Plan 2010-2011

International Federation of Red Cross and Red Crescent Societies

Health and social services

Executive summary

Thirty-one years after Alma-Ata, implementing Primary Health Care (PHC) at the community level remains a challenge. Worldwide, an estimated 14 million continue to die each year due to infectious diseases; more than 1 billion people still lack access to safe water; 2.6 billion people to basic sanitation; and many more suffer from malnutrition and disruption of livelihood. More than 500,000 women die each year in pregnancy or childbirth and still too many children die before their fifth birthday (WHO).

The past decade has also witnessed disasters causing the death of more than one million people. 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 the lack of access to health services.

These statistics and trends speak for themselves and emphasize the gravity of the situation.

But on the other hand, in this time of multiple-crisis, major gains have been recorded towards improving global health, as demonstrated by great achievements in measles and malaria mortality reduction and by the stabilization of HIV prevalence in some countries of the world. This has been made possible by working together on the implementation of comprehensive strategies, by adequate distribution of resources and by empowering communities.

To better support communities in developing resilience, we must focus more both on social determinants of health and on long-term programming, and move towards sustained investment in risk reduction and prevention. The financial arguments are even more crucial in this context of global economic crisis.

The International Federation and its National Societies, through its network of volunteers, its community-based approach, its expertise and experience, is actively contributing to this global aim. Around the world, hundreds of thousands of volunteers work in their communities promoting health, preventing diseases and demonstrating positive values through their action. In addition, Red Cross and Red Crescent societies play a unique role in their own national humanitarian contexts through their independent status and their formal auxiliary relationship to their national authorities or government ministries.

Working together, both with external actors and internally, is critical in order to address more effectively complex health challenges posed by humanitarian crisis. The International Federation has engaged in many solid partnerships with WHO and other relevant humanitarian organisations and agencies, as well as with other sectors active in health domains. Internally, the Health and Social Services department is implementing an integrated approach to community health which calls upon all sectors of the International Federation (including organizational development, principles and values and disaster reduction, response and recovery).

For the period 2010 – 2011, the Health and Social Services department in Geneva and in the five geographical 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

Millennium Development Goals (MDGs) and the four Global Agenda Goals, and is pursuing the following general objectives:

- ✓ To continue to promote the community health approach set forth in Strategy 2020 and in the Health and Care Strategy 2006 – 2010. This means to continue to prioritise our support to National Societies primarily in the areas of health promotion, community mobilisation, disease prevention and control, preparedness, first response and social care.

- ✓ In doing so, to work towards the integration of community-based health programming as opposed to vertical, disease-specific initiatives, bringing preparedness and emergency response in health in a continuum.

- ✓ To maintain a strong capacity to lead and coordinate major international relief operations in emergency health, water and sanitation.

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

- ✓ To work with partners to demonstrate the contribution of the International Federation in improving health and its social determinants.

In the coming year, priority support and services to National Societies in the field of health and social services will be in emergency health, in water, sanitation and hygiene promotion, in influenza prevention and pandemic preparedness, in community-based health and first aid (CBHFA), maternal, newborn and child health, immunization, in HIV/AIDS, malaria and tuberculosis (TB), in social care and voluntary non remunerated blood donation.

There will also be an increased focus on women – as decision-makers, as carers, and on the special needs of women and girls as individuals vulnerable to a given situation; on the results of our action – through systematic data collection and analysis; on advocacy and on partnerships.

The total 2011 budget is CHF 6.0m (Click here to go directly to the summary budget of the plan).

Context

The mandate of the Red Cross Red Crescent movement stipulates that health activities are targeting the most vulnerable and marginalised groups based on the Fundamental Principles of non-discrimination and respect for all. In addition, the declaration on *recurrent diseases and other public health challenges* of the International Conference of the Red Cross Red Crescent, November, 2007, underlines the necessity to strengthen health systems if we wish to accomplish sustainability.

Any of the above-mentioned priority domains are considering these two key elements in addition to demands formulated by National Societies based on needs and gaps analysis. Global and contextual strategies are then defined.

Emergency health

Infectious diseases still cause close to 14 million deaths every year (WHO). Respiratory infections account for four million deaths annually, with more than two million deaths for diarrhoeal diseases out of a total of 4.5 billion episodes estimated every year. Meningitis kills half of those infected. This is more than 340,000 deaths. Nine million cases of dengue fever are also recorded every year and yet, this rarely hits the news (WHO).

Effective preparedness for and response to health crisis related to disasters and epidemics remain central for the International Federation. Support to National Societies will be organised around emergency health expertise and capacity located in Geneva, Panama, Dakar and Kuala Lumpur with the aim to share knowledge and develop capacity at local, regional and global levels.

Water, sanitation and hygiene promotion (WatSan)
In the disaster management context, the need and the demand in most post-disaster scenarios continue to require significant and increasing Water, Sanitation and Hygiene Promotion components, especially as we see the trends towards increasing climate related disasters (especially flooding – World Disasters Report) and water and sanitation related disease outbreaks and threats (WHO). These increasing demands are exacerbated by an erosion of health service provision or capacity in many countries and increasing rapid unplanned urbanisation, conflict and migration (UNICEF/WHO).

In the chronic context, a significant number (880 million) of the worlds population have no access to an improved water supply and 2.6 billion have no access to sanitation, resulting in up to 2 million deaths among under fives annually (WHO/UNICEF).

To address this challenge, the International Federation's Global Water and Sanitation Initiative (2005-2015), in which over 60 National Societies are participating, is on target to deliver improved water and sanitation infrastructure while promoting self-reliance and behavioural change to 7 million beneficiaries by 2015 as its contribution to the water and sanitation related UN MDGs. The GWSI now has over 100 projects on-going in the Caribbean, Africa and Asia.

Influenza
Unexpectedly, a new influenza virus A (H1N1) was first detected in April 2009, and continues to infect people and spread from person-to-person in a similar manner as regular seasonal influenza viruses. Despite the widespread concern generated since the first outbreak, the severity of this H1N1 outbreak (in terms of illnesses and deaths) compared to other influenza viruses remains unclear. On 11 June 2009, the WHO declared phase 6[1] of the influenza A (H1N1) pandemic, which is characterized by person-to-person spread of the virus in at least two countries: in one of the WHO regions and at least one other country in a different WHO region.

Phase 6 does not describe the severity[2] of the sickness but the geographical spread among humans. The WHO has characterized the current Influenza A (H1N1) as moderate, but this can change over time. However, many other factors influence the overall severity of a pandemic's impact, such as today's highly mobile and closely interdependent societies. The same virus that causes mild illness in one country can result in much higher morbidity and mortality in another. As of September 11th 2009, the A (H1N1) strain is known to have infected 277,607 people and killed 3,205 in more than 170 countries all over the world.

The major concern is the uncertainty of how this new virus, for which most people have little or no immunity, will mutate, react with others and spread rapidly to become increasingly more severe, particularly in developing countries where poor nutrition and inadequate health infrastructure will exacerbate the impact of a new virus. Although world governments and international organisations are taking measures to address the current pandemic, there is no possibility to stop the pandemic which will reach almost all the world and affect an important percentage of the global population.

The International Federation is in a position to assist, mobilise, coordinate and train Red Cross Red Crescent National Societies and other civil society actors in pandemic preparedness activities. National Societies work closely with national and local authorities, the United Nations system and other partners. The aim is to integrate national and local pandemic preparedness plans and to adapt communication materials, guidance and training for volunteers and other civil society actors so that the capacity to prepare for and respond to a human pandemic is greatly increased at the community level.

In addition the H5N1 virus remains of particular concern for several reasons: it mutates rapidly, has a documented propensity to acquire genes from viruses infecting other animal species, and can cause severe disease in humans.

[1] http://www.who.int/mediacentre/news/statements/2009/h1n1_pandemic_phase6_20090611/en/index.html
[2] WHO, "Assessing the severity of an influenza pandemic"(12 May 2009)

First aid (FA) and community based health and first aid (CBHFA)
First aid education not only includes traditional first aid training and provision but, in the International Federation's definition (and First Aid Policy, adopted in October 2008), extends to basic injury prevention and promotion of healthy behaviour and lifestyles. It is with this in mind that the International Federation embarked upon the revitalization of Community Based First Aid (CBFA) in 2006, and has recently produced a new CBHFA *in action* curricula and approach. First aid knowledge and skills should be available to people from all walks of life without discrimination.

From a global perspective, next year, the International Federation's Secretariat will continue to support the introduction of CBHFA *in action* to National Societies through the few remaining regional workshops and provision of technical support and coaching to Zonal/regional Secretariat staff supporting its implementation. Ensuring that CBHFA maintains high quality standards while reaching the community level will be the priority. Requests for implementation support and National Society-specific coaching will be done in cooperation with Zonal/regional offices.

