

# Plan 2009-2010



International Federation  
of Red Cross and Red Crescent Societies

## Health and Care

### Executive summary

In recent years, major gains have been made towards improving global health. This is demonstrated by great achievements such as the massive global measles mortality reduction – by 68 per cent – from an estimated 757,000 deaths in 2000 to 242,000 deaths in 2006, with the largest percentage reduction in Africa (91 per cent), and or by the trend that shows stabilization of global HIV prevalence which marks a step towards reversing the epidemic as aimed for by the Millennium Development Goals (MDGs).

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

But despite progresses many challenges to improving global health remain and scaling up efforts to tackle them is more than ever required. Communicable diseases kill more than 14 million people every year. More than 1 billion people still lack access to safe water, 2.4 billion to basic sanitation, and many more suffer from malnutrition and disruption of livelihood. The past decade has also witnessed disasters causing the death of more than one million people. And the situation can only be worsened by global trends such as climate change, population growth and ageing, urbanisation, migration, food and water shortages, poverty, emergent diseases and lack of access to health services.

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

For the period 2009-2010, the Health and Care department in Geneva together with the seven zones will support National Societies through guidance, expertise, technical and material support. The present plan integrates needs, gaps and priorities identified by National Societies and relayed by the zones. It focuses on integrated approaches contributing to the achievement of the MDGs and the four Global Agenda Goals – to reduce the number of deaths, illnesses and impact from diseases and public health emergencies.

In the coming year, priority support and services to National Societies in the field of health and care will be in water, sanitation and hygiene promotion, HIV/AIDS, community based health and first aid, malaria, measles and polio, tuberculosis (TB), voluntary non remunerated blood donation, public health in emergencies, avian influenza prevention and human pandemic preparedness. There will be also an increase focus on maternal and child health (MCH) and social well-being. The total 2009-2010 budget is CHF 14,248,312 (USD 13,024,051 or EUR 9,075,358). [Click here to go directly to the summary budget of the plan.](#)

## Context

While the health of the most vulnerable populations is witnessing some improvements globally due to widespread health initiatives and actions such as improved vaccination efforts, malaria prevention, or interventions aimed at preventing the spread of HIV and mitigating the impacts of the pandemic, it is still faced with major challenges posed by increasing frequency and magnitude of disasters, poverty, poor access to health care services and limitation of resources for expanded interventions, to mention only the most important.

On one hand, major gains have been recorded towards improving global health as demonstrated by great achievements in measles mortality reduction reaching more than 90% in Africa between 2000 and 2006 and by stabilization of HIV prevalence in some countries of the world. But on the other hand, we are still confronted with serious public health challenges which require massive efforts: every day an average of 26,000 children die due to a preventable disease, diarrhoea accounts for almost two million deaths among children under five every year, every 30 second a person dies of malaria and every minute a women dies due to complication from pregnancy and childbirth!

The highest ranking communicable diseases in terms of mortality remain respiratory infections, diarrhoeal diseases, tuberculosis, malaria and HIV/AIDS. Communicable diseases endemic to countries or regions and epidemic outbreaks do not only kill, they also widen the development gap and cause whole communities to loose hard-gained results of years of development efforts. This extends further when disasters hit countries and communities. Consequences are numerous, including psychological reactions. Moreover disasters are increasing in number and magnitude because of global trends such as climate change, population growth and ageing, urbanisation, migration, food and water shortages, lack of access to health services, etc. The avian influenza virus is still circulating in Asia, Africa and Europe, and continues to pose a major threat.

The poorest and hard to reach populations, women, children, elderly, disabled and chronically ill will remain the groups at highest risk. Red Cross and Red Crescent National Societies have long and deep experience working to address issues affecting health of the population in their communities. This has been translated in a wide range of essential health related activities based on community participation and capacity. The work of National Societies covers numerous disciplines ranging from home-based care for People Living with HIV (PLHIV) in Southern Africa, to tackling massive floods in South Asia, helping to prevent the expansion of TB in Europe, improving access to water and sanitation in Africa and Latin America, supporting mass-vaccination campaigns, promoting voluntary non-remunerated blood donation (VNRBD) and helping communities to be resilient through community-based first aid (CBFA).

Those and many other activities have established the Federation and its members as one of the major players in health globally. The unique position of National Societies, their number, their established access and reputation within local communities put them in an unparalleled position to make a positive difference in health outcomes. The Federation Secretariat health and care department, both in Geneva and in the zones, is supporting the programmes of the National Societies based on the expressed needs, their strengths, opportunities and capacities.

## Priorities and current work with partners

The health and care department has identified priorities and developed a support plan to National Societies and a work plan with partners for 2009 and 2010 taking the following into consideration:

- The mandate of the RC/RC movement stipulating that health activities are targeting the most vulnerable and marginalised groups based upon the Fundamental Principles of non-discrimination and respect for all.
- The IFRC Global Agenda, its four Goals and the New Operating Model.
- The MDGs.
- The declaration on *recurrent diseases and other public health challenges* of the International Conference of RC/RC, November, 2007. In particular on the fact that participants stressed the need to strengthen health systems and develop national health plans with the involvement of National Societies, to include the empowerment of volunteers and affected groups to ensure that programming and its implementation reach all affected and vulnerable populations.
- The Global Health and Care Strategy 2006 – 2010. Together, the National Red Cross and Red Crescent Societies and the International Federation will intensify and scale up their contribution to the health and socio-economic development of communities by: (1) Capacity building, (2) Social mobilisation, (3) Partnership, (4) Health in emergencies, (5) Advocacy, (6) Community empowerment<sup>1</sup>.
- The community-based health approach customizing its activities to address the priority health problems of each individual community, thus setting the target group according to its specific needs and at the same time the overall target groups for the health programmes who are groups at high risk of diseases and disasters.
- The imperative of proper coordination and mainstreaming of global programmes in order to minimise the risk of losing focus and thus not being able to meet the global goals.
- The need to work in close partnership with other global actors. This partnership approach to programming on a global level is today well established in the field of HIV/AIDS, malaria, measles and polio, and Avian and Human Influenza (AHI).

To achieve the overall goal and programme objectives, support will be needed to all levels of the RC/RC Federation structure, including the health and care department in Geneva. Without proper support and adequate resources the health and care department in Geneva will not be able to support the zones and together to respond to the needs in the field, develop appropriate policies and guidelines and ensure good collaboration, partnerships and coordination with internal and external actors.

The first and main partnership is taking place with member National Societies, planning and implementing health activities for the benefit of the communities. We are observing increasing numbers of National Societies using the principles set in the global health and care strategy to design and apply their own health and care strategies and activities. This is happening with intensive support, guidance and participation from the zones and Geneva.

The second partnership component is with Participating National Societies (PNSs). Once priorities and directions are set in agreement, those are now forming a common ground for the Federation and PNSs and create and advance common approaches and activities. PNSs are increasingly supporting multi-lateral health programmes both in emergencies and for the longer-term.

The third partnership component is with other major players in the domain of health and care. Those include UN bodies – and in particular WHO – international non-governmental organisations (INGOs), NGOs, academic and research institutions and government bodies acting on health internationally and in their own respective countries. Such partnerships should keep extending beyond cursory relationships and go into the details of how collective planning and work can maximise the health benefits for all people.

