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Health
Mid-Year Report

International Federation of Red Cross and Red Crescent Societies

MAA00001

September 2012

This report covers the period 01/Jan/12 to 30/Jun/12.

***Azerbaijan – Baku – 2011**: A volunteer nurse provides home-based treatment for a multi-drug resistant tuberculosis patient. She controls his adherence to treatment, conducts psychological support and also promotes health with his familly.*

Overview

Working within a four-year long term planning framework (2012-2015), the Federation Secretariat health programme is making solid progress in building its strategic operational framework for health that is aligned to the strategic aims and enabling actions of Strategy 2020. Additionally, the health department LTPF and logframe are aligned to the IFRC's Secretary General's objectives and priorities reflected under five business lines.

Over the reporting period, secretariat health staff have continued to support National Societies (NSs) based on the above mentioned global strategic direction, as well as on NSs' expressed needs, strengths, and capacities, and global trends in public health.

Secretariat Health department provided guidance and leadership by supporting NSs technically through guidelines and manuals, tools, and materials. The secretariat health department invested as well actively in capacity building of NSs in the field of health through workshops and trainings and through active knowledge sharing, online platforms and discussion fora. It supported NSs financially, allowing them to increase their capacity to deliver programmes to beneficiaries. In this process, the secretariat health team ensured programme technical quality and financial accountability.

Internally, during the reporting period, main achievements include success in working together as a global health team, ensuring an organization wide move towards the same goals identified by the strategic operational framework for health.

In addition, the health team continued to promote its global advocacy campaign on eliminating health inequities as well as the adopted resolution on health inequities (resolution 6, 31st International Conference), reaching different internal and external audiences.

Various achievements were made at programme level, details can be found under the Progress Towards Outcomes section.

Working in partnership

The health team maintains and further develops a wide range of partnerships. This includes global positioning, coordination, relationship management and technical support in a number of global initiatives, such as the global water and sanitation initiative (GWSI) or the global malaria initiative. In many instances, the team took a leading role in positioning the IFRC within key health partnerships among civil society organization platforms. For example, the IFRC is currently chairing the Alliance for Malaria Prevention partnership and vice-chairing the GAVI civil society constituency. We are also part of the Strategic Advisory Group of the Global WASH Cluster.

In addition to our primary partners comprising Red Cross Red Crescent National Societies as well as our traditional partners such as the World Health Organization, different UN organizations, private sector and various government agencies, the team has initiated and developed partnerships in order to come closer to its strategic operational goals, continue to implement successful health programmes, improve on quality, ensure longer term gains and sustainability, and scale-up health activities. Such new partnerships include the International Federation of Pharmaceutical Manufacturers & Associations, the Global Fund to fight AIDS, TB, and Malaria, the Partnership for Maternal, Newborn and Child Health, the WatSan Inter-agency Group, etc. More details can be found under the Progress Towards Outcomes section.

Progress towards outcomes

Business line 1: Raise humanitarian standards **OUTCOME:** *Uplifted thinking that inspires and underpins our services to maintain their relevance in a changing world, along with increased magnitude, quality, and impact.*		
Health outcomes and outputs	**Indicators**	**Progress, achievements, constraints**
Outcome 1.1: National Societies have the technical support and knowledge to implement quality health programmes		
Output 1.1.6: New technologies are tested to ensure continuous improvement of health programming	• A draft research agenda finalised and updated per year • # of research projects which moved from a concept phase to an implementation phase per year • # of research projects finalised per year • # of abstracts and articles in publications per year	The health team continued to conduct operations research activities at programme level. These activities will feed into the health department's research agenda. Main activities include: • The malaria team developed proposals to transition Burkina Faso and the Kenya RC Home Management of Malaria to an Integrated Community Case Management project, providing testing for malaria at community level and providing treatment for malaria, pneumonia and diarrhea - both countries are operations research projects. Other malaria operations research activities are being conducted in Togo with final survey report(s) due in August. • A CBHFA literature review and CBHFA research and learning plan were developed. • A beta version of the Emergency Health Mission Assistant has been develop online and is now available for peer-review. • Started preparatory work for NCDs operations research 2013-2015