Maternal, newborn and child health (MNCH), and Immunization
Despite global progress in child survival (2007 marked the first year where childhood deaths fell below 10 million), more than 500,000 women die each year in pregnancy or childbirth and still too many children die before their fifth birthday (with 40% of childhood deaths occurring in the first month of life). Maternal mortality is among one of the MDG indicators to show the slowest progress and greatest gap between the rich and the poor. Developed regions report 9 maternal deaths per 100,000 live births compared to 450 maternal deaths in developing regions. Half of all maternal deaths (265,000) occur in sub-Saharan Africa and another third (187,000) in Southern Asia. In sub-Saharan Africa and South Asia child mortality is 29 times greater than in industrialized countries. Inequity of access to proper care and commodities for maternal and child health are staggering.

The International Federation and its member National Societies contribute to the MNCH-related MDGs (MDG 4: reduce by two-third the under five mortality rate; MDG 5: reduce by three-quarters the maternal mortality ratio, and; achieve by 2015 universal access to reproductive health) through a variety of component activities. Through their work in community-based health, National Societies are active in a range of MNCH-related issues, including promotion of exclusive breastfeeding, childhood vaccination, nutrition and safe motherhood, among others. This spectrum of involvement includes not only health promotion activities, but in exceptional cases covers access to antenatal care, operation of safe delivery facilities and provision of curative services. The International Federation, however, strives to contribute to MDG 4 and 5 through a community-centred approach that promotes household and community level engagement in the "continuum of care" from pregnancy through childhood.

Another particular concern is the re-emergence of some diseases that had almost disappeared, showing us that prevention measures must be of consistent high quality and reach all eligible populations. We are on the last stretch of eradicating polio but remaining pockets of wild poliovirus circulation threaten this historic achievement. In 2010, a polio outbreak in Tajikistan resulted in more than 450 polio cases and infected surrounding countries; more than 75 per cent of the 2010 global polio case count (at October 2010) were in this area; a region that had been certified polio-free in 2002. The International Federation, as a supporting member of the Global Polio Eradication Initiative (GPEI) will continue its contribution to the GPEI through involvement in polio campaigns and community-based activities to strengthen routine immunization.

Measles is also a good example of the need to remain vigilant despite great progress. Between 2000 and 2008, measles deaths in Africa were decreased by 92 per cent - a remarkable achievement. Global measles mortality was reduced by 78 per cent during the same period. However, 2010 witnessed measles outbreaks in more than 30 countries across Africa, underscoring the fact that until routine immunization reaches a certain threshold periodic vaccination campaigns will be necessary to prevent deaths. The long term involvement of thousands of Red Cross and Red Crescent volunteers across the world has been a significant contribution to the decrease in measles deaths to date. But at the heart of gains in vaccine-preventable disease reduction is routine immunization. Global routine immunization against measles rose from 72 per cent in 2000 to 83 per cent in 2008. As a MDG 4 indicator, proportion of 1 year-old children immunized against measles makes a significant contribution to reducing child mortality.

Immunization against a number of vaccine-preventable diseases has the potential to *further* reduce childhood mortality by 25 per cent. As a major component of maternal, newborn and child health, 2011 plans will continue to focus on community-based work to strengthen routine immunization and sustained involvement in the two highly successful global vaccination initiatives: the Global Polio Eradication Initiative and the Measles Initiative.

Malaria

Malaria is a preventable and treatable disease yet it continues to kill nearly 1 million people every year, primarily children under the age of five years. In 2006, there were an estimated 247 million malaria cases among 3.3 billion people at risk. Forty percent of the world's population is at risk of malaria. In 2008, 109 countries were endemic for malaria, 45 of which are found within the WHO African region.[3]

Malaria is both a cause and a consequence of poverty. Evidence has shown that malaria slows economic growth by 1.3% per year in African countries, resulting in an annual economic loss of 12 billion US dollars. In most malaria-endemic countries, the disease is the leading cause of visits to health facilities and death in hospitals.

The global community has committed to reducing disease and death due to malaria, as evidenced in the Roll Back Malaria 2010 targets and the 2015 Millennium Development Goals (MDGs).

Given the commitment to these targets by Ministries of Health and Roll Back Malaria partners, the past five years have seen an enormous increase in resources available for malaria prevention and treatment. A combination of tools and methods exists for preventing and treating malaria, including long lasting insecticidal nets (LLINs), artemesinin-based combination therapy (ACTs), indoor residual spraying of insecticide (IRS) and intermittent preventive treatment in pregnancy (IPT).

National Red Cross Red Crescent Societies, supported by the International Federation, have been participating in partnerships in their countries that pioneered the approach of integrating distribution of LLINs with mass measles vaccination campaigns or with mother-child health campaigns.

In 2008, the global health community called for a change from targeting malaria prevention to the most vulnerable populations (children under the age of five years and pregnant women) to targeting the entire population at risk of malaria. National Societies continue to play an important role in piloting new methods for LLINs distribution and supporting the Ministry of Health with Hang Up and Keep Up activities which are an important contribution for reducing the gap between ownership and utilization of bed nets. As a result of Red Cross and Red Crescent distribution campaigns of LLINs and follow-up household visits, since 2002 more than 289,000 malaria deaths have been averted, while 17.5 million people have been protected. In 2009, 9.1 million households or 33.7 million individuals will be reached by this programme.

HIV

HIV is still one of the major global public health problems. Currently 33 million people are living with HIV. As a result of the unprecedented global efforts, in some countries stabilization of HIV infection is being observed. However, the overall number of people living with HIV has increased as a result of the ongoing HIV infections each year and the beneficial effects of antiretroviral therapy. Sub-Saharan Africa still shoulders the lion's share of the global HIV burden with over 67% of all infections, 70% of the global deaths and 90% of the global orphan burden. Globally, nearly 4 million People living with HIV (PLHIV) are on ART but more PLHIV are still on waiting list. Concerted and intensified global efforts are needed for the expansion of combined prevention actions and systematic and coordinated ART roll out

The Federation through its expanded global network has been making efforts to complement governments' efforts by implementing comprehensive HIV programmes focusing its actions mainly at the community level reaching more people with prevention messages, rendering psychosocial support to PLHIV and family members, promoting adherence to treatment and reducing stigma and

[3] World Malaria Report 2008 (World Health Organization).

discrimination. In the last 4 years, in the sub-Saharan Africa alone, the Federation network has reached 31 million people with prevention messages supported nearly 300.000 PLHIV and 500,000 orphans with various livelihood components in a continuous manner. Intensified efforts are also underway for addressing gender related issues within the context of HIV.

Tuberculosis

Despite recent progress, Tuberculosis (TB) remains another important global public health problem. Nearly 9 million new cases occur each year and more than one and a half million deaths are due to TB. Multidrug-resistant tuberculosis (MDR-TB) is a particularly dangerous form, potentially incurable in many settings. Rates of MDR-TB are high in some countries and, coupled with the devastating effects of TB-HIV co-infection, threaten to undermine TB control efforts worldwide.

Until very recently, the approaches to TB care and control have been mainly focused on the essential public health and medical interventions with very limited scope to contribution by communities. The contribution to National Health Authorities by non–medical, often non-governmental staff, communities has been ignored by many sceptics involved in TB control. However, the experience gained reassured those at National and International level that participation of communities (community members, workers, volunteers) make remarkable changes in TB control, also from an economic viewpoint.

In this context, Red Cross and Red Crescent community-based programmes play a key role in global tuberculosis control efforts. They increase access to tuberculosis treatment for vulnerable and marginalized groups and ensure higher treatment completion through a “personalized” approach to patients, including provision of supplemental food and psychosocial support. Today, National Societies worldwide are addressing TB in their community-based health and care work, concentrating on the most vulnerable patients and the communities most at risk.

Social services

The Red Cross and Red Crescent National Societies’ commitment in working to improve the situation of the most vulnerable people offers the International Federation a solid basis for its involvement in social care and services.

National Societies’ involvement in social care and services varies from one place to another and from one period to another, depending on needs, circumstances and capacities. Social care and services must be seen and treated as a continuous and dynamic process, subject to the changes in the socio-political, cultural and economic characteristics of a particular society at any given time. The Social Welfare policy in 1999 has established the basis for some of these social care and related activities both in emergency response operations and in the implementation of long term development and social action in the field. These efforts are important to improve the social determinants impacting on health development.

Voluntary non-remunerated blood donation (VNRBD)

The International Federation will continue to build on its comparative advantage with all National Societies, as auxiliaries to government, advocating for vnrbd. The impact of safer blood based on vnrbd is significant because the achievement of four of the health related MDGs will be facilitated by efforts to attain universal access to safe blood.

