Programme Update

International Federation of Red Cross and Red Crescent Societies

Health and Care

Appeal No. MAA00001

27 August 2009

This report covers the period 01 January to 30 June 2009.

A Mexican Red Cross volunteer provides a protection mask to a bus driver in Mexico City to decrease the risk of A H1N1 transmission. **Photo: Jose Manuel Jiménez/ International Federation**

In brief

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

Programme summary: During the reporting period, the health and care department, both in Geneva and in the zones, supported the programmes of National Societies (NS) based on their expressed needs, strengths, capacities and opportunities. Approximately 10.6 million people were helped in Red Cross Red Crescent operations responding to epidemics from January to May 2009. Concrete examples are the response to the A H1N1 influenza pandemic, to the cholera epidemic in Zimbabwe and to the polio outbreak that affected about 15 countries across Africa. The department also supported the work of NS in numerous other areas ranging from home-based care for people living with HIV (PLHIV) in southern Africa, prevention activities to reduce illness and death from malaria, programmes to limit the expansion of tuberculosis (TB) in Europe, improving access to water and sanitation in Africa, Latin America and Asia-Pacific, supporting mass-vaccination campaigns, promoting voluntary non-remunerated blood donation (VNRBD) and helping communities to be more resilient through community-based health and first aid (CBHFA).

The department continued to ensure global leadership and programmatic coherence to the International Federation and its membership through development and revision of health strategies, standards, generic tools and training curricula for delegates and volunteers. Some of the generic tools produced, reviewed or translated, to support the action of NS, were:

- CBHFA curricula.
- “Epidemic Control for Volunteers” training manual and toolkit.
- Spanish version of the International Federation‘s generic training package on HIV.
- “Household Water Treatment in Emergencies: A Field Manual”

The department also maintained and further developed a wide range of partnerships. This includes global positioning, coordination, relationship management and technical support for a number of global initiatives, such as the Global Water and Sanitation Initiative or the Global Malaria Initiative. In May 2009, an intervention was made in the World Health Assembly to advocate the importance of integrated community based health programmes in their contribution to the implementation of primary health care.

Financial situation: There has been a decrease in the 2009 budget from CHF 7,942,766 (USD 7,318,026 or EUR 5,209,328) to CHF 5,367,551 (USD 4,945,365 or EUR 3,520,352), a reduction of 32 per cent. The decrease was mainly due to the merging of the HIV Global Alliance into the HIV unit, as well as decrease in human resources across the programme. Of this revised budget, CHF 6,251,442 (116 per cent) covered during the reporting period (including opening balance). Overall expenditure during the reporting period was CHF 2,528,075 (47 per cent of the budget and 40 per cent of the income).

Click here to go directly to the attached financial report.

No. of people we have reached: Please refer to the project sections below for available data.

Our partners: The International Federation works in coordination with the United Nations (UN) agencies, humanitarian organizations, as well as non-governmental organizations (NGOs).

See also the working in partnership section of the individual projects mentioned below.

Context

Since April 2009, the A H1N1 influenza pandemic attracted increasing attention from health professionals, governments, the media and the public. Thought the virus is mild, it has been circulating rapidly across the globe and the damage that this pandemic may cause to society, in particular in developing countries, is very high. Communicable diseases do not only kill, they also widen the development gap and cause whole communities to lose results of years of development efforts.

At the same time, the world is still faced with major challenges posed by other epidemics, chronic diseases, increasing frequency and magnitude of disasters, poverty and poor access to health care services, among others. The poorest and hard to reach populations, i.e. women, children, elderly, disabled and chronically ill, will remain the groups at highest risk.

Red Cross and Red Crescent NS, supported by the International Federation, have a long experience of working to address issues affecting the health of the population in their communities. This has been translated into a wide range of essential health related activities based on community participation and capacity. The unique position of NS, their number and their established access and reputation within local communities put them in an unparalleled position to make a positive difference in health outcomes.

Progress towards outcomes

Water, sanitation and hygiene promotion (WatSan/HP)

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.

Achievements:
Meeting the continued, increasing and changing demands for timely and appropriate preparedness for disaster and disaster response continued to be the major focus. Adaptation and strengthening of existing tools at country, regional and zonal levels was carried out, including regional and national level disaster response teams (RDRT and NDRT) and WatSan disaster response kits. An increased amount of training was also provided, especially on use of the WatSan disaster response kits. In addition, global tools like Field Assessment Coordination Team (FACT) and WatSan emergency response units (ERU's) were adapted and improved.

Besides the increased use of field and global level human resources and disaster response tools, key human resources were maintained and provided technical backstopping for recovery and longer-term WatSan/HP programming. There has been an increase in the number and scale of recovery and longer-term programming, under the Global WatSan Initiative (GWSI) umbrella, with over 30 large-scale projects in over 25 countries worldwide. Recovery programming continued to have significant WatSan/HP elements, especially in Asia/Pacific but also elsewhere.

Number of people we have reached:
During the period under review, major emergencies where both field level and global resources and tools were deployed and utilised were in Zimbabwe (Cholera) and Namibia, Colombia and Bangladesh (Floods); operations where approximately 250,000 people were served with interventions providing safe water, sanitation and hygiene promotion. Under the umbrella of the Global WatSan Initiative and recovery programming, a further 200,000 people have been served with sustainable safe water supply, sanitation and hygiene promotion.

Constraints or challenges:
- The decentralisation process had eroded some field level capacities. However, as the process stabilises, improvements are being noted.
- Increasing competition from other players requires more efforts to be made in resource mobilisation and positioning.

Working in partnership
The International Federation continued to be an active member of the UNICEF led 'WASH' cluster and the Inter-Agency WatSan Emergency group. Interaction with the WASH cluster continued especially in the hygiene promotion sector, with the International Federation contributing to new publications and assisting the cluster in disseminating these. At the field level too, good working relationships continued with the WASH cluster in emergency contexts. The International Federation also coordinates the WatSan ERU technical working group and the GWSI Partner National Society (PNS) group.