Business Line 2: Grow Red Cross Red Crescent services for vulnerable people. **OUTCOME:** *Increased share of consistent and reliable Red Cross Red Crescent action in support of communities affected by disasters and crises.*		
Health outcomes and outputs	**Indicators**	**Progress, achievements, constraints**

Outcome 1.1: National Societies have the technical support and knowledge to implement quality health programmes		
No specific health output(s) ***NB: Outputs 1.1.3, 1.2.1, 1.2.2, and 1.2.3 included in the LTPF have been moved under Business Line 5.***	No specific health indicator(s)	The Emergency Health and WatSan teams conducted the following activities in support of communities affected by disasters and crises: • Provided technical support for various cholera outbreaks (Lake Chad Basin, West Congo Basin, Lake Tanganyika, Horn of Africa); yellow fever outbreaks (Senegal, Ghana, Burkina Faso, Cameroon); and polio outbreaks (Cameroon, Kenya). • Provided technical support for the Sahel Food Security • Conducted a WatSan programme verification in Zambia • Provided technical support for ongoing emergency appeals and various DREF approvals • Through the Rapid Assessment Team (RAT) concept, conducted deployments in Madagascar and Burkina Faso • Currently developing IFRC cholera guidelines to be available for field review in quarter four of 2012. • Revised the influenza component of the Epidemic Control for Volunteers manual and currently producing the manual in Haitian Creole.

Business Line 3: Strengthen the specific Red Cross Red Crescent contribution to development

OUTCOME: *Appropriate capacities built to address the upheavals created by global economic, social, and demographic transitions that create gaps and vulnerabilities, and challenge the values of our common humanity.*

Health outcomes and outputs	**Indicators**	**Progress, achievements, constraints**
Outcome 1.1: National Societies have the technical support and knowledge to implement quality health programmes		
Output 1.1.1: Relevant and evidence-based tools, guidelines, and information are available.	• A draft Holistic health approach (new or updated) per year • A draft Need analysis (new or updated).e.y • A draft needs analysis for Behavioural change capacity	While the health team is still developing the concept of the holistic health approach, members continued to provide National Societies with evidence-based tools, guidelines, and information. Main tools and guidelines: • A **Noncommunicable Disease** framework was finalized and an NCDs module is currently being developed.

	building project developed and updated per year • A draft strategic plan for behavior change capacity building developed and updated per year • % of existing tools updated per year • # of position papers on technical areas per year • # of new tools meeting the criteria per year • A draft training need analysis (new or updated) per year • A draft training strategy and plan new or updated) per year • % of existing trainings updated according plan and HHA) per year • # of new trainings meeting the criteria per year • # of new online trainings and discussion fora which meet the criteria of HHA per year • # of NS participants in training and workshops per year	• The **Maternal, Newborn, and Child Health** framework was finalized and made available both in web or non-web format. Additionally, MNCH and immunization global interactive mapping of RCRC capacities, interventions, research and partners is ongoing and will be available by the end of September 2012. • Minimum standards in volunteering in the **Elderly** programme were developed together with National Societies in Europe and will be printed in October 2012. • **Rapid Mobile Phone Based Survey** (RAMP) guidance document and training manuals were finalized and gone for lay out. • In **First Aid**, the concept of "One FA" is being developed with the ICRC. Also, the International First Aid Guideline is currently being translated into Arabic and Spanish • **Community Based Health and First Aid** case studies, CBHFA mapping for 2011, a generic CBHFA Master Facilitator guide and lesson plans, and a CBHFA introduction presentation. • A French version of the **HIV** Prevention, care, treatment and support training package for community volunteers was finalized and is ready for printing. • A publication on multi-drug-resistant **Tuberculosis**, including lessons learned and recommendations was finalized and is ready for printing. • A guidance manual on best practices in the provision of **HIV/TB** testing for drug users and migrants in low-threshold services will be published together with Italian Red Cross. • A guidance manual for country level **TB advocacy** will be published together with the Stop TB Partnership. • A **WatSan and Gender** guidance note is in its final stages.
Output 1.1.2: A relevant and consistent set of trainings, workshops, seminars, as well as direct technical support enables	• A draft training need analysis (new or updated) per year • A draft training strategy and plan new or updated) per year	A training analysis is currently being conducted and a training strategy and plan will be developed by the end of 2012. Additionally, • The health team has continued to develop online trainings,