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<sup>1</sup> For detailed information on each strategic direction, refer to ‘The Global Health and Care Strategy 2006-2010’, IFRC 2007 (<http://www.ifrc.org/Docs/pubs/health/health-strategy-en.pdf>)

This plan summarises the following priority programme components under the health and care programme:

- Water, Sanitation and Hygiene Promotion (WatSan)
- HIV/AIDS
- Community Based First Aid (CBFA)
- Malaria
- Measles/Polio
- Tuberculosis
- Voluntary Non Remunerated Blood Donation (VNRBD)
- Emergency Health
- Avian influenza prevention and preparedness

Additionally, separate plans have been developed for the following programme components:

- Human pandemic preparedness
- Measles and polio initiative
- Road safety
- Psychosocial support centre – psychosocial and psychological support are increasingly integrated into a number of programmes like first aid, health, social welfare, disaster preparedness and disaster response, as well as care for staff and volunteers
- Blood - voluntary non remunerated blood donation

## Secretariat programme in 2009-2010

### Health and care

#### a) Purpose and components of the programme

<b>Programme purpose</b>
<b>To reduce the number of deaths, illnesses and impact from diseases and public health emergencies.</b>
<b>To help communities to increase their capacity to deal with diseases and public health emergencies.</b>

The health and care programme budget is CHF 14,248,312 (USD 13,024,051 or EUR 9,075,358).

<b>Programme component: Water, sanitation and hygiene promotion (WatSan)</b>
<b>Outcome: National Societies are enabled to recognise and respond increasingly to WatSan needs in emergency situations as well as in chronic situations through longer term/development WatSan programmes aiming at a more sustainable impact.</b>

The lack of equitable access to safe and adequate water supply, sanitation facilities and the lack of promotion of good hygiene practices results in very high morbidity and mortality in many vulnerable communities worldwide. The IFRC, through its WatSan programmes, plays a global role in providing services to those in need, restoring health and dignity to communities impacted by both 'acute' needs in the disaster management and recovery contexts and in 'chronic' needs, in the longer term developmental context.

IFRC WatSan activities contribute to the achievement of the UN MDGs and the goals of the IFRC Global Agenda. An increasing number of Operating National Societies (ONSs) and Partner National Societies (PNSs) have ongoing or planned WatSan sector activities. A primary role of the WatSan Unit in Geneva is to map, coordinate, support, advise and provide a technical and programming focal point for further scaling-up in the sector.

The WatSan Unit also acts as a global focal point for continued interaction with other international WatSan players, such as the UN WASH Cluster, the WatSan Inter-Agency Group while coordinating

global resource mobilisation and representation. In addition, the WatSan Unit also maintains technical and programming standardisation and backstopping in support to the network of WatSan Coordinators, Delegates and Officers in the field, both multilateral and bilateral, and ONS/PNS active or wishing to become active in the WatSan sector.

In Geneva, the Secretariat WatSan Unit role and activities for 2009-2010 are therefore as follows:

1) Management and coordination of emergency response tools and mechanisms

- Continued engagement with the UN WASH Cluster and the Inter Agency WatSan Group, especially when coordinating WatSan inputs in major disasters.
- As chair of the WatSan Emergency Response Unit (ERU) Technical Working Group, coordination and follow-up of the outcomes of the established annual meeting.
- Where required, consolidation/review and revision of WatSan ERU Modules.
- To further increase disaster response capacity in the zones, regions and countries, the WatSan Unit has concluded standardized designs for WatSan Disaster Response Kits. These kits, designed for small-scale disasters (up to 10,000 beneficiaries) or used to augment WatSan ERU capacity in larger-scale disasters, are increasingly pre-positioned in the zones. A standardized training and orientation process will be rolled out in each zone.
- Continued coordination of and technical support to the deployment of Field Assessment Coordination Team (FACT), Regional Disaster Response Team (RDRT), National Disaster Response Team (NDRT), WatSan ERUs and WatSan Disaster Response Kits.
- Active participation in the Secretariat's Disaster Management Team and Emergency Support Group.
- Not only do these kits provide additional surge capacity for the increasing number of smaller scale, mostly flood/climatic related disaster trends, but are also more suitable for dealing with dispersed populations, while further increasing the opportunities for field level capacity building.
- The budget caters for kit procurement, storage and the 'rolling-out' of a training and coordination package including monitoring and evaluation of effectiveness. Once pre-positioned and deployed, kits will add capacity the host National Societies, and be replenished by DREF and/or Emergency Appeals.
- Continued coordination of and technical support to the deployment of FACT, RDRT, NDRT, WatSan ERUs and WatSan Disaster Response Kits.
- Active participation in the Secretariat's Disaster Management Team and Emergency Support Group.

2) Global WatSan Initiative (GWSI) 2005-2015:

- Continued backstopping and technical/financial management support to Multilateral GWSI projects (both EU funded and from other donors) specifically in Eritrea, Hispaniola, Guyana, Nigeria, Ivory Coast, Kenya, South Sudan, Namibia, Mozambique, Zambia and Zimbabwe. Most projects have 3 to 4 year time frames.
- Provide, on an ad-hoc basis, technical and programming support to bilateral GWSI projects when requested.
- Consolidation of reporting, both narrative and financial to meet with donor requirements while providing grants management support.
- Continued engagement with EU Water Facility and other existing and potential GWSI donors, advising ONS/PNS on potential donor interest for both multilateral and bilateral programming.
- Coordination of regular workshops/meetings in the field for GWSI Project managers and partners capturing lessons learned and facilitating increased information flow and skills sharing between projects. Coordinating and where appropriate participating in project field visits, mid-term reviews and final evaluations.
- Monitoring global progress and mapping of GWSI Project outputs and eventually longer term impact.

### 3) Training:

- Development of a holistic WatSan training strategy and longer-term vision to meet increasing HR demands created by the scaling-up of WatSan sector activities at all levels, and in both disaster and developmental contexts.
- Continued coordination of and participation in (where appropriate) ERU, FACT, RDRT and NDRT WatSan Training.
- Coordination and contribution to training curricula development and standardisation.
- Further development and 'rolling-out' of standardised training for WatSan Disaster Response Kits at zonal, regional and country levels.
- Continued emphasis on 'software' training, rolling-out of standardised curricula/tools. Identification of training gaps & resources (both human and material) and providing an advisory service and backstopping to the field.

### 4) Partnerships and Advocacy:

- Continued expansion and strengthening of existing partnerships with WatSan players at international, zonal, regional and country levels to include International Committee of the Red Cross (ICRC), UN structures, other international organisations, INGOs, NGOs and community based organisations (CBOs).
- Further strengthen relationships with sub-regional and national level Governmental authorities, contributing further to Integrated Water Resource Management (IWRM).
- Increased advocacy for equitable access to sustainable water and sanitation for the most vulnerable.
- Increase the emphasis on research partnerships, outsourcing to recognised leaders in this field for specific foci and outcomes (e.g. London School of Hygiene and Tropical Medicine, WEDC, Centres for Disease Control)
- Continue established programming partnerships with ONS/PNS and existing and potential external donors such as EU, UN and the corporate sector.
- Attendance and participation at the 5<sup>th</sup> World Water Forum in 2009, and other key WatSan meetings where appropriate and through continued production of videos, web stories and articles, highlight the needs for increased efforts in serving vulnerable communities with appropriate WatSan facilities.