Funding partners include individual PNS and their specific back donors, ECHO, Europaid and corporate sector donors. Europaid continued to be the largest donor and have so far indicated their interest in providing further support in longer-term programming. The ECHO supported thematic funding activities to strengthen WatSan/HP activities started up with the procurement of WatSan disaster response kits for pre-positioning at the field level. This was followed-up with training on use of these kits at the zonal, regional and country levels.

Contributing to longer term impact
Focusing upon building stronger capacities in disaster preparedness and response at NS level will increase overall response capacity, especially in terms of timeliness, appropriateness and cost effectiveness. In addition, it is the recovery and longer-term programmes that give the best opportunities for longer-term impact among beneficiaries, not only by replacing their WatSan facilities post-disaster, but by creating increased resilience to future disasters or crisis and reducing the impact of poverty and disease often linked to poor WatSan infrastructure and hygiene practices or awareness. Longer-term WatSan/HP programming often carries on from disaster response and recovery efforts, mostly under the International Federations 10-year Global Water and Sanitation

Initiative (GWSI 2005-2015) and is a vehicle for creating sustainable impact for an increasing number of beneficiaries, and further contributing to the UN Millennium Development Goals.

Looking ahead

Further efforts are planned during the rest of this year for increasing field level capacity building and adaptation of existing tools and resources. The WatSan disaster response kit concept will be expanded and training will be provided in the Asia/Pacific and Americas zones. New funding streams for longer term programming (under GWSI) will require coordination and technical support as NS interest and commitments increase.

HIV and AIDS

Outcome:

By 2010, harmonized Red Cross Red Crescent 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.

Achievements:

1. Global Alliance on HIV –
   Except the Middle East and North Africa (MENA), all zone offices signed up for the Global Alliance. A total of 56 NS have developed comprehensive programmes on HIV and are actively engaged in resource mobilization and implementation of these. The team in Geneva provided to the zone offices a template for marketing tools to help enhance resource mobilization. The third year of implementation of the comprehensive and scaled-up HIV programmes in southern Africa is underway, based on available funding.

2. Technical support –
   The team in Geneva successfully supported the southern Africa zone office in conducting a review of the 2008 programme implementation. Subsequently, a stakeholders meeting was held to assess the review findings and the reports of the 10 NS. Successes and weaknesses were identified and possible measures proposed for addressing constraints encountered so that the next phase of programme implementation could be improved. further, a regional strategy was developed for addressing gender issues within the context of HIV. This was done in collaboration with the principles and values department in Geneva, based on the experiences gained in the southern Africa HIV programme.

3. Generic tools development –
   The revised version of the Global Alliance on HIV manual was finalized and the English version of this was sent to all NS. Translation into other languages is underway. The Spanish version of the International Federation's generic training package (HIV Prevention, Treatment, Care and Support training package for community volunteers) was finalized, printed and sent to all Spanish speaking NS. Further, the minimum standards for peer education was finalized and the translation of this into different languages was completed. A workshop was organised in May 2009 in Geneva, for expediting the inputs to the generic guidelines being developed on HIV prevention. A total of 20 HIV experts from the secretariat (Geneva and the zones) as well as PNSs participated in this workshop. The document is near completion and printing of the English version of it is planned within three months.

4. Masambo Fund –
   The team in Geneva, through simplifying the guidelines for accessing the Masambo Fund and engaging the Red Cross Red Crescent + network for increasing awareness among PLHIV, significantly increased the number of beneficiaries of the fund, from eight in end-2007 to 62 during 2008-2009. In addition, the development of a booklet, capturing success stories of beneficiaries that can be used as a marketing tool for resource mobilization, is underway.

5. Resource mobilization –
   In collaboration with the southern Africa zone, NS have been supported to submit proposals to the country coordinating mechanism of their respective countries for the Global Fund 9th round to access substantial resources. The process is currently underway.

6. Other activities –
   The team successfully coordinated the engagement of PLHIV from the Red Cross Red Crescent + members in the Movement's 150 year anniversary celebration in Solferino, Italy, in June 2009. The members actively participated in facilitating workshops on HIV and also engaged in round table discussions on discrimination and sexual orientation.

   The team also assisted the smooth transfer of the coordination office for the Code of Good Practice to the Global Network of People Living with HIV/AIDS (GNP +) after the HIV office at the International Federation secretariat hosted it for the past years.

Constraints or challenges:

- Increased difficulties in accessing financial resources globally for programme implementation.
- As the special representative on HIV/AIDS and two technical staff have left, the overall coordination of the Global Alliance on HIV now rests with one technical person. Thus there is need for an additional technical person. Further, high turnover of technical core staff in NS created a gap in technical direction and coordination during programme implementation.

Working in partnership

The Global Alliance on HIV approach for fostering partnership (the seven principles) can contribute substantially towards putting in place a smooth working system that involves all partners. It does this by creating a modus operandi in which different stakeholders collaborate with Host National Societies, guided by a standardized programme development format and performance tracking system. Though the collaboration so far forged is not sufficient for scaled-up impact oriented action, the trend is encouraging.

NS have been encouraged to strengthen connections with line ministries in their respective countries and fully utilize the MoU signed with WHO regional office for Africa. The effect of WHO support is already being seen in getting endorsement from country coordinating mechanisms for NS' proposals to the global fund.

Contributing to longer-term impact

The performance tracking system designed by the Global Alliance on HIV, which is being implemented in particular in southern Africa, is a good system with user-friendly format that can capture useful data in the form of deliverables. This performance tracking system can be easily applied in other Federation programmes and will contribute in improving the quality of reporting in general. In addition, such systematic monitoring and capturing of data will help in effective programme implementation that can yield positive impacts.

Looking ahead

As mentioned, funding support is the major constraint for NS involved in the Global Alliance on HIV programmes. If this situation does not change for the better, then delays will be encountered in the implementation of activities planned for the second half of 2009. Therefore, it is planned to work on resource mobilization at all levels.