National Societies to improve their health programmes.	• % of existing trainings updated according plan and HHA) per year • # of new trainings meeting the criteria per year • # of new online trainings and discussion fora which meet the criteria of HHA per year • # of NS participants in training and workshops per year	such as the CBHFA e-learning and the IFRC public health in emergencies e-learning. • The emergency health team has provided facilitation and technical assistance to three ERU trainings (Spanish, Norwegian and French RC). • A training for country level TB advocates was conducted together with Stop TB Partnership and guidance will available for all National Societies. • An evaluation of trainings in harm reduction is planned for Q3. Planned to involve the Harm Reduction International and Euroasian Harm Reduction Network.
Output 1.1.4: Sets of tools and guidelines common across technical health areas are available.	• # of cross technical (health)projects based on a joint work plan initiated per year • # of cross technical (health)projects based on a joint work plan finalised per year	The health team worked on the following cross technical health projects: • Developed a discussion paper on integrating CBHFA and Participatory Hygiene and Sanitation Transformation (PHAST). • Developed a guide to TB counselling and testing for drug users under the Impact Project of Italian Red Cross. • Early discussions are taking place with water and sanitation as to community prevention of emerging infectious diseases (EID) at the animal-human ecosystem interface (zoonoses) and maternal and child health.
Output 1.1.5: Sets of cross-sectoral tools and guidelines are available.	• # of cross sectorial projects based on a joint work plan initiated per year • # of cross sectorial projects based on a joint work plan finalised per year	The health team worked on the following cross sectorial projects: • Completed gender and HIV training module in English and French • Developed a concept for the engagement of men and boys in HIV and sexual reproductive health (SRH), maternal, newborn, and child health (MNCH), and prevention of gender based violence (GBV). • Engagement between Emergency Health (EH), MNCH and CBHFA around Nutrition capacity analysis and training is ongoing in parallel to EH and Food Security discussions.

Business Line 4: Heighten Red Cross Red Crescent influence and support for our work

OUTCOME: *Evidence-based humanitarian diplomacy conducted to draw attention to the causes and consequences of vulnerability, giving voice to vulnerable people, and demonstrating the value of Red Cross Red Crescent humanitarian work and leadership.*

Health outcomes and outputs	Indicators	Progress, achievements, constraints
Health Outcome 2.1: Key global health issues are influenced in accordance with RC RC mandate.		
Output 2.1.1: Key global health issues in accordance with RCRC mandate are addressed in international fora.	• Draft communication and advocacy strategy and plan for health by year • # of discussions on advocacy theme (video, ted roundtable) per year • # participants in the advocacy online fora per year • # of visitors to online discussion per year	Since 2011, the health team have been taking a more strategic approach to global advocacy. The team continued to reach different audiences with its global advocacy campaign on inequitable access to health and continued disseminating the advocacy report around health inequities (Eliminating health inequities) and the related resolution from the 31st International Conference of the Red Cross and Red Crescent (Resolution 6: Health inequities: reducing burden on women and children). Team members participated in various International events, some highlights include: • World Malaria Day event at the EU Parliament in Brussels - April 2012 - co-hosted by RBM, Norwegian RC, IFRC, Malaria Consortium, PATH MVI and Malaria No More • Nuclear preparedness conference in Tokyo: participation and substance contribution • One Health Summit in Davos (Feb 2012) • World Water Forum in Marseilles (March 2012), panel on the humanitarian reform process and attended WASH cluster, followed by World Water Day where we issued a webstory and video • World Immunisation Week (WIW): The GAVI Civil Society Organisation (CSO) Constituency, in which IFRC is vice-chair and communication focal point of the steering committee (SC), produced a WIW statement. • During the World Health Assembly (WHA) convened in Geneva (May 2012), IFRC delivered a plenary statement on Universal Coverage and statements on agenda items pertaining to Non-Communicable Diseases(NCDs), the Global Vaccine Action