- ✓ Reduce child mortality (MDG 4): Malaria, a major cause of life-threatening anaemia is one of the main causes of mortality among children aged 0-4 years with 8 per cent of all deaths in that age group. The availability of safe blood is a major factor in the successful treatment of children suffering from malaria.

- ✓ Improve maternal health (MDG 5): In developing countries, maternal conditions are the third leading cause of death among women between 14 and 44 years. Obstetric haemorrhage is responsible for 25 per cent of these deaths; and can only be managed where there are sufficient vnrbd to provide an adequate and safe blood supply.

- ✓ Combat HIV/AIDS, malaria and other diseases (MDG 6): Between five and ten per cent of HIV infections worldwide are transmitted through transfusion of contaminated blood and blood products.

Many more recipients of blood products are infected by hepatitis B and C viruses, syphilis and other infectious agents such as Chagas Disease. Patients who receive blood from voluntary blood donors have been shown to have a reduced risk of acquiring such infections.

- ✓ Develop a global partnership for development: the attainment of 100 per cent voluntary blood donation for any country brings with it sustainable long-term results for human development. The vital relationship between a country's voluntary blood donation programme and the capacity of its government and civil society to meet their broader responsibilities reflects the true value of voluntary blood donors in human development. For example, the growth of Club 25 Programmes – now present in at least 80 countries, whereby young blood donors play significant roles in both curative medicine and health promotion, makes for both an economical public health model and an extraordinary contribution to wider civil society.

Priorities and current work with partners

Proper coordination and mainstreaming of global programmes is vital in order to minimise the risk of losing focus and thus not being able to meet goals that are set.

First, coordination is taking place with member National Societies, planning and implementing health activities for the benefit of the communities. An increasing numbers of National Societies are using the principles set in the Global Health and Care strategy 2006 – 2010 to design and apply their own health and care strategies and activities. This is happening with intensive support, guidance and participation from the Secretariat of the International Federation.

Coordinating and partnering with Participating National Societies (PNSs) is also a key element. Once priorities and directions are set and agreed upon, they form a common ground for the International Federation and PNSs to create and advance common approaches and activities. PNSs are increasingly supporting multi-lateral health programmes both in emergencies and for the longer-term.

An additional vital partnership component is with other major players in the domain of health and social services. Those include UN bodies – and in particular WHO – international non-governmental organisations (INGOs), NGOs, academic and research institutions and governmental 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.

This plan summarises priority programme components under the health and social services programme. Additionally, separate plans have been developed for the following programme components:

- ✓ Measles and polio initiative – flexible funds to support national societies' activities in measles and polio directly
- ✓ 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.

Secretariat programmes in 2010-2011

Health and social services - general

a) The purpose and components of the programme

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

The Health and Social Services programme budget is CHF 6.0m.

Programme component
Component outcome 1 National Societies, their volunteers and staff, and International Federation staff at local, zonal and global level get appropriate guidance and tools in order to develop comprehensive health and social services programmes. **Component outcome 2** The International Federation and its member National Societies are recognised as a key community-based player in development.

b) Potential risks and challenges

The Mid-Term Review report of Strategy 2010 stated that 70% of the work done by National Societies was in health and care areas including health promotion, education and first aid. Due to the number of countries (187), the nature of the various agreements with governments and the environment specificity, these activities are numerous and diverse. If not focusing on priorities, the Health and Social Services Department run the risk to do a little bit of everything. Strengthening of Health and Social Services, when and where needed, in the countries, in the zones and in Geneva, remains a challenge.

Once Strategy 2020 will have been adopted by the General Assembly, there will be a need to revise the Health and Social Services Policy and to develop a new Health and Social Services Strategy accordingly. It is essential there is sufficient flexibility to allow National Societies to work independently to satisfy their specific needs and priorities. It is equally important that policies are not becoming lists of tasks and standards more appropriately addressed in operational guidelines which can be constantly updated when new evidence and research findings are available.

Positioning the International Federation and its member National Societies as a key player in Health and Social Services, as well as maintaining/developing key partnerships and alliances at global level remains challenging as number of humanitarian actors and competition in the domain is increasing. In 2010, there will be an increased attention on reporting on performance and results and also making good use of the available information for advocacy.

Role of the secretariat

Based on gaps and priorities identified by National Societies, the Health and Social Services department in Geneva and in the five geographical zones will support National Societies through guidance, expertise, technical and material support in the health and social services domains presented in this document.

a) Technical programme support

As requested by the Governing Board, the Health and Community Services Advisory Body undertook a comprehensive review of all the Health and Care policies and has recommended that, with the exception of the current first aid policy and a comprehensive new policy on promoting safe and sustainable national blood systems, there should be a single health and social services policy with associated operational guidelines. Work on this policy would begin early 2010 once Strategy 2020 has been approved.

The revision of the Global Health and Care Strategy will also start beginning 2010 taking into consideration the new Strategy 2020 and responses by National Societies to the latest Self-Assessment Questionnaire which indicated a high level of use of this strategy. The Health and Social Services department will lead this consultative process. A first draft is expected to be ready in May to be discussed during the “2011 Global Health Forum”.

During the next Forum the Health and Care department will also report on the global coverage of regional agreements for cooperation between the International Federation and WHO – the draft agreement for the last region to be covered, the Western Pacific region, is in preparation. For this occasion, the reviewed global agreement should be signed.

b) Partnership development and coordination

For the period 2010 – 2011, active partnerships with WHO and other organizations working in health and social services area will be strengthened and/or developed.

The International Federation and WHO have agreed to work towards the development of a stronger partnership both at the global level and in-country. The global agreement letter between the two organizations, which is in its fifth year, will be reviewed as planned. Concrete action will also be taken with the six MoUs between the Federation and WHO Regional Offices. Lessons learned from past experiences will be compiled and guidelines for National Societies and WHO in-country offices developed. These letters of cooperation provide a good opportunity for National Societies to strengthen their partnerships with governments and their communities. They can also be effective vehicles for humanitarian diplomacy and for further development of the auxiliary role of National Societies in the health and care field.

c) Representation and advocacy

The Health and Social Services Department will work with the Communication Department to better position the International Federation and its member National Societies as a key community-based player in development and will report on the International Federation contribution to the Millennium Development Goals (MDGs) and the Declaration "Together for Humanity" (IC 2007).

While all of the MDGs have implications for community health and safety, Goals 4 (Reducing child mortality), 5 (Improve maternal health), 6 (Combat HIV, malaria and other diseases) and 7 (Improve access to safe water and sanitation) have special importance. A baseline survey on our contribution to above-mentioned MDGs will be conducted the first part of 2010. Mother-and-child related issues and programming will be prioritised.

The Health and Social Services Department will also participate in a common effort to position the International Federation as a key player in strengthening community-based capacities to adapt to climate change. The International Federation's role in developing a culture of health promotion will be strengthened.

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Water, sanitation and hygiene promotion (WatSan)

a) The purpose and components of the programme

Programme purpose
✓ Respond effectively to *acute water and sanitation challenges*, mostly in times of crisis and disaster, where there is the urgency to provide basic needs to save lives, contain or reduce health threats and restore dignity. (Global Agenda Goals 1 and 2) ✓ Address *chronic water and sanitation challenges*, mostly related to the fact that a large proportion of the world's poor still does not have access to adequate safe water and sanitation, causing death, disease and loss of productivity. (Global Agenda Goal 3)

Programme component
Component outcome 1 Capacity building inputs to National Society water and sanitation *disaster preparedness and response,* providing technical direction, setting & maintaining standards and further developing standardised tools, coordinating & providing/facilitating specific and tailored training, monitoring and evaluation of outcomes and impact, knowledge sharing pre and post disaster.
Component outcome 2 Capacity building inputs to National Society *recovery and community resilience* efforts post-disaster

and increased incorporation of disaster risk reduction and climate change adaptation elements.
Component outcome 3 Capacity building inputs to National Society medium-to *longer term developmental* Water and Sanitation programming, setting and maintaining standards, further developing standardised tools especially in relation to climate change adaptation activities, coordination of partners, providing and facilitating specific and tailored training, monitoring and evaluating outcomes, progress, impact and knowledge sharing.

In the disaster management context, the need and the demand in most post-disaster scenarios continue to require significant and increasing Water, Sanitation and Hygiene Promotion components, especially as we see the trends towards increasing climate related disasters (especially flooding – World Disasters Report) and water and sanitation related disease outbreaks and threats (WHO). These increasing demands are exacerbated by an erosion of health service provision or capacity in many countries and increasing rapid unplanned urbanisation, conflict and migration (UNICEF/WHO).

All our interventions, in disaster management, recovery or longer-term developmental programming face risks and challenges both internal and external.