Community based health and first aid (CBHFA)

Outcome:

National Societies have developed their capacity to reduce vulnerability caused by injuries and

diseases by working with and strengthening the capacities of communities and networks of Red Cross Red Crescent volunteers.

Achievements:

1. Tools developed and disseminated -
   The CBHFA curricula set, which includes an implementation guide for programme managers at NS headquarter and branch level, a facilitator's guide, a volunteer manual and community tools, were printed in English and distributed to all NS. Following this, rolling out of the implementation plan started for which technical support was provided to the zones.

   Sensitization workshops were conducted for NS in the East Asia region and the MENA zone to promote a better understanding of the approach and the local adaptation and use of the materials. This approach was also introduced to NS in Europe, which are working on first aid with vulnerable groups. Three master facilitators workshops were conducted, 1) in the Southern African zone (with 11 NS participating), 2) in the South East Asia region (with eight NS participating) and 3) in the West and Central Africa zone (with 14 participating). All NS produced action plans at these workshops.

2. Standard setting and framework of monitoring developed -
   Technical support was provided to the evaluation of the CBHFA programmes in Afghanistan and the Democratic People's Republic of Korea.

3. Resource people developed and mobilized -
   A team of "CBHFA in Action" resource people is being developed. They have been mobilised in support to the CBHFA roll out plan. A database on this will be created.

Constraints or challenges:

- Supporting NS in the implementation of the CBHFA approach/programmes is a challenge due to the large-scale interest and request for support from the NS.
- Availability of funds for social mobilisation, which is a key element of CBHFA.

Working in partnership

The International Federation continued to participate in the first aid science advisory board, co-chaired by the American Red Cross and the American Heart Association. This advisory body reviews and evaluates first aid science, seeking to broaden the evidence base on first aid and good practice. A letter of agreement between the International Federation and the advisory body has been completed to outline the terms of this collaboration.

Contributing to longer-term impact

CBHFA is being used to better integrate health in emergencies and longer-term preparedness. Field schools and ERUs in basic health care include CBHFA and its supporting materials in their training curriculum. The approach is promoted to NS in order to implement community based long-term health programmes using opportunities and resources available from specific disease interventions such as in TB and Malaria.

Looking ahead

The translation of the CBHFA materials into French and Spanish are nearly complete and will be printed based on funds received. Translation into Arabic is also in progress. The materials will also been available in Chinese, Portuguese and Bahasa.

Malaria

Outcome:

Reduced morbidity and mortality from malaria through increased usage of long lasting insecticide-

treated net (LLINs) and prompt diagnosis and treatment. Ten million children under 5 years of age receiving LLINs directly or indirectly as a result of Red Cross Red Crescent activities.

Achievements:

The number of NS supporting malaria prevention activities expanded in 2009 as ministries of health and national governments work towards their commitments to achieving the "Roll Back Malaria" (RBM) 2010 targets. The number of vulnerable people reached with this programme increased during the reporting period. The scaling-up and expanding of the malaria activities of NS and the secretariat led to an increased workload of a number of NS that were already operating at close to maximum capacity. To address this, the secretariat supported additional positions in the health departments of NS, exchanged visits between NS and expanded technical support at the zone and Geneva levels.

The programme focused on the free, mass distribution of LLINs combined with social mobilization activities before, during and after LLIN distributions. Activities centred around ensuring that communities were aware of and attend mass LLIN distributions and that the most vulnerable members benefited from the distribution. Post distribution Hang Up and Keep Up activities ensured that high net utilization rates were achieved and maintained. Programme activities were integrated with existing CBHFA programmes, where they exist. The funding available was prioritised based on malaria burden and the capacity of NS to successfully implement the programme.

1. Immediate post-LLIN distribution Hang Up and multi-year Keep Up activities integrated within CBHFA activities (where they exist) -
   Hang Up and Keep Up activities were supported in Senegal, Sierra Leone, Liberia, Togo, Cameroon, Mali, Nigeria, Madagascar, Equatorial Guinea, Mozambique, Kenya, Burundi, Tanzania, India and Haiti.

2. Procurement and distribution of LLINs to fill unmet needs in large-scale LLIN mass distributions, during emergency situations, and Red Cross Red Crescent home-based care activities -
   Mass LLIN distributions were supported in Senegal, Burundi, Burkina Faso and India.

3. Expansion of malaria-specific technical support provided to NS -
   During the entire reporting period, one malaria delegate based in Johannesburg covered the East and Southern Africa Zones. At the end of the reporting period a delegate was hired to cover the West Africa Zone. Technical capacity at the Geneva level was expanded during the reporting period.

4. Support to exchange visits between NS and Red Cross Red Crescent participation in regional malaria networks -
   An exchange visit took place between the Togo and Burkina Faso Red Cross Societies. There were numerous requests for exchange visits but these were not able to be supported due to a lack of funds. The 2009 annual Red Cross Red Crescent malaria meeting was held in Johannesburg in February. The Southern and East Africa Zone delegates participated in a number of RBM malaria meetings in Brussels and Geneva.

Constraints or challenges:

The main challenges faced during the reporting period was a lack of funding available to support NS programme activities and expansion of technical support at the Zone level. The ongoing change process at the secretariat has lead to delays in programme implementation and gaps in secretariat support for NS programmes. All levels (NS, Zone, and Geneva) are working ensure current donors can be retained and new donors can be secured.

Working in partnership

As the RBM 2010 targets will only be achieved through working in partnership, the International Federation has been very active in the RBM partnership and chairs the Alliance for Malaria

Prevention "Expanding the ownership and use of mosquito nets" (AMP). AMP is a work stream under RBM, and is a partnership of more than 30 government, business, faith-based, and humanitarian organizations. AMP focuses on supporting operations at country level by responding to country requests for technical support missions and as a repository of expertise on LLIN scale-up and efforts to achieve and sustain high LLIN usage rates, including methods to evaluate the effectiveness and impact of these programmes. In the first half of 2009, the International Federation, with other AMP partners, facilitated a training of 23 Ministries of Health, National Malaria Control Programme teams and 10 partner organizations.