		Plan (GVAP), Nutrition and Polio Eradication. ● At the request of the Partnership in Maternal, Newborn and Child Health (PMNCH), IFRC joined speakers during the WHA, at the Born too Soon event, to highlight the key role of the community and its leaders, in particular men, and RCRC volunteers in addressing maternal and children health against a backdrop of prematurity as the leading cause of neonatal deaths and the second cause of death after pneumonia in under five year old children worldwide. ● IFRC co-hosted the WHA side event focusing on the role of civil society in operationalising the GVAP, with WHO,UNICEF, the GAVI Alliance, Decade of Vaccines Collaboration(DoVC),Save the Children and GAVI Civil Society Organisation (CSO) Constituency. IFRC Health communications produced a video highlighting this key role which is housed on the hosting organisations' websites. ● The GAVI Civil Society Organisation (CSO) Constituency Steering Committee bi-annual meeting (June 2012) was hosted at the American Red Cross and chaired by IFRC bringing together representatives from organisations in India, Nigeria, Pakistan, Ethiopia, Malawi, Ghana, Cameroon, Uganda and including international NGOs such as Save the Children, Medecins sans Frontieres (MSF) and Catholic Relief Services (CRS). ● IFRC co-hosted the Maternal, Newborn and Child Health (MNCH) Roundtable with Global Health and Diplomacy (GHD), Women Deliver and Management Sciences for Health (MSH) (June 2012) where the importance of addressing Millenium Development Goal (MDG) #4 and #5 in a comprehensive and integrated manner was highlighted. IFRC was joined by speakers from the World Bank, WHO, US State Department, USAID, National Institutes of Health (NIH), the GAVI Alliance, Health Ministers of Afghanistan and Kosovo, Ghana civil society representative and private sector companies such as Johnson & Johnson and Mars Inc. amongst others, in the lead up to the Child Survival Summit. ● Coalition for Cholera Prevention and Control Inception Meeting

		in Atlanta, Georgia • A Meeting with UNODC was organised on 27 June as a follow up after the MoU is signed between IFRC and UNODC in May 2011. During the meeting possible joint activities were discussed. • IFRC, Canadian Red Cross and GAVI CSO Steering Committee colleagues (June 2012) joined the Civil Society Forum convened at Family Health International(fhi)360 in collaboration with Save the Children, Countdown to 2015, PMNCH and other partners and 'Value for Partnerships for Life-saving Vaccines' discussions convened by the GAVI Alliance, UN Foundation, GPEI and M&RI as events focusing on strategies for ending preventable child deaths. • XIX International AIDS Conference (IAC)2012. 6 events organised: (1) live talk show on TB/HIV affected women and children jointly organised with Stop TB Partnership, (2) session on decriminalisation of drug users jointly organised with harm reduction International (3) HIV stigma and discrimination in the workplace in partnership with RCRC+, UN+ and IPPF+, (4) HIV in emergencies in partnership with UNAIDS, (5) HIV and Ageing and (6) HIV and vulnerable youth in partnership with American Red Cross.
Output 2.1.2: Reference materials for effective advocacy on health issues are available.	• # of advocacy reports per year	• A resource page linked to the MNCH framework provide reference materials on maternal and child health. • The GAVI CSO Constituency e-communication platform and quarterly newsletter provide advocacy materials to address immunization and child health.
Health Outcome 2.2: RCRC 's work is recognized in International fora		
Output 2.2.1: National Societies' individual work is recognized in scope, scale, and quality.	• Draft Health/Communication – marketing strategy new or updated per year • # of presentations on of Natsoc program per year in international conferences • # of case studies published per	• Community Based Health and First Aid case studies were produced where the individual work of 14 NSs was highlighted. The CBHFA mapping highlighted the work of 85 ONS as well as 18 PNS. • During the XIX Inter-American Conference (IAC) and subsequent Montrouis Agreement (March 2012): the Canadian Red Cross and IFRC America zone convened for a MNCH

