International Federation's secretariat, Geneva: Robert Kaufman, AHI unit manager, Health and Care department; email: robert.kaufman@ifrc.org; phone: +41 22 730 4674 and fax: +41 22 733 0395.
- In the Asia Pacific zone, Kuala Lumpur: Jim Catampongan, AHI coordinator; email: jim.catampongan@ifrc.org; phone: +603 2161 0892 and fax: +603 2161 1210.
- In the West and Central Africa zone, Dakar: Aliou boly, AHI coordinator; email: Aliou.boly@ifrc.org; phone: +221 33 869 3640 and fax: +221-33-860 2002.
- In the East Africa zone, Nairobi: Soonyoung Choi, AHI coordinator; email: soonyoung.choi@ifrc.org; phone: +254 20 283 5000 and fax: +254 20 171 2777.
- In the South Africa zone, Johannesburg: Rose Njiraine, AHI Coordinator; email: rose.njiraini@ifrc.org; phone: +27 11 303 9740 and fax: +27 11 884 0230.
- In the Middle East and North Africa zone: Anne Leclerc, Head of the regional office North Africa, Tunis; email: ae.leclerc@ifrc.org; phone: +216 98 337 724 and fax: +216 71 862 971.
- In the Europe/Central Asia zone, Budapest: Zlatko Kovac, AHI coordinator, email: Zlatko.kovac@ifrc.org; phone: +36 12 483 300 and fax: +36 12 483 322.
- In the Americas zone, Panama: Panu Saaristo, Health in Emergencies, email: panu.saaristo@ifrc.org; phone: +507 380-0250; and fax: +507 317-1811.