In addition to the AMP, the Federation co-chairs the Malaria Advocacy Working Group within RBM, which coordinates RBM's advocacy efforts to increase resources for malaria control, prevention, treatment, and operational research.

Contributing to longer-term impact

In early 2009, the secretariat supported a two-day malaria meeting to allow NS a forum to exchange better practices, programme experience, plan for activities in 2009 and the way forward to 2010. Subject to availability of funding, a number of exchange visits between NS will take place in the second half of 2009. The Norwegian Red Cross has generously supported the development of a management survey tool. This tool will allow NS to generate rapid, accurate, easy to implement, cost effective, evaluations of their activities. The management survey tool was first rolled out in Cross River State, Nigeria, in June 2009. The malaria toolkit includes activities on child protection and gender as activities will access caregivers (mainly women) at the household level.

Looking ahead

The top three priorities for the second half of 2009 will be 1) rolling out the malaria toolkit with one English and French language training, 2) building technical capacity at Zone and NS levels, and 3) ensuring that sufficient funds are in place to maintain existing activities and support programme expansion as countries and NS work toward the RBM 2010 targets. In addition, the data management survey tool will be made available to allow NS to evaluate the coverage of their programme's activities and support data driven programming.

Measles and Polio

For a complete update, go to the Global Measles and Polio Initiative programme update 2009

Outcome:

Reduced morbidity and mortality due to measles and polio from increased access and uptake of supplementary and routine immunization services. Ninety per cent global reduction in measles mortality and zero countries reporting polio cases.

Achievements:

The programme provided technical support and resources to the zones/regional offices and NS for their effective involvement in mass measles and polio immunization campaigns to reach related global immunization vision and strategy targets. It advocated on behalf of NS for their inclusion in supplementary immunization activities (SIAs). Concerted efforts were continued to maintain the significant progress made towards global measles mortality reduction at the end of 2008. In the area of polio eradication, 2009 was a difficult year. From outbreaks originating in northern Nigeria and central Africa, wild polio virus spread to eight countries in west Africa and seven countries in central and the horn of Africa. As the outbreak spread to previously uninfected countries, and the Global Polio Eradication Initiative partners requested the intensified involvement of the International Federation and affected NS, it was determined that an emergency appeal was necessary to meet outbreak needs. The Africa polio outbreak emergency appeal was launched in April for CHF 2.4 million.

1. Support to NS -
   In addition to the International Federation's earlier support to NS polio campaigns in five West African countries (Burkina Faso, Cote d'Ivoire, Niger, Nigeria, Togo) and NS measles prevention campaigns in two countries (Namibia and Swaziland), during the first half of 2009 there were eight supplementary immunization activities either fully or partially funded by the Global Measles and Polio Initiative. Activities financed by the Global Initiative mobilized 4,500 volunteers to contribute to global partnership efforts to reduce measles morbidity and mortality and move towards polio eradication. Including activities supported through other means (bilateral support, local resource mobilization or emergency funding mechanisms), NS engaged over 12,800 volunteers in measles and polio campaigns. Technical support was provided to NS for the development of campaign proposals, with a focus on linking mass immunization and social mobilization with longer-term CBHFA plans.

2. Global Polio Eradication Initiative (GPEI) -
   The programme team continued to coordinate with GPEI partners and advocated for increased resourcing for NS activities at the country level. In light of the polio outbreak across Africa, there was renewed appreciation for the unique role of the Red Cross Red Crescent in maximizing campaign results and decreasing vaccination non-compliance. WHO headquarters sought the specific involvement of NS in response activities and advocated on behalf of the International Federation's emergency appeal after its launch. In addition, new links were forged with Rotary International to better support country level partnership between Rotary-led PolioPlus Committees and NS. In the area of polio eradication communications activities, the International Federation supported three NS (Nigeria, Democratic Republic of Congo and Burkina Faso) and participated in a regional planning meeting with other communications stakeholders.

3. Measles Initiative -
   With the American Red Cross as a founding partner of this initiative, the International Federation continued to participate in global measles reduction planning fora with the objective of promoting the role of NS in mass campaigns. Lessons learned in countries such as Burkina Faso, where over 40,000 people were affected by a measles outbreak in early 2009, illustrate to urgent need to maintain high levels of immunity if campaign gains are to have long term benefits. The International Federation and American Red Cross organized a one-day campaign social mobilization lessons learned workshop after the annual Measles Initiative Advocacy Meeting in September 2008. The workshop included participants from zonal/regional health teams, from NS with mass immunization experience, and from PNSs and sought to share experiences in the area of mass social mobilization, identify gaps in campaign planning and implementation and set standards for Red Cross Red Crescent involvement. In early 2009, at the annual Global Measles Management Meeting, the International Federation updated Measles Initiative partners on the contribution of NS to mass measles campaigns.

4. The GAVI Alliance Civil Society Task Team -
   As a member of the civil society task team (CSO TT), the Geneva office continued to provide support to the GAVI Alliance to incorporate the role of civil society in efforts to strengthen uptake of routine immunization services. The International Federation worked with other immunization and child survival-related civil society organizations to disseminate information on the available funding and better evaluate civil society's contribution to immunization. The organisation's involvement in the GAVI Alliance activities is at the centre of its work to expand NS involvement in the promotion of routine immunization and build upon its extensive experience in mass immunization work. This is linked to capacity building of NS to do longer-term health promotion activities and build upon CBHFA competencies.

No. of people we have reached:

As a partner of mass polio and measles campaigns organized by Ministries of Health, with support from the Global Polio Eradication Initiative and the Measles Initiative, the International Federation helped to vaccinate approximately 25 million children against polio and 9.5 million children against measles during the first half of 2009.