	year	panel on Eliminating Health Inequities building on the Resolution on health inequities and commitments of 31st International Conference (November 2011). Deliberations between PAHO, Canadian, Guatemalan, Columbian, Bolivian Red Cross Societies and IFRC MNCH panelists, moderated by IFRC Health, took place. • World Immunization Week (WIW) (April 2012): IFRC health communications' webstory highlighted the partnership between IFRC, eight National Societies, the Ministry of Preventative and Public Health, PAHO and national actors in conducting Haiti's integrated National vaccination campaign for all children (2.8 million) and women of reproductive age.
Output 2.2.2: The RCRC's collective work is recognized	• # of plenary appearances per year • # of abstracts and articles in publications per year • # of presentations on international conferences • # of visitors to online courses and events per year	• UN Water annual mapping document (GLAAS) was released and included significant mapping of GWSI projects worldwide underlining IFRC & RC/RC efforts in contributing to MDG targets. • IFRC re-elected, unopposed to the Strategic Advisory Group of the Global WASH cluster • IFRC is part of the Core Group of the Global Health Cluster. • IFRC continues as Partner in the Global Polio Eradication Initiative (GPEI), Global Polio Partners Group; the Measles & Rubella Initiative (M&RI) • IFRC holds vice-chairmanship, communication focal point roles in the GAVI Civil Society Constituency Steering Committee and an advisory role to the GAVI Board civil society representative. • IFRC MNCH is a member of the expert group developing the WHO Guidelines on Management of Substance Abuse during Pregnancy. Guidelines will be completed end of Q4. • MNCH and CBHFA are members of the CCM inter-agency Task Force. IFRC MNCH collaborates with Canadian RC with regard to task shifting, as expert member of WHO Opt4MNH, the WHO Recommendations on Optimizing the Delivery of Key Maternal and Newborn Health Interventions to attain MDGs 4 & 5. • At the invitation of Global Health and Diplomacy, IFRC penned the article titled maternal and child health article '1000 Critical

		Days' which was published in the summer edition "The Last Generation". This was shared at both the Child Survival and Rio+20 Summits (June 2012) and is available online. • Child Survival Summit and global Call to Action (June 2012) was convened by the governments of the United States, Ethiopia and India in collaboration with UNICEF. IFRC colleagues from health and humanitarian values and diplomacy, Standing Committee member from Mali, Canadian Red Cross, American Red Cross colleagues were invited to join over 80 countries' government representatives and partners from multilateral organisations, private sector, and civil society for a Call to Action to reduce global under five year old child mortality (deaths per 1000 live births) to 20 or less by 2035 through implementation of A Roadmap to Ending Preventable Child Deaths, partnerships and pledges of which IFRC is signatory.

Business Line 5: Deepen our tradition of togetherness through joint working and accountability

OUTCOME: *More effective work among National Societies through modernised cooperation mechanisms and tools, and a greater sense of belonging, ownership, and trust in our International Federation.*

Health outcomes and outputs	Indicators	Progress, achievements, constraints
Health Outcome 1.1: National Societies have the technical support and knowledge to implement quality health programmes		
Output 1.1.3: Relevant quality standards and monitoring frameworks with their implementation and reporting guidelines are available.	• Draft HHA quality standards are defined and updated e.y.(see above) • % of existing quality standards updated according to the HHA criteria per year • # of specific technical Quality standards are developed in accordance with the HHA per year	The health team finalized a department wide log frame 2012-2015 and programme log frames for 2012. Additionally, department metrics were developed to monitor and demonstrate progress in various strategic areas. Other main activities at programme level include: • A rotation initiative for core Delegates and NS staff was introduced. This initiative, while initially within the WatSan/EH Unit, is planned to broaden within the whole health department. • All Health ERU trainings have been assessed for content and