### 5) Production and dissemination of tools

- Production, standardisation and dissemination of WatSan 'Software' tools focusing upon hygiene promotion, community participation, mobilisation and sustainability.
- Production and dissemination of a Guideline for Field Use of Household Level Water Treatment and Storage for Emergency and Developmental contexts.
- Revision of ERU Manual and Emergency Items Catalogue (together with the International Committee of the Red Cross).
- Conclusion of the WatSan Disaster Response Kit users' manuals.

### 6) Diarrhoeal Disease Feasibility/Unit (DDU):

- On the basis of the completed concept note, feasibility study and project proposal to better address the increasing severity and incidence of diarrhoeal diseases.
- On establishment of a DDU for Sub-Saharan Africa, to continue working closely with the Public Health in the Community Unit – initially for a 3 year time frame.
- Active resource mobilisation for the above and technical backstopping when the DDU is established and broadening the scope of the DDU to address other disease threats.

An increased emphasis will contribute to the further development and pre-positioning of water and sanitation disaster response kits at zonal, regional and country level. This approach has already been successful in responding to flooding in Mauritania, Mozambique and Sudan over the past 18 months.

This additional response capacity at field level will be supported by practical field training to increase capacity for RDRT and NDRT (Regional/National Disaster Response Team) deployments. The new kits have been designed to serve populations of 2000, 5000, and 10,000 people respectively, and as with water and sanitation ERUs, are modular in design, and may be deployed singly or in multiples where appropriate.

Not only do these kits provide additional surge capacity for the increasing number of smaller scale, mostly flood/climatic related disaster trends, but are also more suitable for dealing with dispersed populations, while further increasing the opportunities for field level capacity building.

The budget caters for kit procurement, storage and the 'rolling-out' of a training and coordination package including monitoring and evaluation of effectiveness. Once pre-positioned and deployed, kits will add capacity the host National Societies, and be replenished by DREF and/or Emergency Appeals.

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<b>Programme component: HIV/AIDS</b>
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<b>Outcome: By 2010, harmonized RCRC HIV response scaled-up by 100% from 2005 through the HIV Global Alliance, in order to reduce HIV vulnerability and its impact with expanded coverage, improved quality and resourcing.</b>
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The HIV global programme has adopted the framework of the Global Alliance on HIV, the first of the International Federation's new global alliances, launched on World AIDS Day 2006. The HIV Global Alliance strives to scale-up the International Federation's collective efforts to support national HIV programmes focusing on reducing vulnerability to HIV and its impact. It is expected that these efforts will re-invigorate HIV prevention efforts; expand HIV treatment, care and support; reduce HIV stigma and discrimination; and strengthen National Red Cross/ Red Crescent Society capacities to deliver and sustain scaled-up HIV programmes.

Some 60 National Societies from all continents are now actively working to scale-up their HIV efforts, through a harmonized approach with baselines, clear indicators, targets, systematic guidance and tools, including for performance tracking (available in a comprehensive and widely distributed programme manual). These efforts will be in line with the organization's common global strategy "Rising to the Challenge," which aims to double the International Federation's collective effort on HIV by 2010. Working modalities (based on the "seven ones principles") have also been developed to enhance cooperation and coordination, using both multilateral and bilateral approaches.

During 2009-2010, the target will be to roll-out the HIV Global Alliance to at least 100 National Societies, and scale-up by 100 percent in terms of expanded coverage, improved quality and resourcing compared to 2005. New methods of working are also being tested which will enhance and systematize collective efforts, with lessons learned to be shared with other global and operational alliances.

HIV is considered in many countries in sub-Saharan Africa as a chronic disaster. National Society programmes focus on reducing morbidity and mortality related to HIV infection, mitigating the impact of HIV, reducing intolerance, discrimination and social exclusion, and promote respect for diversity and human dignity, empowering and actively involving the community. Thus, the HIV Global Programme is cross sectional and addresses all four Global Agendas Goals of the International Federation.

The role of the HIV Global programme is to orient the Secretariat's zone offices and National Red Cross Red Crescent Societies on the conceptual framework of the HIV Global Alliance and provide coordination, documentation and dissemination of best practice, normative guidance, plus technical, capacity building and resource mobilization support to zones for scaled-up HIV programming.

The major activities planned for 2009 and 2010 are described below:

1) HIV in emergencies:

- Back up Special Representative as co-chair of IASC HIV Taskforce.
- Support mainstreaming of HIV into the International Federation's emergency response.

2) HIV prevention

- Disseminate prevention guidelines, peer education standards and PMTCT guidance, and provide technical advice, training and support to zones.
- Coordinate global HIV prevention resource people to contribute to dissemination of tools.
- Knowledge sharing, including best practice documentation, and a new Pass It On series for improved targeting.
- Disseminate campaign materials suitable for local adaptation (e.g. Faces)
- Development and update of HIV prevention tools.

3) HIV treatment, care and support

- Support zones to train at least 2 master trainers from each National Society on the Federation's generic training package.
- Production and distribution of French, Russian and additional English generic training packages.
- Technical support to National Societies for effective support to their governments' efforts in rolling out ART (promotion of adherence to ART and TB treatment, nutritional support, counselling etc.)
- Production and dissemination of Home Based Care Standards.
- Development and update of guidelines and tools.
- Knowledge sharing, including best practice documentation.

4) Supporting the Global Alliance on HIV

- Technical review and update of Global Alliance Programming Manual.
- Development of Resource Tracking System.
- Technical review of all new Global Alliance programme and launch documents and support launches of new members in 7 zones.
- Technical support for zones on comprehensive HIV programme organization at community level and on conducting baseline data survey.
- Ongoing advice and technical review of GA programming to ensure quality implementation.
- Annual programme review events in 7 zones, to underpin resource mobilisation.
- In collaboration with zone offices, support National Societies to engage with line ministries and funding agencies and support efforts to access country based funds.
- Production of the HIV Global Alliance newsletter.
- Organization and follow-up of annual HIV Global Alliance Forum and 2 Steering Committee meetings per year.
- Periodic communication with zones via teleconferencing, and contribute to selection, orientation and ongoing support of HIV Co-ordinators in zones (and National Societies).
- Represent the Federation externally and in the media as needed.

5) Partnership with PLHIV/Anti-stigma

- Support RCRC PLHIV to network and effectively contribute to the global advocacy agenda, including annual global meetings of the RCRC+ network and their participation in Living 2010. This includes adaptation of the Quality of Life Index, Stigma Index, GIPA Report Card, and NGO GIPA Self Assessment Tool to the International Federation context, and an annual RCRC+ GIPA report to the HIV Governance Group.
- Renew the International Federation's UNAIDS Collaborating Centre Agreement and work plan.

- Support RCRC PLHIV to champion the Masambo Fund in their respective zones.
- Conduct an annual joint research project with GNP+ and regional networks.
- Facilitate Red Cross Red Crescent adaptation of World AIDS Campaign Leadership materials for World AIDS Day.
- Host remaining implementation period of Code of Good Practice for NGOs Responding to HIV Phase 2, distribute all language versions and tools, and maximise National Society endorsement of the Code.
- Production, translation and dissemination of Stigma and Discrimination Guidelines in collaboration with Netherlands Red Cross.
- Support development of new anti-stigma campaign with principles and values (P&V) department.