Constraints or challenges:
Availability of sufficient technical assistance to support NS planning for campaigns is a continuous challenge. The International Federation continues to try and draw upon in-country partner human resources to support planning processes which include NS; however, adequate internal assistance must be available in order for campaign planning to be comprehensive and timely.

The tentative nature of campaigns is also a challenge. As campaigns are organized by the ministries of health with support from international partners, and require the coordination of a number of factors including procurement, logistics and administration, campaign dates often shift. NS are regardless expected to conduct social mobilization, which can be a challenge with a fluctuating timeline.

Working in partnership

At the global level, the International Federation continued in its role as a key partner in the Measles Initiative, along with more than 25 other global partners (not including individual Red Cross Red Crescent NS). The organisation also continued its partnership in the Global Polio Eradication Initiative, the largest public health initiative in history. Further, along with the Norwegian Red Cross, the Federation has been an active member of the CSO TT, founded by the GAVI Alliance. At the national level, NS continued to work in partnership with country-level planning committees, including the inter-agency coordinating committees and national social mobilization working groups, convened by the respective health ministries.

Contributing to longer-term impact

Vaccination is the most cost-effective health intervention, with the opportunity to save millions of children's lives each year if effectively and equitably accessed. SIAs increase vaccination coverage in areas where routine immunization levels are below recommended thresholds but should also serve to strengthen uptake of routine immunization services. With support to the Measles Initiative, the International Federation is helping to reach the 90 per cent reduction goal in measles deaths by 2010 (compared to 2000). With the organisation's involvement in the Global Polio Eradication Initiative it remains committed to the final steps towards polio eradication. These globally agreed upon targets are set out in the Global Immunization Vision and Strategy and in the health-related Millennium Development Goals (MDG).

Looking ahead

Polio eradication efforts will be continued in the remaining four endemic countries (Afghanistan, India, Nigeria and Pakistan) and re-infected countries and require innovative ways to complete the last mile. During the second half of 2009, NS will continue to rely on resources and technical support to be effective members of the two significant international health partnerships. In fulfilling the role of a leading national social mobilization partner, the International Federation is building the capacity of NS while making a visible and effective impact on progress towards child survival and MDG 4.

Tuberculosis (TB)

Outcome:
NS contribute to the Global Plan to Stop TB through increased access to TB services to the most vulnerable.

Achievements:
The International Federation's global TB programme continued to work towards its aim of accelerating progress in fighting against TB by promoting implementation of the Global Plan to Stop TB (by WHO) through harmonizing NS' efforts within a joint framework of action. The main strategic directions were to:

- Facilitate coordination of TB activities by NS to achieve and demonstrate an added value to global efforts to stop TB;

- Build NS capacity to further support the role of civil society, affected communities and people with TB to support and participate in TB control efforts; and
- Ensure full integration with HIV and other community health activities.

The programmes supported by the International Federation were people-centered, focusing on rapidly scaling-up services to reach people to quickly and dramatically reduce illness and death, while in parallel building sustainable systems within NS over time. Red Cross Red Crescent community based health and care programmes continued to play a key role in global TB control. These worked towards increasing access to TB treatment for vulnerable and marginalized groups and communities most at risk, and ensuring higher treatment completion through a "personalized" approach to patients, including provision of supplemental food and psychosocial support.

As the secretariat had no international field staff expertise in TB, the technical aspects of the programme mainly relied on a TB health officer in Geneva and experts of the Global Red Cross and Red Crescent TB working group from around 15 NS. The working group is coordinated by the health and care department. The working group's meeting for 2009 took place in Beijing, China on 6-8 April 2009. The following key decisions came out of the meeting and work towards these has been subsequently started:
- Revision of standardized indicators for TB programmes, including the ones for TB/HIV activities;
- Development of recommendations for NS to be involved in multi-drug-resistant TB (MDR-TB) focused TB programmes (particularly for HIV high endemic countries);
- Development of a toolkit for the CBHFA manual and HIV Global Alliance;
- Further development of guidelines for Red Cross Red Crescent staff and volunteers on additional safety measures, particularly in high MDR-TB / HIV settings.

Since the beginning of 2009, TB programmes expanded in eastern Europe, central Asia, and southern and eastern Africa regions, while the Indian Red Cross was in the process of finalising its' programme work plan for activities to start in the near future. A total of 500 most vulnerable people, affected mainly by MDR-TB, were included in the new initiative and received daily support from NS (this number represents 25 per cent of the total number of people with MDR-TB served by all NS and 0.5 per cent from a total burden of MDR-TB globally). In addition, to direct support to people with MDR-TB, over 20,000 community members, civil society groups, traditional healers and religious group members participated in trainings and awareness campaigns organised by NS. Over 120 support groups were formed, comprising people cured from TB or at risk of TB, to support Red Cross Red Crescent TB activities.

The TB communication plan for 2009 was developed during the first half of the year. The International Federation hosted World TB Day events, focused on MDR-TB, on 17th March. A media visit, conducted by British Red Cross, was organised in March to Kazakhstan, highlighting TB and TB/HIV as one of major threats for communities and underlining the importance of Red Crescent interventions.

Working in partnership

Increasingly, the International Federation's way of addressing TB and MDR-TB has been through partnerships, including with the private sector. Recently, its' expanded partnership with Eli Lilly, a pharmaceutical company, will allow the Armenian Red Cross and Namibian Red Cross to start new activities as well as the southern Africa zone to organise training activities in TB advocacy for 10 NS. In addition, new projects with the support of USAID are planned for three countries, viz. Kazakhstan, South Africa and India.

The International Federation also continued active collaboration with Stop TB Global Partnership, WHO offices and other major stakeholders. During this reporting period, as an outgoing member of the coordination board of the Stop TB Global Partnership, the International Federation led the process of nominating and selecting the next representative on the board, together with the secretariat of the Global Stop TB Partnership. The International Federation also continued to chair

the Stop TB Global Partnership project “Challenge facility of civil society” to grant civil society TB projects at the country level.