		an analysis for minimum standards will be made available in the third quarter of 2012. • The mapping of the Global Water and Sanitation Initiative projects revealed that in almost 7 years, the original target of serving five million people doubled to over ten million at present, and we intend to increase this to 15 million beneficiaries by 2015, with over 300 projects in 65 countries worldwide. • A more in depth mapping of our emergency work is also under way and indicates that on average we serve over 2 million beneficiaries per year with emergency water, sanitation and HP services. • A Kenya Red Cross Society and Global Fund report "How KRCS became Principal Recipient and prepared for the task of grant management" was completed and disseminated. • The MNCH framework provides guidance for monitoring implementation of maternal and child health interventions. The completed Global Mapping will further inform at the end of Q3.
• **Health Outcome 1.2:** National Societies have a wider range of partners, donors, and experts to implement relevant and innovative health programmes.		
Output 1.2.1: Strategic partnerships, in particular with governments, enable National Societies to anticipate global trends and emerging health issues.	• Developing and update of draft criteria for functioning partnerships, networks and technical expertise yearly • Draft Map of Global strategic partnerships developed and updated yearly • Draft Global Donor Map developed and updated yearly • # of functioning global strategic partnerships identified –following the criteria per year	The health team developed a draft map of global strategic partnerships and emerging funding opportunities, to be updated on a regular basis. Main ongoing/new partnerships include: • IFRC re-elected unopposed to serve a further two years on the Global WASH Cluster advisory group. • Ongoing collaboration with WB through its Civil Society Group and participation in face to face meetings and teleconferences. • Toward a Safer World initiative from the UN System Influenza coordination (UNSIC). • Consortium (Netherlands RC, IFRC, Oxfam, WASTE) to develop specifications for emergency sanitation equipment. • Ongoing engagement as core partner of ICG (International Coordination Group for Yellow Fever and Meningitis vaccines).

		The mandate of ICG is being expanded to cover the emergency stock of oral cholera vaccine stockpile by end of 2012. • Ongoing maternal and child health partnership discussions related to MNCH and Immunization are: The Partnership in MNCH (PMNCH), Polio and child survival, social mobilisation and research with UNICEF; MNCH emergency technologies with WHO Reproductive Health and Research (RHR)/HRP; Immunization with International Paediatric Association (IPA) and GAVI CSO Constituency; Inter-Parliamentarian Union (IPU) and increased health equity through maternal and child health.
Output 1.2.2: Networks of expertise enable National Societies to anticipate global trends and emerging health issues.	• Draft Map or update of human expertise per year • Draft Map or & update of existing global networks per year • # of functioning global networks and reference centre following the set of criteria per year • # of experts registered following the criteria	The health team continues to closely work with the reference centres for Psychosocial Support and Climate Change (click here to go directly to the Psychosocial Support Centre LTPF mid-year report). Additionally, the team is currently preparing and agreement with the French RC in order to establish a Global Reference Centre for First Aid. Very recently, a MoU was signed between the IFRC, Italian Red Cross and Villa Maraini in May 2012 on a Partnerhsip on Research and Training in Harm Reduction. The steering committee will be formed with representatives from all three entities to define further steps. The health team is as well developing and regularly updating online platforms for information sharing and discussion fora. Communities of practice, under FedNet, have been created for various health sectors and networks such as prehospital care.
Output 1.2.3: Existing donors increase their support and new donors develop interest in funding health programmes.	• Draft Fundraising strategy new or updated per year • CHF available for funding for Global health per year • CHF available for NS through the	Key Partner National Societies have continued to support IFRC global health activities through financial and technical support. While the health team is working on a global donor mapping and fundraising strategy, various partnerships were successful and