#### 6) Scientific liaison

- Strengthen interagency coordination on all technical outputs.
- Coordinate RC/RC participation in the International Harm Reduction Conference in Bangkok, 2009.
- Coordinate RC/RC participation in AIDS 2010 in Vienna, including back up to Austrian Red Cross.
- Participate in relevant regional and technical HIV conferences and meetings.
- Maximise integration between TB/other programmes and HIV programming
- Integrate Operations Research into at least two treatment, care and support interventions following training in zones with WHO using the 8 modules
- Assist zones and National Societies in the development of protocols on operational research related to programme implementation in collaboration with teaching and research institutions in respective countries.

#### 7) Governance support

- Organise HIV Governance Group and Masambo Fund Foundation Board meetings, and contribute to Health and Care Advisory Body meetings.

#### Profile of target audience and final beneficiaries:

The HIV Global Programme, through the enabling framework of the HIV Global Alliance, seeks to strengthen the technical and institutional capacity of zones and National Societies for scaled-up HIV programming. Country programmes, with support from zones and the HIV Global Programme, aim to reach a total of 135 million people by 2010. This includes 128 million people with HIV prevention messages, including targeted prevention for key populations; 2 million PLHIV and OVC with care, treatment and support services; and 5 million people with efforts to reduce stigma and discrimination

#### Potential risks and challenges:

Mobilising sufficient resources at country level for the proposed scale-up remains the main challenge to the International Federation's HIV global response.

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**Programme component: Community based first aid (CBFA)**

**Outcome: Increased effective FA/CB health and first aid programmes by 20% at the end of 2010 in order to reduce mortality and morbidity caused by injuries and health priorities adopting a community based and integrated approach in disease prevention and health promotion.**

The International Federation and the individual member National Societies reaffirms their commitment to first aid and to adopting a community based approach in first aid and health. First aid knowledge and skills should be available to people from all walks of life without discrimination. First aid education also includes injury prevention and healthy behaviour information which helps build safer and healthier communities.

At global level, the aim is to continue its role to ensure standard setting and development of evidence based guidelines in first aid and community health for its network of volunteers working with their communities to reduce vulnerability caused by injuries and diseases. This includes development of generic tools which reflect the needs and reality of National Red Cross Red Crescent (RC/RC) societies and its volunteers.

The International Federation's Global Health and Care Strategy 2006-2010 provides the framework for the integration of first aid education and practice with all health and care activities<sup>2</sup>. This demands support and coordination with experts in health and other sectors such as volunteer management, disaster management in order to harmonise technical and programmatic support. There is also the global role to work with the zonal offices, existing networks and reference centres, multilateral and bilateral partners to build capacity both in financial and human resource development over a long term framework.

It is critical that the International Federation will coordinate and show its contribution and impact in lives saved, reduction in mortality and morbidity in common injuries and diseases among the vulnerable communities. These results contribute to achieve the Global Agenda 2. At global level, the International Federation Secretariat needs to promote the positioning of first aid community health within the changing context of global health into 2010 and beyond.

The Secretariat First Aid and community health and first aid role and activities for 2009-2010 are therefore as follows:

- 1) Framework of monitoring and indicators for community based health and first aid finalized and used by National Societies
  - Collect existing relevant materials, analyze and consult with National Societies to develop a monitoring framework.
  - Zonal meetings and workshops supporting National Societies/zonal/regional health delegates in developing community based health and first aid programming.
  - CBFA in Action minimum standard implemented by National Societies and evaluated as stated in the implementation guide.
- 2) Learnt and planned evaluation of the revitalized CBFA and health approach
  - Support the evaluation to measure the impact of the revitalized approach in at least 2 pilot countries.
  - Further the collaboration of this evaluation with academic institutes University with plan of action.
- 3) Finalize CBFA in Action material package and disseminate to National Societies and monitor its use by National Societies
  - The CBFA in Action material packages are disseminated with communication packs.

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<sup>2</sup> Revised First Aid Policy adopted by the Governing Board in 2007.

#### 4) Network of resource people developed and utilized

- Develop a database of the resource people at the zonal/regional level and utilize their capacity in the training, program support and peer review.
- Organise a meeting for National Societies to share good practices and document their lessons learnt.
- Support development of other regional reference centre and operational alliances in community health and first aid.

#### 5) Harmonization across different health initiatives

- Advocate and continue to work towards a harmonised community based and integrated approach in training and programming across the different health initiatives at all different levels.
- Support Club 25 initiatives to promote healthy lifestyles and voluntary blood donor recruitment.
- Work with sectors OD/AI/Malaria/PHIE/PNS on using CBFA as a strategy in their program and/or international health strategy development.

#### 6) Partnership and Advocacy

- Participation in the International Advisory Board co-chaired by the American Red Cross and American Heart Association in evidence based research to build a consensus of science in first aid towards 2010.
- A meeting of first aid practitioners from National Societies to review and discuss first aid activities and their integration into other Red Cross Red Crescent activities, implementation strategy, new approaches, monitoring of standards, harmonisation and the possibility of international certification.
- Develop key messages and media communication strategy and organise World First Aid Day activities to raise awareness in first aid and community.
- International participation in the Health Promotion meeting in Ethiopia 2009 organised by WHO.

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#### **Programme component: Malaria**

**Outcome: Reduced morbidity and mortality from malaria through increased usage of long lasting insecticide-treated net (LLINs) and prompt diagnosis and treatment. 10 million children under 5 years of age receiving LLINs directly or indirectly as a result of Red Cross Red Crescent activities.**

This programme has a global approach but will prioritize funding to National Societies in countries with the highest malaria-related morbidity and mortality rates. The programme focuses on four core activities:

- Immediate post long lasting insecticide-treated net (LLIN) distribution, Hang Up, and multi-year Keep Up activities integrated within community-based first aid activities (CBFA).
- Procurement and distribution of LLINs during emergency situations, to fill unmet needs in larger-scale LLIN mass distributions, and Red Cross Red Crescent home-based care activities.
- Development and dissemination of tools and guidelines

- Support to exchange visits between National Societies, participation in regional/global malaria networks, and an annual Red Cross Red Crescent malaria meeting.

In 2009, malaria-specific technical support provided to National Societies will be expanded at the zone level. The Secretariat in Geneva will back this support and continue to orient the Secretariat's zone offices and National Red Cross Red Crescent Societies on the conceptual framework of the Malaria Global Initiative. It will also provide documentation and dissemination of best practice and normative guidance, continue to develop tools and guidelines, promote and advocate on the RCRC role and coordinate with partners in support of following aspects of the programme:

1) Immediate post-LLIN distribution, Hang Up, and multi-year Keep Up activities integrated within CBFA:

Hang Up and Keep Up programmes expanded in 2009. Ongoing programmes include: Indonesia, Madagascar, Mozambique, Malawi, Kenya, Sierra Leone, Uganda, Liberia, and Mali. New programmes in 2009 include: Equatorial Guinea, Democratic Republic of Congo, Togo, Angola, Nigeria, Madagascar, and Senegal.

2) Procurement and distribution of LLINs to fill unmet needs in larger-scale LLIN mass distributions, during emergency situations, and Red Cross Red Crescent home-based care activities:

In 2009 the International Federation will support a mass LLIN distribution in Burundi and Burkina Faso followed by immediate post-distribution Hang Up activities. The Burundi Red Cross Society will support the Ministry of Health LLIN distribution in two provinces during the first quarter of 2009. The Burkina Faso Red Cross Society will support a Ministry of Health initiative to achieve universal LLIN coverage and 80 per cent use in one health district (120,000 population) in the country.