Internal challenges are often related to a lack of a clear strategy, roles and responsibilities for both internal and external partners, and a lack of implementation capacity – managerial, technical and administrative. We lack continuity and common purpose in our actions at times.

External challenges, and often beyond our control, are increasing economic and political instability, conflict and the threat of conflict, climate change and urbanisation.

Overall, to be better placed to address and incorporate these challenges in the planning process, we need to be more realistic in what we can achieve, the time scale that it takes, and accept the fact that quality and quantity of what we deliver may suffer as a result of both our internal and external risks.

Role of the secretariat

The Secretariat role in Water and Sanitation is to lead the strategic directions *primarily in capacity building* and cascading this through technical support, tools development and knowledge sharing to both 'host' and partner national societies, zones and regions.

a) Technical programme support

Human resources are our most vital resource – maintaining, expanding and improving the present network of National Societies' water and sanitation volunteers and staff, NDRT/RDRT, ERU teams and International Federation Water and Sanitation Delegates, Coordinators and Officers is vital to ensure and improve delivery.

Reflecting the planning process at field level during 2010-2011 we intend to continue support to the field to maintain the core group of 45 to 50 field based WatSan Coordinators, Delegates and Officers, and expand that group when required mostly due to operational demands and/or new longer term WatSan projects coming on line.

b) Partnership development and coordination

In the chronic context, a significant number (880 million) of the worlds population have no access to an improved water supply and 2.6 billion have no access to sanitation, resulting in up to 2 million deaths among under fives annually (WHO/UNICEF).

To address this challenge the *Federation Global Water and Sanitation Initiative (2005-2015)* is on target to deliver improved water and sanitation infrastructure while promoting self-reliance and behavioural change to 7 million beneficiaries by 2015 as its contribution to the water and sanitation related UN MDGs. The GWSI now has over 100 projects on-going in the Caribbean, Africa and Asia. It is through the National Societies' network active in the GWSI that the technical support and coordination function of the secretariat is delivered.

c) Representation and advocacy

The International Federation and its member National Societies are recognised as a major player in global water and sanitation *disaster preparedness & response*, reflected in the scale and frequency of emergency operations with Water and Sanitation components (International Federation DM statistics) and the International Federation's membership and interaction with global emergency response forums and mechanisms (Inter-Agency Group & WASH Cluster) which will continue. These forums provide a platform for our continued interaction with the other key WatSan players – both to represent the Federation position and capacity in the global context – promote the effective use of our National Society membership, staff and volunteers but also as a means to advocate for improved global disaster response – respecting the needs of the vulnerable. We share these forums with ICRC, UN, Oxfam and other large INGO's.

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Emergency health (EH)

a) The purpose and components of the programme

Programme purpose
✓ Respond effectively to acute health challenges in times of emergencies where there is the urgency to provide basic needs to save lives, contain or reduce health threats and restore dignity.

Programme component
Component outcome Enable National Societies' volunteers and staff and International Federation staff at local, zonal and global level to be more prepared in order to respond to natural disasters, health emergencies and epidemic outbreaks more timely, appropriately, and efficiently and apply increasingly agreed and standardised public health approaches and tool.

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 to epidemics. This is done by addressing the gaps in health service delivery and by helping develop stronger capacities on the regional, country and community level to be more prepared in order to respond to public health emergencies more effectively.

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

b) Potential risks and challenges

Risks to the implementation of a comprehensive and complimentary global programme on Emergency Health is in relative lack of appropriate human and material resources and in lack of global coordination of available resources.

The team of emergency health in Geneva, Panama and Kuala Lumpur is not complemented with more capacity in Africa and will need to have common and complimentary objectives and outcomes and be connected with strong technical reporting lines enabling it to work as one global team across the IFRC.

Role of the secretariat

a) Technical programme support

- ✓ **Support emergency operations:**
  The International Federation statistics show that from January 2009 until August 2009, 229 emergencies took place with 48 DREF operations and 10 Emergency appeals. The most frequent of which was floods (23%) then epidemics (14%).

Even though most of the Movement's response to health needs in emergencies is done by volunteers in their communities, there is still a significant proportion requiring either direct international intervention or some support from the Secretariat.

This is the main service provided by EH to NSs and beneficiaries. The EH in the Secretariat:

- Assists operations, appeals, and the Emergency Support Group (ESG) at the central and zone levels for major emergencies.
- Supports the deployment of DM tools (FACT, RDRT, and ERU).
- Provides technical advice to operation health coordinators.
- Supports HR process in emergencies.
- Coordinates information sharing within the movement and with other partners.

✓ **Development of Emergency Health, Monitoring, evaluation, and knowledge sharing**

Better and sustained knowledge collection, creation, and a culture of sharing will be pursued. This is crucial to establish new best practices and institutional memory. This includes:

- New approaches to health and epidemic risk reduction and early warning systems.
- Mechanisms to move from preparedness to response.
- Explore raising challenges (change in disaster trends, communicable diseases, etc) and establish best practices and standards.
- Epidemic and pandemic preparedness and response will be strengthened by the addition of a Senior Officer position in Geneva (This position will help capture the experience and lessons learned from the H2P project).
- Global planning for the future.

✓ **Capacity building**

The effort of increasing the International Federation and National Societies' capacity to respond more effectively to emergencies on all levels has been steadily progressing. While much work has been done, on levels such as the Field School, EH trainings to National Societies, the Epidemic Control for Volunteers manual, the development of ERU trainings and others, has resulted in many of the functions being implemented at the Zone level. Maintaining a global oversight, coordination, harmonisation, technical quality and sustainability assurance is crucial.

b) Partnership development and coordination

✓ **Development and integration of health components in DM**

This is ongoing work that includes technical support to DM tools development. These tools include ERUs, RDRT, FACT, the Field School, Emergency Response Items Catalogue (ERIC) and medical logistics, among others.

c) Representation and advocacy

It is of crucial importance to fulfil the expectations (both internal and external) for this function. This is the main service provided by EH to member National Societies. The Secretariat coordinates Movement-wide initiatives and efforts in emergencies and epidemics and represents the International Federation's position in internal and external forums. This includes the following:

- Coordinate and direct initiatives within the movement (ERU working group, Field School, etc)
- Represent the EH and participate in other Health and Social Services functions (long-term programmes, CBHFA, WatSan, etc) and other International Federation functions (support to DM, P&V, OD, etc).
- Coordinate efforts and initiatives taken in different Zones and regions to give a global and harmonised oversight.
- Fundraise for both long-term programmes and emergency operations within and from outside the Movement.
- Represent the International Federation in functions with external partners (WHO, UNICEF, INGOs, etc) and provide technical and coordination input (MERIT, ICG, GOARN, Global Health Cluster, etc).

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First aid (FA) and community-based health and first aid (CBHFA)

a) The purpose and components of the programme

Programme purpose
✓ Reduce mortality and morbidity caused by injuries and diseases by scaling up effective community based programmes and actions in health and first aid ✓ Develop community resilience and capacity in emergency health response by empowering and working with communities and volunteers in disease prevention and health promotion over a mid and long term development approach.

Programme component
Component outcome 1 National Societies are supported to effectively implement the CBHFA approach in order to reduce morbidity and mortality caused by injuries and health priorities through an integrated community based approach to disease prevention and health promotion.
Component outcome 2 National Societies are supported to effectively scale up and make quality first aid education and activities accessible to all in order to reduce morbidity and mortality caused by injuries and diseases.

The International Federation and member National Societies reaffirm their commitment to first aid and a community based approach to disease prevention and health promotion through integrated community health activities. First aid knowledge and skills should be available to people from all walks of life without discrimination. These skills and knowledge must be delivered according to international first aid guidelines and standard. It is most important that the experiences and knowledge of the National Red Cross and Red Crescent Societies in first aid is captured and the International Federation will remain in its key position as the leading first aid provider.

First aid education not only includes traditional first aid training and provision, but in the International Federation's definition (and First Aid Policy, adopted in October 2008), extends to basic injury prevention and promotion of healthy behaviour and lifestyles. It is with this in mind that the International Federation embarked upon the revitalization of Community Based First Aid (CBFA) in 2006, and has recently produced the new CBHFA *in action* curricula and approach. The curricula, supported by an integrated approach to community health which calls upon all sectors of the International Federation (including organizational development, principles and values and disaster preparedness and management) and health programmes, was developed out of a consultation involving more than 30 National Societies and numerous other partners. At the conclusion of 2009, almost 60 National Societies had participated in seven regional master facilitator workshops to learn about the revitalized approach and to use the materials in a hands-on workshop.