Besides this, the international Federation took part in the development of inter-professional trainings, together with the international Council of Nurses, the World Medical Association and the International Hospital Federation, for care and protection of health care workers dealing with MDR-TB. The trainings took place in Brazil (in March 2009) and South Africa (in June 2009).

Voluntary non remunerated blood donation (VNRBD)

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

Achievements:
Progress was made towards the programme objectives that embrace policy development, advocacy, technical development as well as coordination and partnerships. The International Federation continued to support NS in order to increase and build upon their capacities and abilities to be effective auxiliaries to governments in promoting VNRBD to provide a foundation for their countries’ safe blood supplies. A total of 57 countries have now achieved 100 per cent VNRBD status, representing a doubling in 10 years of the number of countries to achieve this goal.

A global review was initiated and is currently underway to assess risk associated with Red Cross Red Crescent blood programmes. The review, being conducted by the Federation’s Global Advisory Panel on corporate governance and risk management for Red Cross Red Crescent blood services (GAP), was based on the following factors:

- An ongoing need for embedding an appropriate corporate governance and risk management framework into national Red Cross Red Crescent blood services, as well as a need to develop appropriate exit strategies to assist some NS.
- Indications that NS engaged in provision of blood services are looking for an informed source of technical assistance and advice on a wide range of blood-related matters. The secretariat is routinely not able to offer this, as its’ focus is more on the promotion and advocacy for VNRBD.

Constraints or challenges:
Limited availability of funds for VNRBD has been a challenge for the implementation of programme activities.

Working in partnership

Partnerships, particularly between the founding member organizations for World Blood Donor Day (WBDD), have been significantly strengthened. WHO, International Society Blood Transfusion, International Federation of Blood Donor Organizations and the International Federation continue to play a major collaborative role in advocacy for 100 per cent VNRBD. On World Blood Donor Day (14th June), WHO and the International Federation launched a joint vision document “Towards 100 per cent voluntary blood donation: a global framework for action”.

Contributing to longer-term impact

It is anticipated that the ‘Framework for global action’ will provide the foundation whereby the International Federation will consolidate foundations to meet its strategic objectives for 2020 by:

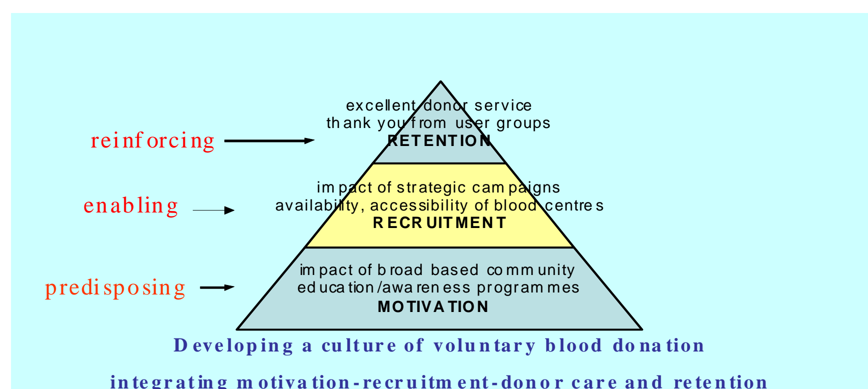
- Mobilizing young people as a new generation of blood donors
- Developing international Club-25 as an active programme linking regular blood donation with health promotion
- Recognizing the importance of populations or individuals who are not eligible to donate blood because of age or health status, and involving them in health promotion activities

- Developing emergency preparedness plans to avoid blood shortages in times of increased demands or emergencies
- Working with existing National Society blood services to ensure they are safe and sustainable, and are based upon voluntary non-remunerated blood donation
- Developing a revised International Federation Blood Policy for safe and sustainable national blood systems
- Assisting in the development and publication of documents that support National Societies involved in blood services, including a revised Blood Programme Development Manual
- Continuing the process of clarifying the blood activities (including VNRBD) of all National Societies
- Revising and maintaining the GAP self-assessment questionnaire on corporate governance and risk management as a tool for allowing National Societies to identify areas where their blood service activities open them up to risk and where development is required
- Extending the GAP self-assessment questionnaire to all National Societies involved in blood activities (including systematic VNRBD) every two years
- Providing GAP self-assessment reports to all National Society blood services that identify risk areas and provide solutions to mitigate those risks
- Identifying opportunities to hold regional meetings which bring together National Society blood services to discuss the results of the self-assessment, and allow National Societies to share solutions to corporate governance and risk management challenges and form alliances for the sharing of 'best practise' in blood
- Identifying priority National Society blood services for specific assistance (through the self-assessment, input from the International Federation's zonal and regional offices, and collaboration with the WHO)
- undertaking specific capacity building project support and advice to National Societies that are identified as being 'at risk' through their blood service activities,
- Assisting National Societies that wish to discontinue their blood service activities to withdraw systematically to focus on the promotion of VNRBD
- Strengthening the relationship and collaboration with WHO at a global, regional and country level
- Communicating and collaborating with external partners to develop and resource country-specific project opportunities
- Participating, where possible, in regional/global forums and promoting the identification of Blood in the International Federation, WHO and other global health statistics

Looking ahead

The secretariat, with the support of GAP, will systematically assist NS to identify their role at a national level to help provide or support the provision of safe high quality blood services. Three chief areas of support are indicated on the chart below and NS will be identifying which area of support best fits their national situation.

National Societies to identify their role in blood service delivery*



Most NS will have the capacity to assist MoH at the education (or *predisposing*) level by utilizing their volunteers in community awareness programmes and being involved with MoH with episodic campaigns to attract voluntary blood donors, such as World Blood Donor Day, 14 June each year.

Some NS will have the capacity and agreements with MoH to assist at the level of donor recruitment.

A few NS will have the capacity and agreements with MoH to assist in all three areas, including donor care and retention.