3) Development and dissemination of tools and guidelines

Support the development of tools and guidelines for use by National Societies as they scale-up malaria prevention activities.  
Develop and disseminate proposal, reporting, monitoring and evaluation guidelines for improved information flow and project management.

4) Support to exchange visits between National Societies, Red Cross Red Crescent participation in regional malaria networks, and an annual Red Cross Red Crescent malaria meeting:

Exchange visits between National Societies expanded during the reporting period. National society participation in malaria-specific meetings at the regional and international levels will expand during 2009.

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## **Programme component: Measles/polio**

**Outcome: Reduced morbidity and mortality due to measles and polio from increased access and uptake of supplementary and routine immunization services. 90% global reduction in measles mortality and zero countries reporting polio cases.**

The International Federation has been a partner in global efforts to eradicate polio and reduce measles morbidity and mortality since the founding of these two historical health initiatives: The Global Polio Eradication Initiative and the Measles Initiative. With support from the Global Measles and Polio Initiative, the International Federation and National Societies continue to work towards the global targets of 90 per cent measles mortality reduction by 2010 (compared to 2000) and polio eradication. Red Cross Red Crescent involvement in social mobilization around mass vaccination activities has been recognized in the global achievements recently celebrated, namely the 2007 announcement that global measles mortality had been reduced by 68 per cent (from an estimated 757,000 deaths in 2000 to 242,000 deaths in 2006), with the largest percentage reduction in estimated measles mortality during this period occurring in the African region (91 per cent).<sup>3</sup>

With this visibility has come a renewed demand for International Federation support to measles and polio campaigns. The challenge now rests in sustaining our long-term commitment to these successful global health partnerships to their target completion dates, and remaining active partners to ensure that the most vulnerable and hard-to-reach have equitable access to vaccination services. This programme component will complement the work undertaken by the Global Measles and Polio Initiative and will aim to:

- Develop tools and guidelines to support Red Cross Red Crescent involvement in vaccination campaigns.
- Promote the Red Cross Red Crescent role in mass immunization.
- Support National Society capacity building through involvement in all aspects of vaccination campaign preparation, implementation and follow-up.
- Provide vaccination-specific technical support to zonal/regional/country delegation offices and National Societies.

This will be done by working within the International Federation's Secretariat structure (headquarters/zones/regions/country delegations) to support National Societies as leading country-level social mobilization partners and liaise with global measles and polio partners to profile the Red Cross/Red Crescent role in these successful inter-agency initiatives.

### 1) Development and dissemination of tools and guidelines

- Support the continued integration of mass vaccination campaigns into ongoing community-based programming (*CBFA in Action*)
- Develop and disseminate proposal and reporting templates for use in campaign planning, implementation and reporting
- Develop and support the use of reporting and evaluation tools for improved information on the scope and impact of Red Cross Red Crescent involvement in mass vaccination campaigns

### 2) Promotion and advocacy of Red Cross Red Crescent role in mass immunization campaigns

- Participate in global planning and coordination activities (e.g. weekly teleconferences, management meetings, advocacy meetings) to promote involvement of National Societies in mass immunization campaigns
- Collate results and experience of Red Cross Red Crescent for communicating to global immunization partners (Partnering for Impact publication, lessons learned documents, etc)

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<sup>3</sup> Progress in Global Measles Control and Mortality Reduction, 2000-2006. WHO Weekly Epidemiological Record. No. 48, 2007, 82, 417-424. <http://www.who.int/wer/2007/wer8248.pdf>

- Advocate for National Society involvement in national coordination bodies (e.g. Interagency Coordinating Committees, social mobilisation sub-committees)
  - Develop research opportunities to demonstrate effectiveness of Red Cross Red Crescent National Society and volunteer added value in increasing vaccination coverage during campaigns
- 3) Support capacity building through involvement in all aspects of vaccination campaign preparation, implementation and follow-up
- Support Red Cross Red Crescent participation in regional network meetings and exchange visits
  - Promote exchange visits between National Societies to ensure best practices in planning and implementation of activities
  - Conduct an annual planning meeting with Red Cross Red Crescent partners for information exchange and joint planning
  - Document experiences of increased partnerships and capacity building attributable to vaccination campaign involvement
- 4) Provision of vaccination-specific technical support for proposal development, campaign planning, implementation and follow-up
- Disseminate campaign preparation and planning information to zonal/regional/country Delegation offices for proposal preparation
  - Coordinate technical support for proposal development, pre- and post-campaign activities
  - Liaise with respective initiative partners and provide technical support for NS involvement in post-campaign surveillance activities

Mobilisation and provision of flexible funds for National Society involvement in 2009-2010 measles and polio campaigns will be done through the Global Measles and Polio Initiative. Efforts will continue to transition programme fundraising to the national and regional level by liaising with global partners and positioning National Societies as recipients of country social mobilization budgets.

In 2009 and 2010 there are 45 countries tentatively planning mass measles campaigns that target almost 350 million people with measles vaccination. Intensified polio eradication efforts continue in the remaining four endemic (Afghanistan, India, Nigeria and Pakistan) and re-infected countries. The International Federation, in maintaining a high profile of involvement with global measles and polio activities, will prioritise support to countries which are planning mass interventions, for example within the 47 priority measles countries and remaining 4 endemic polio countries, as well as re-importation countries.

Please see the Measles and Polio Initiative plan 2009-2010 for more detailed information and a tentative list of 2009-2010 measles and polio campaigns.

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## **Programme component: Tuberculosis**

**Outcome: National Societies contributed to the Global Plan to Stop TB through increased access to TB services to the most vulnerable.**

Tuberculosis (TB) is a major threat to public health worldwide, with some 1.6 million people dying each year of the disease, according to the World Health Organization (WHO). The International Federation of Red Cross and Red Crescent Societies (International Federation), in collaboration with other key international organizations and national health authorities, is playing a leading role in efforts to control the spread of the disease, with an increased focus on multidrug-resistant tuberculosis (MDR-TB) and TB/HIV.

### Component outcome 1:

Support to Global Fight against TB through scaling up the volunteer-based TB activities in high TB burden countries, focusing on community involvement and social mobilization.

### Component outcome 2:

Support to zones and National Societies in design, implementing, monitoring and evaluating TB and TB/HIV activities

### Component outcome 3:

Facilitate the integration of TB with HIV, harm reduction and other community based health and care programmes.

### Component outcome 4:

Raise the profile and strengthen the role of Red Cross and Red Crescent Societies in health care systems and national TB programmes.

Control of TB is one of the key priorities of the International Federation's Global Health and Care Strategy. Currently, Red Cross and Red Crescent Societies in more than 30 countries address the needs of some 50,000 clients with TB and MDR-TB among the most vulnerable and marginalized groups in society. They include people with HIV who have also been diagnosed with TB and who, without adequate support, are at risk of defaulting on their treatment. Through its member National Societies' countrywide networks of well-trained staff and volunteers, the International Federation contributes to TB response in a number of ways:

- The Red Cross Red Crescent volunteer base and community-based activities complement the work of formal health systems by delivering care and support beyond the clinic door.
- Red Cross Red Crescent programmes serve as an entry point to help people most at risk of being infected with TB, offering social, nutritional, psychological and legal assistance.
- The Red Cross Red Crescent experience in social mobilization, communication and advocacy on other health issues, in particular HIV, has been used to good advantage in strengthening TB programmes.
- Clients<sup>4</sup> who have recovered from TB are encouraged to become Red Cross Red Crescent volunteers to provide peer-support and to engage in advocacy and awareness-raising activities. There are already several examples of people with TB and HIV engaging as volunteers in Red Cross Red Crescent prevention, care and support work.
- Trained Red Cross Red Crescent volunteers support people with TB and their families in treatment adherence. Ensuring completion of treatment requires the involvement of all care providers, from families and communities to civil society.