From the global perspective, in 2010-2011 the International Federation's Secretariat will continue to support the introduction of CBHFA *in action* to National Societies through the few remaining regional workshops and provision of technical support and coaching to Zonal/regional Secretariat staff supporting its implementation. Ensuring that CBHFA maintains high quality standards while reaching the community level will be the priority. Requests for implementation support and National Society-specific coaching will be done in cooperation with Zonal/regional offices.

Finalizing the CBHFA Monitoring and Evaluation framework, and its supporting tools, will also be a priority. It is critical that the International Federation shows its contribution and impact on lives saved, on reduction in morbidity and mortality and on common injuries and diseases among the most vulnerable communities. This can only be done with a sound reporting system and measurable baseline and endline evaluations. These results will contribute to achieving Global Agenda goal 2, and placing Primary Health Care again at the centre of the International Federation's work in health.

The Secretariat will continue to support the development of a global cadre of master CBHFA facilitators which can support implementation and provide coaching as close to the National Society level as possible. The International Federation will work to link expertise and experience across Zones/regions, and maintain the global perspective for larger lessons learned and feedback which may improve the CBHFA process and materials in the future.

b) Potential risks and challenges

- ✓ CBHFA is seen as a vertical programme rather than an approach to integrate different components of community health.
- ✓ Lack of commitment and persistence of host and partner National Societies in developmental programmes in health which demands long term strategies as well as volunteers' management and community development.
- ✓ Change of mind set and image of the organisation to be recognised not only as a humanitarian organisation in emergency but also engaging in development activities and preparedness in health.
- ✓ Lack of funding at the country level to support long term community health programmes.

Role of the secretariat

a) Technical programme support

Conclude first implementation round

- ✓ Complete the remaining regional workshops and follow up with Zones/regions as needed, providing specific support to National Society implementation as requested.
- ✓ Support PNS delegate workshops, sensitization workshops, and other requests as received.
- ✓ Ensure that the CBHFA *in action* minimum standards are adhered to by implementing National Societies and evaluated as outlines in the Implementation Guide.

Support to monitoring and evaluation and first evaluation

- ✓ Collect and consolidate existing monitoring and evaluation indicators to finalize a CBHFA M&E toolkit and support its introduction.
- ✓ Develop a global framework for 2011-2015
- ✓ Support a first evaluation to measure impact of the revitalized approach in at least two pilot countries.
- ✓ Record feedback and experience using the CBHFA curricula for future revisions.
- ✓ Explore evaluation collaboration possibilities with academic institutes/universities and develop a plan of action.

Develop a global resource pool

- ✓ Organize a consolidated CBHFA practitioner database.
- ✓ Continue to cultivate a global cadre of CBHFA facilitators at the zonal/regional/National Society level and utilize their capacity in trainings, programme support and peer reviews.
- ✓ Organise a meeting for National Societies to share good practices and document their first lessons learnt in CBHFA.
- ✓ Support development of other regional reference centres and operational alliances in community health and first aid.

Harmonisation and quality assurance

- ✓ Facilitate knowledge sharing in first aid education and collect coherent and relevant data.
- ✓ Support existing regional reference centre and networks to work towards harmonised first aid products and standards.
- ✓ Develop plan of action towards an International Federation international first aid certificate.

b) Partnership development and coordination

Harmonize different health initiatives in partnership

- ✓ Advocate and continue to work towards a harmonised community based and integrated approach in training and programming across the different health initiatives and other community based programmes in other departments.

- ✓ Work with different sectors and health programmes to ensure that coherent community health messaging and support is received across all International Federation health programmes.
- ✓ Continue to work on integrated approaches linking development and emergency response in health.
- ✓ Strengthen the International Federation's Secretariat and its members' role in community health with WHO in the areas of health promotion and primary health care.
- ✓ Strengthen the International Federation's Secretariat and its members with other partners in community development.

Partnership and international first aid guidelines

- ✓ Participate in the International Advisory Board co-chaired by the American Red Cross and American Heart Association in the evidence based research to finalise a consensus of science in first aid in 2010.
- ✓ Develop an International Federation international first aid guidelines based on the consensus of science, and support national societies to update their first aid education and practices.
- ✓ Work with internal or/and external institutes to develop research framework in first aid in particular in learning, retention and willingness of people trained in first aid to respond to critical incidents.

c) Representation and advocacy

- ✓ Document success stories in first aid with different target groups and different settings.
- ✓ Develop positioning papers to support National Societies in maintaining their leading position as the key first aid provider.
- ✓ Advocate first aid to be made accessible to different target groups and continue the celebration of World First Aid Day.
- ✓ Review the existing first aid policy and work towards updating it in the Movement.

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Maternal, newborn and child health (MNCH) and immunization

a) The purpose and components of the programme

Programme purpose
✓ Scale up the International Federation's work in maternal, newborn and child health in contribution to MDGs 4 & 5, in particular with an emphasis on promotion of routine immunization ✓ Reach all eligible beneficiaries with measles and polio vaccination during national and sub-national immunization campaigns

Programme component:
Component outcome 1 Harmonized Red Cross Red Crescent involvement in maternal, newborn and child health (MNCH) component areas through consolidated activities and increased involvement in global MNCH partnerships.
Component outcome 2 Reduced morbidity and mortality due to measles, polio and other vaccine-preventable diseases 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 and its member National Societies contribute to the MNCH-related MDGs (MDG 4: reduce by two-third the under five mortality rate; MDG 5: reduce by three-quarters the maternal mortality ratio, and; achieve by 2015 universal access to reproductive health) through a variety of component activities. Through their work in community-based health, National Societies are active in a range of MNCH-related issues, including promotion of exclusive breastfeeding, childhood vaccination, nutrition and safe motherhood, among others. This spectrum of involvement includes not only health promotion activities, but in exceptional cases covers access to antenatal care, operation of safe delivery facilities and provision of curative services. The International Federation, however, strives

to contribute to MDG 4 and 5 through a community-centred approach that promotes household and community level engagement in the "continuum of care" from pregnancy through childhood.

Despite global progress in child survival (2007 marked the first year where childhood deaths fell below 10 million), more than 500,000 women die each year in pregnancy or childbirth and still too many children die before their fifth birthday (with 40% of childhood deaths occurring in the first month of life). Maternal mortality is among one of the MDG indicators to show the slowest progress and greatest gap between the rich and the poor. Developed regions report 9 maternal deaths per 100,000 live births compared to 450 maternal deaths in developing regions. Half of all maternal deaths (265,000) occur in sub-Saharan Africa and another third (187,000) in Southern Asia. In sub-Saharan Africa and South Asia child mortality is 29 times greater than in industrialized countries. Inequity of access to proper care and commodities for maternal and child health are staggering.

Vaccination is one of the most cost-effective health interventions, and has the potential to reduce child mortality by up to 25%. It is estimated that immunization averts between two and three million deaths each year; with new vaccines in the pipeline and the GAVI Alliance making significant inroads to avail these vaccines to the poorest countries, prospects for improved child survival are encouraging. Promotion of routine immunization so that every child completes the recommended national vaccination series before their first birthday, as well as opportunities for supplemental vaccination through mass vaccination campaigns, is one of the core areas of the International Federation's work in child survival. Through its involvement with the highly successful Measles Initiative and Global Polio Eradication Initiative, the International Federation will remain an active partner in support to National Societies for their participation in national immunization campaigns. Provision of technical and financial support through the Global Measles and Polio Initiative (please see separate 2010-2011 Plan available at http://www.ifrc.org/docs/appeals/annual11/MAA0003211p.pdf) will enable National Societies to continue to play a lead social mobilization role in their national campaigns. Expanding this work to also explicitly include promotion of routine immunization and other community-based maternal and child health interventions will be the priority of the 2010-2011 plan.

b) Potential risks and challenges

There are both internal and external risks and challenges to the programme. Internally, the International Federation's work in MNCH has traditionally lacked coherence. With a range of activities falling with MNCH, the International Federation must make an effort to better consolidate our work in this critical area by mapping the various areas of our interventions and prioritize components for International Federation support.

In the area of immunization, we have learned that successful campaigns require strong technical support to the National Society for a short period in advance of the campaign. Sufficient technical support has been a challenge to secure in the past. This is a requirement for National Societies to meet their full potential for successful campaign social mobilization activities.

Externally, progress towards the MNCH-related MDGs (MDG 4 & 5) has been markedly slow in some indicators, particularly those related to maternal mortality. Despite partnership efforts, some regions are already forecasted to not meet the MDG goals in 2015. The challenge of maintaining momentum towards these important targets will be critical if real progress in reducing child and maternal mortality is to be made.

Additionally, successful global health partnerships such as the Measles Initiative are facing significant financial challenges during the current global crisis. For example, in 2009 the Measles Initiative reported a US$ 35 million gap for campaign activities. This directly affects the ability of partners to support Ministries of Health to hold high quality campaigns which avert outbreaks and support progress towards the GIVS goals. Unsustained funding is a great risk for partnerships such as the Measles Initiative.