Public health in emergencies (PHiE)

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

Achievements:
The PHiE programme has continued consolidating its shift from service provision to the next strategic level, i.e. identifying priority interventions, developing tools, coordinating both inside and outside the Movement, and providing technical guidance to Zones and operations. The programme focused on supporting emergency operations, continued to work on the Zimbabwe cholera epidemic, supported the emergency intervention for polio in Africa, and worked closely on the response to the influenza pandemic.

Other focus areas outside direct operations support covered reinforcing the coordination with ERU PNSs through empowering the leadership of the working group, better coordination with other partners including WHO, GOARN and the global health cluster, further development of tools (ERU, community health and psychosocial support components, along with the field school, among others) and training and capacity building. A training manual and toolkit entitled 'Epidemic Control for Volunteers' was published, which several NS in Africa and the Americas now want to adapt for their own specific contexts. A report 'The Epidemic Divide' was also published and used for advocacy purposes. Knowledge sharing and information is being enforced as a main direction, which was initiated by publishing the 'Epidemic Divide' report.

Constraints or challenges:
- Lack of human resources - During the reporting period, PHiE personnel at the zone level were only available in the Americas Zone. A departing PHiE delegate in Asia Pacific has not been replaced and no PHiE personnel are available in the zones in Africa, Europe and MENA. While Geneva's role is shifting to less implementation, adding more capacity to the zones is essential.
- Another challenge has been to coordinate all secretariat PHiE capacity, in Geneva, the zones and country representations, as one team with global objectives, inputs, and outcomes. This will happen through better planning, coordination, and distribution of duties.

Working in partnership
External partnerships were strengthened with WHO Global Outbreak Alert and Response Network (GOARN), International Research Institute for Climate and Society (Columbia University), Médecins Sans Frontiéres and UNICEF, among other partners. This will continue to be one of the major roles of the secretariat as part of enforcing the PHiE strategic direction. The organisation also participated in several external working groups including the Interagency Emergency Health Kit 2006 revision with WHO, International Coordinating Group on meningitis vaccination provision, GOARN, and the global health cluster. In addition, the focus on internal coordination of activities and reinforcing common work with the zones and PNS also continued.

Contributing to longer-term impact

With more focus on enforcing the role and tools for volunteer training and preparedness for epidemics, the PHiE programme will contribute to more resilient communities and increased ability of NS to reduce mortality and morbidity of epidemics. Advocacy plays a parallel role in this.

Influenza

For a complete update, go to the Influenza programme update 2009

This programme update is intended to convey transition, consolidation, and revision within the following two related appeals, into one plan and budget called "Influenza", to maximize impact:

- MAA00018 - Humanitarian Pandemic Preparedness (H2P) 2009-2010 plan (previously called Avian and Human Influenza), which covered the following aspects -
  - Humanitarian Pandemic Preparedness
  - Avian and Human Influenza
- MDR00002 - Emergency Appeal for pandemic influenza: response and mitigation (2009). This was launched in response to the outbreak of the H1N1 influenza virus during the first half of 2009.

The programme will continue to be implemented in 29 countries in the Americas, Asia-Pacific, Eastern Africa, Southern Africa, West and Central Africa, Middle East and North Africa, and Europe. The International Federation is seeking further funding to expand the programme to additional countries as well, particularly in the Americas Zone, following the recent H1N1 outbreak and the increased risk of a more virulent global influenza pandemic during the coming period.

Outcomes:

H2P long-term project	H2P accelerated project
12 to 18 months	3 to 6 months
Outcomes: 1. Adapted messages and tools 2. A functioning network of NGO partners 3. Trained trainers in all branches or districts 4. A detailed, comprehensive pandemic preparedness and response plan for the entire country.	**Outcomes:** 1. Adapted messages 2. Trained trainers in all branches or districts 3. Trained volunteers and community members 4. A plan of action and interventions for communities shared publically

Achievements:

The International Federation successfully accelerated the pace of planning at the global and country level for pandemic preparedness and response. Accelerated activity was mostly due to a more efficient and effective management strategy, including the publication of a "Request for proposals", regular face-to-face meetings and transparent communication with partners, as well as greater involvement of zone offices around the world.

During the last six months, a total of 12 sub-agreements were signed in Asia-Pacific, Europe and the three Africa Zones. The majority of the staff has been recruited and briefed. Technical working groups' tools and guidelines were developed and published for use. All H2P staff in the zones participated in training on these materials with partners. NS were provided with the tools and technical support to complete detailed proposals for their full allocation of funds for projects.

From January to March 2009, work was particularly intense with senior officers of the International Federation making 18 visits to NS, often with partner representation, to provide training and orientation on materials for NS and zone staff. Follow-up work after these visits is being carried out by zone staff.

While there will continue to be refinement of the tools and strategies, the International Federation is entering a new phase in the life of the programme. The past 18 months were spent largely cultivating partnerships, deepening understanding of the pandemic influenza, developing and testing generic tools and guidelines and identifying partner NS. A move is now being made into a more intense phase of implementation of meaningful pandemic preparedness plans on a global scale. During the next few months, it is expected to maintain effective partnerships, develop and implement H2P accelerated projects and sign more than 30 additional sub-agreements.

Constraints or Challenges:
Due to specific requirements of the H2P programme and obligations to the donor, there were some challenges that the International Federation had to address, including:

- Delayed financial reporting from NS as most of their expenditures are incurred in their field branches.
- Guidelines and training materials were developed at the global level to suit many different NS and had to be adapted to local contexts in countries of operation.
- Delays to finalize letters of agreements with NS.

Working in partnership

- The primary partners for the Avian Influenza and H2P components of the programme are the NS in countries identified as priority (at maximum, high or moderate risk of epizootic).
- The International Federation accepted a three-year-grant from USAID in 2007. This grant involves collaboration with the CORE Group (a membership organization of 48 US-based private voluntary organisations), the American Red Cross, UN agencies and two international organizations focusing on education and training, i.e. Academy for Educational Development and InterAction.