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<sup>4</sup> The Red Cross Red Crescent uses the term "clients" to denote the beneficiaries of its TB and MDR-TB programmes. Its main role does not include the clinical care that would merit the use of the word "patient".

### 1) Technical programme support

- Provide support to National Societies in design, implementation, monitoring and evaluation of TB or TB/HIV.
- Support will be provided through TB working group and main technical partners in full collaboration with Federation's zonal, regional or country offices.
- Develop or provide input in design of technical guidelines, study results and manuals (TB/HIV, TB/CBFA, MDR TB, and TB among drug users).
- Provide technical input in further development of training curricula in TB.

### 2) Partnership development and coordination

- Support to the Global Red Cross and Red Crescent TB Working Group (annual meetings, e-mail communication and updates).
- Support to HIV Global Alliance with a strong TB component.
- Liaison with regional TB and HIV networks and reference centres
- Collaboration with Global and Regional TB control initiatives (Global Stop TB Partnership, European Stop TB Partnership, Eli Lilly MDR TB Partnership, WHO, and other partner technical partners).

### 3) Representation and advocacy

- Development of key messages and campaigns for World TB and HIV days.
- Participate in advocacy events at global level promoting role of Red Cross and Red Crescent in TB control and addressing substance abuse.
- Advocate for further integration of HIV and TB activities at global and zonal levels.

### 4) Planned activities for 2009

- Finalise TB assessment /review in Liberia
- Conduct the study "TB among Drug Users"
- Participate in evaluation/study on impact of Russian Red Cross involvement in TB control in Russian Federation.

#### Profile of target audience and final beneficiaries:

The final beneficiaries of the programmes are people affected by TB or TB/HIV (all categories under the risk of TB). Specific activities also focusing on Red Cross Red Crescent TB programme managers, staff and volunteers at central and district levels, members of affected communities and journalists and civil society advocates will be implemented.

#### Potential risks and challenges:

The success of activities depends on the availability of TB control system in the countries concerned, agreement with the Health Ministry and the capacities of the National Society.

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## **Programme component: Voluntary non remunerated blood donation (VNRBD)**

**Outcome: Improved blood safety with continued focus on voluntary non remunerated blood donation, so that 80% of all blood donors will be voluntary in 60% of countries by the end of 2010.**

The International Federation will continue to support National Societies in order to increase and build upon their capacities and abilities to be effective auxiliaries to governments in promoting voluntary, non-remunerated blood donation (VNRBD) to provide a foundation for their nation's safer blood supplies.

With a focus on Global Agenda Goals 1 and 2, the Secretariat, in association with GAP<sup>5</sup> has the following objectives for 2009-2010:

- Provide context specific development support in VNRBD for National Societies
- Promote best practices for recruitment and motivation of VNRBD
- Develop/enhance partnerships to maximise available resources to promote VNRBD

### Expected results and indicators:

Improvements in global blood safety achieved through expansion of VNRBD base, and the phasing out of paid donation and family replacement donation.

- Percentage of voluntary unpaid blood donations collected annually in country
- Percentage of family/replacement donations collected annually in country
- Percentage of paid 'blood donations' collected annually in country
- Number of NSs with clearly defined relationship with national/local authorities to undertake promotion of VNRBD, including episodic awareness campaigns ( World Blood Donor Day)
- Number of NSs with clearly defined relationship with national/local authorities to undertake recruitment of VNRBD whereby NSs actively, systematically and regularly mobilize individuals and groups to donate blood

### Expected results and indicators:

To reduce stigma associated to any blood donor deferrals related to the strict criteria for donor selection in interests of public health.

- Number of NSs offering deferred blood donors activities in health promotion (e.g HIV/AIDS peer education, CBFA, road safety initiatives, Club 25), thereby ensuring the goodwill of deferred blood donors is channelled into other RC/RC health programmes

### Issues and challenges:

These embrace policy development, advocacy, technical development and coordination and partnerships, as itemized in *Framework for global action towards 100% VNRBD*<sup>6</sup>. Risk management is clearly the most critical area for National Societies to address in blood service delivery including those NSs with activities limited to voluntary blood donor recruitment. While retaining autonomy and independence the relationship between the NS and the relevant national and local government authority should be clearly defined, with provision for sustainable sources of revenue including facilities, supplies, staff and volunteers available to meet regulatory requirements.

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<sup>5</sup> GAP: the Federation's Global Advisory Panel on corporate governance and risk management for RC/RC blood services.

<sup>6</sup> Joint publication (with WHO) 2008.

## **Programme component: Emergency health**

**Outcome: National Societies staff at local, zonal and global level are responding more timely, appropriately and efficiently applying increasingly agreed and standardised public health approaches to natural disasters and health emergencies as well as for longer term, development.**

The International Federation, as a global leader in both health and disaster management, is in a unique position to respond to health aspects of emergencies and epidemics. This is done either by addressing the gaps in health service delivery and/or to help developing stronger capacities on the regional, country and community level to respond to public health emergencies more effectively.

In emergency health the Secretariat plans to accomplish this aspiration through building on proven programmes in which the Federation possesses global expertise and by expanding to new activities that correlate to important unmet needs.

Role and activities of the Secretariat in emergency health for 2009-2010 are therefore as follows:

### 1) Emergency Operations Support:

The Red Cross and Red Crescent emergency responses report for 2007<sup>7</sup> quantifies 540 notified emergencies leading to an average of a Disaster Relief Emergency Fund (DREF) application coming to Geneva every four days and an emergency appeal launched more than twice a month.

Even though most of the Movement response to health needs in emergencies is done by volunteers in their communities, there is still a significant proportion requesting either direct international intervention or some support from the Federation's Secretariat. For this proportion, the Secretariat provides technical, managerial and HR support through:

- Continued appeal assistance and Emergency Support Group (ESG) participation on Geneva and zone levels for major emergencies.
- DREF application guidance, implementation and evaluation. Most of DREF operations are directed towards outbreaks of epidemic diseases in Africa. Coupled with capacity building initiatives, such support will lead to a better response to epidemics.
- Coordination during emergencies: with zone health personnel, for FACT recruitment and technical guidance, health ERU deployment and support, health recovery planning. Support recruitment of field health personnel. Coordinate within and outside the movement.

A priority is to develop capacity both in Secretariat structures in the zones and Disaster Management Units (DMUs) and in National Societies.

### 2) Capacity building:

As a membership organisation, one of the Federation's key roles remains the capacity building of member National Societies.

The principal aim of capacity building in emergency health is to shift with time the ability to effectively respond to health aspect of emergencies from the centre to the community. For that to happen, ability to understand emergencies and take action has to be built on at all levels. This multi-level approach applies to all, from experienced health professionals to grass-root volunteers.