Role of the secretariat

a) Technical programme support

Harmonization across MNCH components

- ✓ Work with International Federation partners to map the composite areas of its work in the MNCH "continuum of care".
- ✓ Liaise with other programmes implicated in MNCH (WatSan, Malaria, HIV and AIDS, VNRBD) to strategize on the International Federation's collective work.
- ✓ Support the continued integration of mass vaccination campaigns into promotion of routine immunization and other child survival interventions.
- ✓ Synthesize and work towards a harmonised community-based approach to MNCH through CBHFA.

Development of tools, guidelines and standards

- ✓ Develop and disseminate templates for use in vaccination 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.
- ✓ Map tools used by National Societies in their MNCH programming.
- ✓ Revisit the International Federation's Maternal and Child Health Guidance Notes for relevance to current International Federation programming and liaise with National Societies particularly active in MNCH programmes to identify gaps in guidance materials.

Development of evidence base

- ✓ Develop research opportunities and join partner evaluations to demonstrate added value of Red Cross Red Crescent National Society involvement in vaccination activities.
- ✓ Document experiences of National Societies in MNCH activities and increased partnerships and capacity building attributable to participation in these activities.
- ✓ Join ongoing research on civil society as a partner in MNCH and promotion of vaccination.

b) Partnership development and coordination

An important requirement for progressing on the MNCH portfolio will be to closely coordinate with member National Societies to map our scope of work and set International Federation priorities. The International Federation will also explore partnership opportunities, such as that with the Partnership for Maternal, Newborn and Child Health (PMNCH), to see if participation at this time is feasible.

This programme will maintain our active role in the two highly successful immunization partnerships, the Measles Initiative and Global Polio Eradication Initiative, both of which coordinate the global agenda towards their respective morbidity and mortality reduction, and eradication, goals. Coordination is done through means listed below, and primarily includes work with WHO, UNICEF, CDC, UNF, and Rotary International. Additionally, the GAVI Alliance, the global public-private partnership for immunization, will remain a key partner. The International Federation will continue its participation on the GAVI Alliance Civil Society Task, in coordination with the Norwegian Red Cross.

c) Representation and advocacy

One of the most important functions of the Secretariat is to represent the International Federation and advocate for the role of National Societies in global fora. In the area of immunization, there are a range of annual partnership events in which the International Federation should communicate the wide breath of National Society work. On a more routine basis, the International Federation will continue to participate in weekly meetings organized by the Measles Initiative and the Global Polio Eradication Initiative country support meeting to update partners and disseminate the latest information to International Federation zonal/regional offices and relevant National Societies.

Advocacy for the involvement of National Societies in immunization and MNCH activities and promotion of local level resourcing for this work, will also be a priority. This includes advocating for National Societies as partners in the GAVI Alliance civil society funding window.

To more effectively represent the International Federation's work in this area, the programme will collate results and experience of Red Cross Red Crescent for communicating to global immunization and MNCH partners (Partnering for Impact publication, lessons learned documents, etc) and continue to develop a research agenda on the Red Cross Red Crescent added value in immunization.

Representation in annual partnership meetings will include the following:

- ✓ Measles Initiative, Global Polio Eradication Initiative, GAVI Alliance and routine immunization teleconferences, coordination, management and advocacy meetings (Global Immunization Meeting, Regional Task Forces on Immunization, Strategic Advisory Group of Experts, GAVI Alliance Civil Society Task Team, etc.).
- ✓ The IFRC is now a member of the first GAVI CSO Steering Committee. A communication focal point is appointed part time to support its work.

Mobilisation and provision of flexible funds for National Society involvement in 2010-2011 measles and polio campaigns will be done through the Global Measles and Polio Initiative. Please refer to the separate document on this 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. Please see the Measles and Polio Initiative Plan 2010-2011 for more detailed information on vaccination campaign plans and support.

The International Federation, already known as a significant partner in immunization, will maintain its involvement in campaign and routine vaccination activities while exploring new opportunities in the critical area of MNCH. Active participation in bodies such as the GAVI Alliance will continue, while preliminary dialogue with other global health partnerships, such as the Partnership for Maternal, Newborn and Child Health (PMNCH) will be initiated. The International Federation's 2010 MNCH plan will aim to slowly broaden the organization's work in child survival and maternal health, retaining immunization as a key entry point, in order to better communicate our significant work in this very important area.

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Social services

a) The purpose and components of the programme

The Red Cross and Red Crescent National Societies' commitment in working to improve the situation of the most vulnerable people offers the International Federation a solid basis for its involvement in social care and services.

National Societies' involvement in social care and services varies from one place to another and from one period to another, depending on needs, circumstances and capacities. Social care and services must be seen and treated as a continuous and dynamic process, subject to the changes in the socio-political, cultural and economic characteristics of a particular society at any given time. The Social Welfare policy in 1999 has established the basis for some of these social care and related activities both in emergency response operations and in the implementation of long term development and social action in the field. These efforts are important to improve the social determinants impacting on health development.

These activities must promote the self reliance of 'beneficiaries' by working with the most vulnerable. Their involvement with the aim of empowering them and increasing their coping mechanisms includes their participation.

Advocacy to make sure that the more vulnerable populations have the right to access to preventive health and social care support is another key element.

Programme purpose
✓ Scale up the International Federation's work in social care and support in contribution to the reduction of vulnerability and impact on health and its social determinants.

Programme component:
Component outcome 1

Harmonised Red Cross Red Crescent involvement in social care and services through consolidated activities and increased involvement in global and national developmental partnerships, in particular with the organisations and governmental departments working with the more vulnerable groups.
Component outcome 2 Advocacy with the more vulnerable communities to assert their right of access to health and social care and related support.

b) Potential risks and challenges

The diversity of the national societies' activities in social care and support programmes may pose the key challenge in defining the scope of Secretariat's technical support. The funding and interest to this technical file remain uncertain as this area has not been followed up by the Secretariat for a number of years.

Role of the secretariat

a) Technical programme support

- ✓ Work with International Federation partners to map the social care and support activities organised by national societies.
- ✓ Liaise with other programmes and departments (organisational development and principle and values departments) implicated in social care and related activities to strategize on the International Federation's scope and positioning in this work.
- ✓ Support the continued integration of social care and support into existing community based health programmes.

b) Partnership development and coordination

- ✓ Work with internal partners to harmonise and work towards a harmonised framework in community based social care and support programmes.
- ✓ Document experiences of national societies in social care activities and identify key partnerships attributable to the successes of these activities.
- ✓ Identify and engage with partners working with affected population, health and social care and development organisations at global level.
- ✓ Develop research opportunities to demonstrate added value of Red Cross Red Crescent national society's involvement in social care support programmes.

c) Representation and advocacy

- ✓ Work with national societies to represent the International Federation and advocate for the role and contribution of their work in social care and support at the global level.
- ✓ Advocate for the right to access of the vulnerable populations to prevent measures, treatment and all relevant forms of health and social care.
- ✓ Raise awareness among the governments and public to reduce stigma and discrimination and address humanitarian needs and protection associated with the vulnerable groups requiring social care and support service.

d) Other areas

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Voluntary, non-remunerated blood donation (VNRBD)

a) The purpose and components of the programme

Programme purpose
The International Federation supports the advancement of global health security by promoting safe and sustainable blood systems, with a particular emphasis on promoting Voluntary Non-Remunerated Blood Donation (VNRBD) and advocating effective blood system governance and risk management.