Contributing to longer-term impact

Since many of the messages of the Avian Influenza and H2P components are related to activities found in other programmes, such as CBHFA and community based disaster preparedness (CBDP), the country-level coordination of an influenza programme should, ideally, be incorporated into existing CBHFA/CBDP programmes of the NS. A similar development could, eventually, take place at regional or zonal levels. Such incorporation would not only be logical but also ensure that the "message" continues, in a sustained manner, long after the initial programme phase has been completed.

Looking ahead

Building on the success of the H2P and its' innovative partnerships, additional financial resources will allow the International Federation to reach more NS asking for response and mitigation, without restriction to certain countries. By October 2009, at least 25 H2P "long-term" countries will have signed a letter of agreement and received financial and technical support to prepare communities for a pandemic.

From July 2009, in response to the H1N1 pandemic, the International Federation will coordinate with WHO and partners to develop a joint "Call to Action", a global communication campaign and a ready-to-use package for all 186 NS to enable them to respond.

Additionally, an H2P "Accelerated Project" will be proposed to NS in about 40 countries with a similar goal to H2P "long-term" project but simplified to be completed in 6 months maximum.

- The first phase will address existing requests from NS in the Americas and can begin immediately.
- The second phase will consider applications from other NS and will be deferred until additional funding is secured.

Psychosocial support

For a complete update, go to: http://psp.drk.dk/sw2955.asp

Outcomes:

- Operational and technical assistance to psychosocial programming to promote high quality and timely psychosocial responses.
- Capacity building of National Societies and competence development of Red Cross Red Crescent staff and volunteers to strengthen their ability to effectively identify, respond and programme for the psychosocial needs of beneficiaries.
- Knowledge generation and knowledge management to ensure that psychosocial interventions are based on evidence-based research and best practices.
- Advocacy and communications to increase awareness of psychosocial reactions to disaster and social disruption, and to raise attention to psychosocial needs of beneficiaries in policies.

Achievements:

The psychosocial support centre (PS centre) continued its support to NS and has, in the first six months of 2009, participated in a number of major assessment and programme design missions including to the occupied territory of Gaza, which provided input to the psychosocial intervention now ongoing there. The centre also undertook a monitoring mission to Bangladesh to review the Cyclone Sidr Recovery Operation, and has provided technical support for a final project evaluation in South Africa.

In Pakistan, the PS centre, together with the Danish Red Cross, undertook an assessment at the height of the internally displaced people crisis and subsequently designed the programme for a psychosocial intervention to support the millions of people displaced by the humanitarian crisis in northern Pakistan.

The project to develop a psychosocial support component to the ERU, initiated in 2008, was finalized and will be initially tested and evaluated during 2009.

Two major training products were finalized in the first half of 2009. A practitioners handbook on psychosocial interventions was produced as part of the Tsunami lessons learned project. A comprehensive training kit on community based psychosocial support was also finalized and is currently being field-tested. Both the handbook and the training kit are available online on www.ifrc.org/psychosocial, and distributed in hard copies to National Societies and other partners.

At the request of National Societies, the PS centre provided psychosocial training, or input to such, in Israel, Kenya, Uganda, Syria and Romania. The centre also participated in, and co-facilitated several International Federation training courses; FACT trainings, RDRT trainings, ERU trainings and Public Health in Emergencies.

The American Red Cross funded Tsunami lessons learned project was finalized at the end of March. The project gathered valuable information about psychosocial interventions in the aftermath of the Indian Ocean Tsunami in 2004. The Magen David Adom research needs assessment project for disaster responders was also finalized during the reporting period.

Efforts continue to strengthen the PS centre communications. The quarterly newsletter “Coping with Crisis” is brought out in four languages (English, Arabic, French and Spanish). The PS centre website is continuously being updated, with up-to-date resources and as a reference point for practitioners within the field of psychosocial support. The centre has further developed its website, now hosted by the International Federation to make it more user-friendly and more visual. The short film on psychosocial support “Rebuilding Hope” is now accessible online, and used widely in presentations and trainings.

The PS Centre actively engaged in the Strategy 2020 drafting process and successfully argued that psychosocial support should be a cross-cutting theme within the Strategy. The centre also followed the revision of important policy processes within the International Federation, including the revision of the Sphere Guidelines and others, to ensure that psychosocial aspects are duly considered and incorporated where relevant.

Constraints or Challenges

With a mandate to service all National Societies, the PS centre's capacity remains limited and it continues to have to prioritize its resources when responding to requests from National Societies. The PS Centre recognizes the need to continue to strengthen its capacity for knowledge generation and knowledge management to effectively provide services to the National Societies.

Working in partnership

The most important partners of the PS centre are National Societies, and the centre continues to respond to requests for support from a large number of National Societies in the Middle East, Europe, Asia and Africa. Ongoing effort is made to further strengthen these partnerships and to expand the number to promote a better geographical balance. The PS centre also seeks to expand its partnerships with civil society organisations and regional initiatives. The centre made an effort to diversify and strengthen its resource base and a partnership strategy for resource mobilisation has been drafted.

The PS Centre continues to support and encourage regional psychosocial networks, and hosted a steering committee meeting of the the European Psychosocial Network in March. The centre is a member of the steering group of the new Mental Health and Psychosocial Support (MHPS) network as well as the IASC reference group on MHPS. A number of new partnerships are underway, including with the International Council of Sport, Science and Physical Education and the Regional Initiative for Psychosocial Care and Support for Children.

Looking ahead

As presented at the Steering Committee and Advisory Group meetings in May, new pipeline projects are sought to be implemented during the remaining part of the year, subject to availability of funds. Material on school-based psychosocial interventions will be compiled and the PS centre roster will be reconceptualised. Closer collaboration with the International Committee of the Red Cross on restoring family links will be explored further, and partnerships with other relevant organisations will be sought. The PS centre is currently exploring new channels of funding, including from the corporate and private sector as well as the European Union. Multi-year partnership agreements are also sought with existing and new National Society partners.

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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