- In the coming two years, the Field School, tested three times by the end of 2008 and proven to be able to improve the response of health professionals to emergencies would undergo further

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<sup>7</sup> Available on DMIS at: <https://www-secure.ifrc.org/dmis/index.asp>

development in concept and methods. The aim would be to reach a field structure that is able to refine the capacity of international and regional response in health and other disciplines<sup>8</sup>.

- While the field school aims at refining actual mission abilities, the Public Health in Emergencies Training (PHE) looks at providing National Society health professionals with the comprehensive knowledge and skills to act in emergencies. This is a transformation from clinical approaches into public health ones that focus on dealing with the community, addressing priorities and providing prevention and promotion in addition to managing the sick. A revision of the PHE training was undertaken in 2008 and it is planned to spread the training systematically around the globe in the coming 5 years. This will include not only training of NS participants but creating qualified trainers that can lead to a sustainable approach of the training.
- While training health professionals is a major activity, addressing volunteers remains the most elemental approach. A training package to involve volunteers more effectively in the management of epidemics was created, harmonised with other curricula and piloted in 2008. This will be dispersed to National Societies in the coming two years. Other volunteer emergency health (EH) initiatives are planned such as expanding the EH supplements of the CBFA and assessing the needs of NS in the field.
- Other important tasks include supporting Disaster Management capacity building through developing health components to FACT and RDRT trainings, implementing parts of the health ERU trainings, academic participation through knowledge management and planned research, and support to zone capacity building initiatives.

### 3) Programmatic support:

- Chairing of the Health ERU WG and coordinating its activities. This entails developing several initiatives such as community-outreach and PSP packages for the ERUs in cooperation with ERU PNSs. There is a big need for ERU advocacy and dissemination on all levels.
- Support and collective work on Federation Disaster Management tools. This includes expanding the EH involvement in the recruitment, support and training and deployment of FACT as well as similar involvement in the RDRT and NDRT.
- Support ongoing efforts to improve standards such as the revision of the Emergency Response Items Catalogue, Interagency Emergency Health Kit 2011, and others.
- Coordination and project development with the Psychosocial Reference Centre. Examples include the volunteers' protection project in cooperation with OD, co-written publications, and work with the IASC guidelines for mental health and PSP.
- Reproductive health in emergencies work will further expand through zonal and sub-zonal workshops planned for East Africa and other zones. Those will target health professionals and will form the base for further future capacity building and activities on the subject. This will go hand in hand with the Health and Care longer-term efforts on Mother and Child health.
- Expand the Federation's involvement in HIV in emergencies in coordination with the HIV unit.
- Expand the Federation's involvement in the management of non-communicable diseases in emergencies.
- Support DMUs in establishing operational and coordination procedures for emergencies.
- Create, develop and disseminate an EH roster for trained, qualified health personnel on the international, zonal and country levels.
- The EH team has cooperated with the Water and Sanitation Unit to do a feasibility study on establishing a Diarrhoeal Diseases unit (DDU) in Africa. The next step is fundraising, recruitment and establishing the office. The DDU is planned to be hosted in Western Central Africa Zone.
- Knowledge sharing as a priority will continue through the dissemination of available resources (Johns Hopkins Public Health in Emergencies guide) and the creation of a new base of knowledge through publications, operational research and lessons learnt.

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<sup>8</sup> For details, see 'Field School Marketing Paper', August 2008.

#### 4) Coordination, partnerships and advocacy:

Working effectively with partners at the international and zonal levels is a major component of success in furthering better health during and after emergencies.

- To expand and consolidate partnerships with major actors including ICRC, WHO and other UN structures, INGOs and national authorities.
- To continue participating actively in the Secretariat's Disaster Management team.
- Upscale the Federation's participation in global technical forums. This will include representation, supporting the production of best practices and guidelines and implementing and disseminating shared projects.
- Continue to lead the Federation's coordination efforts on climate change where related work needs cross-cutting new adaptation technologies to supplement existing DRR methodologies which look into the past experience. The first brainstorming workshops have been planned for East Africa and Asia Pacific zones. The importance of such workshops is that they are steps for a future adaptation projects (e.g. dengue in Asia, malaria in the Malagasy mountains). We have a partnership with IRI on Epidemic Early Warning Systems for the purpose.
- The International Federation has been a member of the International Coordination Group (ICG) since its establishment ten years ago. The group that is formed WHO, UNICEF and MSF in addition to the Federation oversees the global use of meningitis and yellow fever vaccination in emergencies and prevention.
- The Federation is also a member of MERIT (Meningitis Environmental Risk Information Technologies) and sits on it steering committee. MERIT, with its more academic approach to meningitis in Africa, offers a diverse and useful partnership.
- Explore and expand opportunities for joint work for operational research with academic and research institutions such as London School of Hygiene and Tropical Medicine and for joint planning and operational guidance with specialised agencies such as The International Diabetes Federation.

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<b>Programme component: Avian influenza prevention</b>
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<b>Outcome: By the end of 2010, a minimum of 15 Red Cross and Red Crescent Societies will implement avian influenza prevention</b>
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The avian influenza (AI) prevention programme is part of the avian and human influenza (AHI) preparedness, mitigation and response programme which aims to minimize human morbidity and mortality, massive social disruption and related suffering caused by a pandemic.

Since 2003, more than 60 countries have experienced outbreaks of the H5N1 virus in domestic poultry and wild birds. In addition to ongoing poultry outbreaks, the virus is known to have affected 385 people and killed 243 (63 per cent) in 16 countries. Indonesia, Viet Nam, China and Egypt rank highest in terms of prevalence.

The epidemiology of influenza teaches us that we should expect at least one human pandemic per century and some could be as devastating as in 1918. Health experts are warning that influenza pandemic is not a question of if but of when and according to WHO, it is the most feared threat to health security today.

Although governments are taking considerable measures to address the threat of avian influenza and the human influenza pandemic, the virus that is circulating in Asia, Africa and Europe continues to pose

a major threat, particularly in poorer countries with insufficient infrastructure and a tradition of poultry-rearing in backyard farms.

The AHI program targets in priority countries with those characteristics by supporting Red Cross and Red Crescent community-based activities in avian influenza prevention and preparedness (AI) focusing on health and hygiene education, and prioritizing remote regions in countries at risk.

*(The second part of the AHI program, the Humanitarian Pandemic Preparedness (H2P) is presented in a separate plan. In brief, it consists of a range of activities in support of National Societies' preparedness for a human pandemic, including the mapping of capacities, activities and needs for individual National Societies.)*

Up to now, approximately 976,000 people worldwide have already benefited directly, and some 48.6 million people indirectly from specific health and hygiene education activities and general information and dissemination campaigns on AI. All these activities have been undertaken by the Red Cross and Red Crescent National Societies in 13 countries at maximum or high risk.

As far as funding is concerned, while the initial AHI appeal received much appreciated grant funds from USAID for the H2P component, AI has remained seriously under-funded. Without additional funds, critical programming will stop prematurely in several countries with ongoing needs to address AI. Furthermore, as AI has remained in the bird population in countries not currently being served through this appeal, additional funds are necessary to expand the program.