With a focus on Global Agenda Goals 1 and 2, the Secretariat, in association with GAP (Global Advisory Panel on corporate governance and risk management for RC/RC blood services), has the following objectives for 2010-2011:

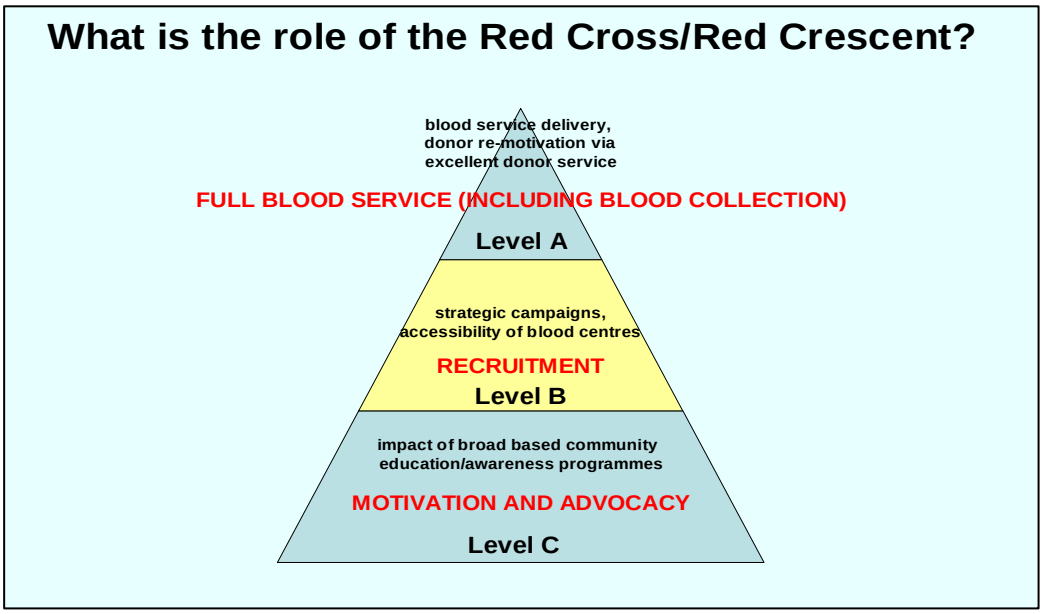
- ✓ Provide context specific development support in vnrbd for NSs.
- ✓ Promote best practices for recruitment and motivation of vnrbd.
- ✓ To develop/enhance partnerships to maximize available resources to promote vnrbd.
- ✓ To maintain the International Federation's leadership role in promotion of voluntary, non-remunerated blood donation in order to secure improved global blood safety and adequacy.

Programme component
A global framework for action to achieve 100 per cent vnrbd has been developed jointly by the International Federation and WHO: it forms an integral component of the International Federation's capacity-building toolkit for all National Societies. The framework outlines broad goals, strategies and action points that will enable countries move towards 100 per cent vnrbd and proposes a series of interlinking strategies and suggestions for concrete action at national and community levels to scale up vnrbd programmes with heightened commitment and support from governments, partners and other stakeholders in the following areas: 1. Creating an enabling environment for 100 per cent vnrbd 2. Fostering a culture of vnrbd 3. Building and maintaining a safe, sustainable voluntary donor base 4. Providing quality donor service and care

b) Potential risks and challenges

Risk management is clearly the most critical area for National Societies to address in blood service delivery including those National Societies with activities limited to vnrbd recruitment. While retaining autonomy and independence the relationship between National Societies 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. The strategies used to mitigate these risks in 2010-11 chiefly focus on a comprehensive mapping exercise conducted in close association with GAP to determine more precisely the level of involvement of National Societies in their national blood programme. Once it is determined exactly which National Societies are involved in the level B and C (focus of attention of the Secretariat) then appropriate support mechanisms can be offered to National Societies to help mitigate risk.

The following diagram shows the three main levels of National Societies' blood programme involvement; and the detailed ways in which GAP will address the risk elements have been outlined in a



recent comprehensive *Review of risk associated for National Societies involved in blood programmes*. But the single most critical tool in addressing the risk factors will be the implementation of a new 'blood policy'.

The second major way risks and challenges will be overcome is through the printing and production of an updated "development manual". The manual addresses key issues where a large number of National Societies, whether they are involved in blood services or vnrbd recruitment, face difficulties in meeting the required standards e.g. funding, management skills, corporate governance. Importantly, where a National Society chooses to withdraw from its blood services activities, guidance for implementation of an exit strategy will be included in the new manual. Risk management strategies would also be an integral component of the new manual and the intention is to have these resources available in hard copy to every National Society, having both the core of manual and additional interactive training-aids available to National Societies on the Internet.

In the last few years, there is also a big challenge to raise funds to support the vnrbd activities both at the global and national levels. This challenge is amplified with some unclarity in the organisation's overall commitment in terms of resources in risk management of blood safety.

Role of the secretariat

a) Technical programme support

The Secretariat offers National Societies a range of toolkits to assist in the promotion of vnrbd and these have been developed through a specially formed small working group comprised of experts with specialist expertise in education, motivation and communications. Technical support is also available for the important maintenance of global partnerships by sharing material production to support occasions such as World Blood Donor Day (WBDD). With its focus on young blood donors in 2010 and volunteers in 2011 WBDD affords all National Societies an advocacy tool to remind their governments of the role played by vnrbd in maintaining suitable levels of blood supplies as a routine element in any disaster preparedness plan. Technical toolkits to aid in donor motivation, recruitment and retention are thus part and parcel of the resources made available via the Secretariat. Collation of world best practice and distribution of same through our networks is an additional value-added service provided to those tasked with recruitment of vnrbd across all regions. This applies particularly to the sharing of best practice related to the Club 25 programmes which are now operating in more than 80 countries and proving to be a most economical model in terms of public health care by addressing needs of safer blood and also creating a culture of healthy lifestyles.

b) Partnership development and coordination

Maximizing available resources to promote vnrbd has always been one of the strengths of the Secretariat and over the last decade significant advances have been made towards 100 per cent vnrbd through the use of frugal resources but the employment of extensive partnerships. In line with the *S2020 goal of functioning effectively as International Federation* the Secretariat has an agreement with major stakeholders to explore new ways of furthering the WBDD partnerships which already embraces more than 150 countries and scores of National Societies. It will also work with GAP to ensure at a regional and national level there is an increased political commitment and support for ongoing promotion of VNRBD (including legal framework and policies). The strengthening and developing of relationships between key partners such as WHO, FIODS, ISBT will greatly help in the coordination of our global efforts to secure safer blood supplies based on vnrbd.

c) Representation and advocacy

Effective representation and advocacy for vnrbd will remain one of the hallmarks of the Secretariat's leadership in promoting vnrbd: and in keeping with *S2020 goal of pursuing humanitarian diplomacy to prevent and reduce vulnerability,* one of the key areas of value-added support to National Societies will be the sharing of knowledge directly related to the drawing up of memoranda of understanding deemed to be an essential element for any National Society involved in systematic recruitment of vnrbd. Formal agreements with governments outlining clarity in accountability and responsibility will be one of many vehicles used to help phase out paid and family replacement donation. And moreover, the International Federation's guiding principles in relation to vnrbd, based on the importance of the blood donation as

free gift and the special nature of the donor as a human being, will help protect the respect and dignity entitled to all donors, including those involved in cell, tissue and organ transplantation. Through the International Federation's leadership in vnrbd for more than 80 years the principles of generosity and goodwill have become enshrined in the original and most successful of all transplants – blood transfusion: it can be argued that this has led directly to the strengthening of these values in the wider society. But conversely where the donor or the donor's body becomes a mere object to plunder for 'spare parts', then the special nature of the donation as a gift is obviously undermined: any proposal for blood and other organs or tissues becoming a marketable commodity thus leaves society itself the poorer, and will be resisted in this period only through our pursuit in humanitarian diplomacy.

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HIV

a) The purpose and components of the programme

Programme purpose
The purpose is to scale-up the International Federation's efforts in support of national HIV and AIDS programmes to reduce vulnerability to HIV and its impacts, through three programmatic outputs: ➢ Preventing further HIV infection. ➢ Expanding HIV care, treatment, and support ➢ Reducing HIV stigma and discrimination. bolstered by a fourth enabling output: ➢ Strengthening National Society capacities to deliver and sustain scaled-up HIV programmes 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, reduce 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 three strategic aims described in International Federation's Strategy 2020.

Programme component
Component outcome 1: **Preventing further HIV infection –** This component focuses on implementing combined interventions at the community level in a scaled up manner to reach as many people as possible for preventing the spread of HIV in a community through attitude and behaviour changes and the use of protective measures. The results will be measured using previously set indicators.
Component outcome 2: **Expanding HIV care, treatment, and support –** This component involves providing care, treatment and support to People Living with HIV (PLHIV) and family members in collaboration with medical service institutions. National Societies will focus on delivering community based services based on a home-based care approach like palliative care, promotion of adherence to treatment, counselling, positive prevention and psychosocial support while the provision of anti-retroviral therapy (ART) will be conducted by medical institutions. The results of the component will be measured by previously set indicators.
Component outcome 3: **Reducing HIV stigma and discrimination –** This component involves conducting educational activities at family and community levels to reduce stigma and discrimination related to HIV/AIDS and the results will be measured using the previously set indicators.
Component outcome 4 **Building National Society capacity -** For effective delivery of planned programmes the capacity of

the National Societies must be strengthened. This involves conducting necessary trainings, logistic and normative support as per need. Senior management members, core technical personnel, support staff and volunteers will be targeted with appropriate capacity building measures. The results will be measured using the previously set indicators.