	global health per year	resulted in significant financial support to health programmes. These include, but are not limited to: • Land Rover partnership has raised 1 million UK Pounds and will raise more for GWSI in Uganda. • A cross divisional team project to expand collaboration with the Global Fund to fight AIDS, TB, and Malaria resulted in the IFRC being selected as the Principle Recipient on Round 10 TB treatment funds in Niger, with an approved budget of EUR 31 million (over five years) approximately. • Pledge for 2012 to implement harm reduction activities at global and country level is signed. All National Societies (7 in total), included in the programme received allocations. Ongoing discussions and potential funding opportunities such as: • An IFRC/Kenya RC/UNITAID Letter of Intent on Treatment as prevention was approved • Ongoing discussions for partnerships related to NCDs (potentially IOC, IFPMA). • Discussions with USAID regarding existing standing agreement with IFRC and potential for expansion in next phase of grant – ongoing. • AusAid GWSI funding package being prepared for submission, 4 countries in Africa and 6 countries in Asia/Pacific. • Maternal health parternership with Saving Mothers Giving Life (SMGL) Initiative, USAID and the American Red Cross discussion underway. • MNCH engagement with the private sector including Pfizer, Sanofi, Sandoz, Johnson and Johnson and Mars Inc ongoing. • IFRC is signatory to Road map to Ending Preventable Child Deaths and its pledge. Discussions with partner signatories to be explored further. • IFRC commitment discussion to the UN Secretary General's Strategy for Women and Children's Health and to the Partnerhship in MNCH is ongoing.

Stakeholder participation and feedback

The key stakeholders in the global IFRC health activities are the global health team (including secretariat health staff in Geneva and Zones, as well as representatives from various IFRC reference centres) as well as National Societies. To ensure coordination and harmonization of approaches, various meetings and teleconferences are held on a regular basis, surveys and feedback is collected from National Societies. Over the past period, the global health team had gone through a long participatory process to develop a strategic operational framework for health. A final document is expected to be disseminated by the end of 2012.

Details of engagement and feedback covered by the various health programmes and intiatives can be found under the Progress Towards Outcomes section.

Key Risks or Positive Factors

While there are specific risks and mitigation measures identified by individual health sectors, those listed below are common across all sectors:

Key Risks or Positive Factors	Priority **H**igh **M**edium **L**ow	Recommended Action
Inadequate funds to support key health positions, particularly for HIV/AIDS, MNCH/Immunization, and Voluntary Non-Remunerated Blood Donation.	High	Promote and develop proposals for unearmarked, flexible, and predictable funding, with support from the Strategic Partnerships team.
Aid budgets are increasingly under pressure, and resource mobilization for health is increasingly challenging (various reasons, including global economic crisis, increased bilateralism, etc.).	High	Various actions including: - diversification of donor pool, develop strategic partnerships - reaching out to non-traditional donors, particularly within the corporate sector - investing in operations research for evidence-based results and improved aid effectiveness - investing in advocacy and communication to better position ourselves and our member NSs
Limited adoption and implementation of global policies, tools, guidelines, and materials, as well as compliance with procedures and frameworks	High	Improve consultation process, and appropriate knowledge dissemination

Lessons learned and looking ahead

Several evaluations were conducted at NS level during the reporting period. The Federation developed a literature review to introduce key lessons learnt, challenges and recommendations on using the CBHFA approach based on eight different lessons learnt workshops, ten key evaluations

and other related materials which took place during 2009-2011 (in total more than 20 documents). The "literature review" is prepared as a synthesis of key issues based on information gathered during the workshops and lessons learned reports provided by a number of NSs prior to the workshops. Various findings and recommendations were synthesized and can be shared upon request.

A very large proportion of IFRC health programmes aim specifically to change behaviours, and some projects demonstrated behaviour change. The health department is currently consolidating IFRC experience in behaviour change in light of recent behaviour change research and best practice both within and outside the movement. The first step will be to formulate a behaviour change framework based on the following:

- Current evidence-based knowledge on behaviour change;
- Best practice in behaviour change both within and outside the movement;
- The very specific institutional context of the Federation and Strategy 2020;
- The very specific needs of all the technical areas and health programmes managed in the health department: HIV/AIDS, TB, malaria, non- communicable diseases, watsan/hygiene promotion, emergency health, First Aid, MNCH and immunisation, CBH/CBHFA, etc.

The framework will be finalized before the end of 2012 and will influence the way forward in our health programming.

Financial situation

Click here to go directly to the financial report. http://www.ifrc.org/docs/LTPF Process/LTPF/2012/SC2D5LTPF_12myrf.pdf

How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of nonviolence and peace.

Find out more on www.ifrc.org

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