In 2009, most of AI responsibilities will be handed over to the zones in respect to the decentralization process initiated. The Secretariat in Geneva will thus concentrate on its unique roles: setting the overall direction, strategic goals and objectives, monitor, evaluate and support the country report. The Secretariat will also catalyse resource mobilisation, get involved in representation, do advocacy and assist in the overall coordination. Avian influenza (AI) programmes currently implemented in 13 following countries plus the 2 to 4 to come in 2009 and 2010:

- In **Afghanistan**, the programme focuses on community-targeted activities in the Kabul and Jalalabad regions. Community volunteers are selected and trained. IEC material is distributed and discussed at community level.
- In **Belarus, Russia, Ukraine, Moldova**, the programme targets close to 49,000 people in 115 settlements in 33 districts of Belarus, Russia, Ukraine and Moldova. Over 1,050 Red Cross staff and volunteers have been trained. These staff and volunteers will train others over 40 training events took place at the community level to spread the message on hygiene and promote the measures needed to prevent the spread of AI. Respective information material has been disseminated and shown on national and local TV.
- In **Cambodia**, the programme targets 12 provinces, all bordering Thailand, Laos and Vietnam – countries at equally high risk. So far, 70 per cent of the targeted 691,200 people have attended the respective health and hygiene promotion training sessions. Repeat monitoring visits have also ensured a gradual change in farming behaviour practices. Over 250,000 people received direct health messages.
- In **China**, the country is another high-risk country in terms of AI. Following the devastating earthquake of 12<sup>th</sup> May 2008 and the extensive effect in two of the three project areas, the project implementation was temporarily reduced to one province, Xingjian, with a total population of 19.6 million people. The Red Cross Society of China has started early to incorporate AI-related activities into the regular health and care activities of the National Society. This includes adapted information, education and communication (IEC) materials and the mainstreaming of activities into existing programmes.
- In **Egypt**, an important stop-over for wild birds migrating north or south, the AI project of the Egyptian Red Crescent Society pursues awareness raising. Trainers were recruited, hygiene and farming behaviour messages incorporated into other community-based activities, 400 community leaders were trained in over 20 courses, and an additional 21 training sessions carried out targeting poultry handlers, farmers and market sellers.
- In **Mongolia**, a first phase of the Mongolian Red Cross Society (MRCS) programme succeeded in reaching 50,000 households in five districts in 2006 and 2007. The programme expands into

five provinces bordering Russia and China. The programme will eventually have more than 350,000 direct and indirect beneficiaries. The National Society targets volunteers and 13,000 school children at schools and summer camps. The MRCS programme is based on the successful peer education of previous similar programmes, and includes child-parent education, billboards, local and national media, TV spots and extensive newspaper coverage.

- In **Morocco**, the Moroccan Red Crescent Society (MRCS) replicates a highly successful programme started in 2007, and focuses on farmers, poultry merchants, the private commercial sector plus sensitization in schools, women associations, markets and direct home visits. Two hundred and forty training of trainers will be carried out in six regions, and IEC material will be based on the new national MRCS avian influenza communication plan.
- In **Timor-Leste**, still struggling from years of violence and regular major natural disasters, the government of Timor-Leste has made AHI a priority. The Cruz Vermelha de Timor-Leste (CVTL) has trained 7,300 community members and 2,500 high school students, as well as market sellers and the inhabitants of one IDP camp in all aspects of AI. The National Society is determined to be prepared for an epidemic, regardless of whether it is allocated with a specific responsibility on AI by the government.
- In **Tunisia**, the National Society's programme focuses on peer education and targets 400 students, 800 students' parents, 600 other family members, teachers, 300 volunteers and Tunisian Red Crescent Society (TRCS) service staff.
- In **Viet Nam**, the country remains at high risk due to the high number of rural populations and their high level of dependence on small backyard poultry farming. The activities of the Viet Nam Red Cross Society (VNRCS) focuses on capacity building, AI public awareness, hygiene education at the community level, distribution of IEC material, as well as regional and national collaboration with other agencies. The current programme targets the population of 80 communes in five target provinces.

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### **Potential risks and challenges:**

- To support, monitor and evaluate the implementation of the 2006-2010 health and care strategy by National Societies and to discuss appropriateness
- To support, coach and train National Societies.
- To maximise our expertise and energy by improving our organisation at central, regional and national levels
- To better communicate on our activities, programmes, results and responsibilities.
- To secure funding in order to achieve our goals and ambitions.
- Moving from reactive to proactive.
- Humanitarian reforms and competition for resources.
- Donor-driven approaches.
- Overspecialisation of the programmes and their verticality.

Strategies to overcome those and other potential risks are done on different levels. Globally by coordinating planning and activities and following clear strategic directions, and on the level of each programme component to tackle programme-specific challenges.

## **Role of the Secretariat**

The objectives of the Secretariat's health and care department in Geneva are :

- To continue to promote the community health approach set forth in the Federation's Health and Care Strategy 2006-2010. This means to continue to prioritise our support to National Societies primarily on the areas of health promotion, community mobilization, disease prevention and control, and first response.
- To maintain a strong capacity to lead and coordinate major international relief operations, particularly – but not exclusively – regarding the utilization of Federation global tools in emergency health, and water and sanitation.

- To advocate on priority humanitarian issues, especially by promoting human dignity in fighting intolerance, stigma and discrimination.

These objectives are translated into an overall responsibility to mainstream and develop the concept and quality of the global programmes (for example, through improvement of programme monitoring systems). The department has an advisory role toward the seven zones and regional offices as well as towards NS and RC/RC donors. By providing a strategic vision, overall coordination, development and revision of health policies and standards; development of generic tools and ensuring technical backstopping, the health and care department will contribute to strong and competent National Societies and high quality programmes.

The department will maintain and further develop the wide range of partnerships to the International Federation's health and care work. This includes global coordination, fund raising, relationship management and technical support for a number of global initiatives, such as the Water and Sanitation Initiative, the Malaria Initiative, the Measles and Polio Initiative and the Human Pandemic Preparedness programme.

The health and care department will also actively support National Societies' representation and advocacy work in the domain of global health. Main focus will be on representation and advocacy at global level presenting matters of concern to National Societies in global forums. It will also materialise at zonal level where Federation health staff will support National Societies advocating in their regions and countries for the achievement of national and community health objectives.

## Promoting gender equity and diversity

The International Federation is conscious of the difficulties facing a true global health approach that only makes preference to need without other consideration. Women and girls are especially affected by diseases, epidemics and the consequences of disasters. The health and care approach of the International Federation while striving to understand the nature and extent of such inequities, works towards overcoming them through mainstreaming gender sensitive health programmes. Examples of such activities include addressing sexual and gender based violence through the HIV programming and also through emergency operations and psychosocial programmes, mainstreaming reproductive health in community-based activities, encouraging mothers to participate effectively in immunization campaigns, and taking their needs into consideration when designing and implementing water and sanitation programmes.

The gender approach, despite being especially important, is not a stand-alone issue. It arises from the Federation's vulnerability and need driven approach. This means that specific focus extends even beyond attention to the needs of women to the needs of any specifically vulnerable group in any context.

## Quality, accountability and learning

Focusing on the best results possible, the health and care department will ensure quality and accountability of its and NS programmes through:

- Active programme monitoring at the country and zone levels.
- Continuous improvement and adaptation of health indicators for different programmes.
- Development of best practices both within the Federation and with other specialised actors such as WHO.
- Data collection from field activities both in long-term and emergencies to establish programme impact.
- Evaluation and lessons learned to be created both internally and with independent parties to participate to the learning process.
- Coordinate and partner with research and academic institutes to expand knowledge exchange experience.

## How we work

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

### **Global Agenda Goals:**

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

## Contact information

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