The International Federation's HIV Global Programme has adopted the Global Alliance approach on HIV, the first of the International Federation's new global alliances, launched on World AIDS Day 2006. The Red Cross Red Crescent Global Alliance on HIV 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 significantly scale up the International Federation's collective effort on HIV by 2011. Working modalities (based on the "seven ones principles") have also been developed to enhance cooperation and coordination, using both multilateral and bilateral approaches.

b) Potential risks and challenges

The main risks and challenges expected are related to the following:

- ✓ Mobilising sufficient resources at country level for the proposed scale-up programmes remains the main challenge to the International Federation's HIV global response.
- ✓ The lack of retention capacity of the already trained technical core staff at National Societies level. This erodes the capacities of the National Societies.

Role of the secretariat

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

a) Technical programme support

At the Zone offices and National Society levels, some core technical staff members are in place. There is need for further strengthening of their capacity. Thus the technical support from Secretariat will focus on the following:

- ✓ Improving their public health knowledge on programme development and planning within the context of Red Cross Red Crescent Global Alliance on HIV approach
- ✓ Improving the technical staff capacity in public health community based programme organization
- ✓ Strengthening programme performance tracking, mainly focusing on programme deliveries using the previously set reporting format
- ✓ Networking with government bodies and other potential organizations for resource mobilization
- ✓ Support in programme reviews and evaluations

b) Partnership development and coordination

The International Federation is one of the global actors in addressing the challenges of HIV. Effective implementation of HIV programmes requires establishing partnership with different organizations at global, regional and national levels which are centres of excellence on different aspects of HIV programme interventions. The establishment of partnerships and harmonization of concerted efforts will be realized in line with the set principles ("the seven ones") as described in the Red Cross Red Crescent Global Alliance on HIV manual.

c) Representation and advocacy

The International Federation is one of the globally recognized actors in addressing the challenges of HIV pandemic (UNGASS 2001 Declaration). We are required to share experiences gained and lessons

learned in community based intervention against HIV to other organizations and vice versa. This requires participation in different global and regional meetings and conferences. We are also required to advocate in different global forums on: scaling up the availability and accessibility of treatment for AIDS and related diseases; on scaling up HIV programmes and reaching the vulnerable segment of the population; and, on the promotion of human rights within the context of HIV etc.

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Malaria

a) The purpose and components of the programme

Programme purpose
✓ To reduce the number of deaths and incidence of illness related to malaria. ✓ To support communities and National Societies to improve the quality of malaria programmes and their capacity to reduce the burden of malaria.

Programme component
Component outcome 1 Immediate post-mosquito net distribution Hang Up and multi-year Keep Up activities integrated within community based health and first aid activities (where they exist).
Component outcome 2 Expansion of malaria-specific technical support provided to National Societies.
Component outcome 3 Chairing the Alliance for Malaria Prevention global malaria partnership.

b) Potential risks and challenges

The potential risks and challenges are both internal and external. Internally the decentralization process within the Secretariat is ongoing but questions remain in terms of staffing levels, funding support, reporting lines. At times the Secretariat's internal changes have taken our focus off the core function of responding to membership driven requests for support. Internally, the quality of programme delivery is uneven across National Societies and within National Societies malaria programmes. The quality and timeliness of financial and narrative reporting can be improved at all levels. Externally, stability in funding levels and the timing of contributions remain a challenge.

Role of the secretariat

The role of the Secretariat is to respond to membership requests for support in developing malaria programmes, technical support at different stages of the project cycle, and funding support. The Secretariat links its membership into the global malaria community via the Alliance for Malaria Prevention and Malaria Advocacy Working Group under the Roll Back Malaria Partnership (RBM).

a) Technical programme support

- ✓ In 2009 the International Federation has expanded technical support available at the Zone level and technical support available from the Secretariat. The focus of the Secretariat's technical support will be to build capacity at the Zone level.
- ✓ With the zones. timely and effective responses to National Societies requests for technical support is critical to ensuring Red Cross and Red Crescent malaria programmes can be delivered in a consistent and manner with high quality.
- ✓ With the zones, expanded exchange visits between National Societies implementation malaria activities and ensured community health–malaria focal points are recruited and funded in National Societies implementing large scale malaria activities.
- ✓ With the zones, a number of malaria "champions" have been identified and are available to provide National Society to National Society support.

- ✓ The International Federation will roll out the malaria toolkit with an English and French training in the last quarter of 2009.

b) Partnership development and coordination

- ✓ The International Federation chairs the Alliance for Malaria Prevention "Expanding the ownership and use of mosquito nets" (AMP). AMP is a work stream under the RBM partnership. AMP is a partnership of more then 35 government, business, faith-based, and humanitarian organizations. Key partners include: WHO, UNICEF, GFATM, CDC Atlanta, World Bank, USAID – President's Malaria Initiative.
- ✓ AMP focuses on supporting country lead efforts to achieve the RBM 2010 targets, 80 per cent coverage of population at risk from malaria, and the UN Secretary General's call for universal coverage with preventive interventions by 31 December 2010. AMP draws on its membership to respond to country requests for technical support in the planning, delivery, and follow-up, of malaria prevention activities. AMP also serves centre of expertise on mosquito net scale up, efforts to achieve and sustain high mosquito net usage rates, and methods to evaluate the effectiveness and impact of these programs. In 2009, AMP has conducted twelve technical support missions and rolled out seven trainings in sub-Saharan Africa with participants from more then twenty five countries.
- ✓ The International Federation closely coordinates with the Red Cross / EU Office on there Gates Foundation European advocacy project 2010 – 2011.

c) Representation and advocacy

The International Federation co-chairs the Malaria Advocacy Working Group (MAWG) within RBM.

The purpose of the MAWG is:

1) to provide strategic counsel to the RBM Partnership and RBM Partnership Secretariat on advocacy;
2) to generate or facilitate the production of timely, accurate information materials and tools for use in advocacy, as well as up-to-date information on opportunities for effective advocacy;
3) To ensure wide dissemination of accurate information on resource allocations to inform the malaria community of current status and improve accountability both by donors and implementers.

In addition to work on the MAWG, the International Federation and its member National Societies participate in annual RBM sub-regional meetings and relevant malaria meetings.

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Tuberculosis (TB)

a) The purpose and components of the programme

Programme purpose
✓ Scaling up and coordinating the International Federation's global response to TB, a major public health problem, through promoting and advocating for National Red Cross and Red Crescent Societies to become credible players in TB control programmes at country and regional levels.

Programme component:
Component outcome 1 Well-facilitated coordination of TB activities by National Societies to achieve and demonstrate an added value to the International Federation's global efforts to stop TB;
Component outcome 2

Provide technical support and guidance to further build the capacity of National Societies and participate in TB control efforts. To support the role of civil society, affected communities and people living with TB.
Component outcome 3 Ensure full integration of TB with HIV and other community health activities.

b) Potential risks and challenges

In order to contribute to Global TB burden and demonstrate the impact, the International Federation, individual Red Cross and Red Crescent Societies should consolidate collective efforts, coordinate activities and work in partnership.

- ✓ Better financial, human and technical resource mobilisation strategies need to be developed at country, regional and global levels.
- ✓ Quality assurance, coordination, monitoring and evaluation of programmes need to be improved.
- ✓ Better partnership with health authorities, other partners and primarily with communities are essential.

Role of the secretariat

To ensure that International Federation policy, strategy and advocacy in the area of tuberculosis is built upon a good technical knowledge base, awareness of developments in other organisations and broader trends in the international environment.

TB programs supported and coordinated by the International Federation are people-centred: they focus on rapidly scaling up services to reach people quickly and to dramatically reduce illness and death, while in parallel building sustainable systems within National Societies over time. The way program results are measured and monitored mirrors this: it counts real people receiving services relevant to preventing or treating an infection from TB.

a) Technical programme support

As the International Federation has no international field staff experts in TB, the technical aspects of programmes mainly relies on the TB health officer in the Secretariat and experts of the Global Red Cross and Red Crescent TB Working group from around 15 National Societies. The working group is coordinated by the TB Health Officer.

Together with experts from the working group, the International Federation will promote and support the National Societies to become members of National Stop TB partnerships and coalitions with the support of the Global Stop TB Partnership; Will develop policy, strategies, operational guidelines, quality control and key messages related to tuberculosis and its integration with HIV and other community based programmes.

b) Partnership development and coordination

The International Federation's way of addressing TB and MDR-TB is built through active partnerships that include the private sector. The International Federation actively collaborates with the Stop TB Global Partnership, WHO offices and other major stakeholders. The International Federation continues to chair the selection committee for the STOP Partnership supported grants for programmes by civil society organisations and to be a member of WHO training collaboratives on trainings on TB and working groups on MDR-TB. All This allows National Societies to have a stronger position in different mechanisms to address TB and improve the quality of TB programmes.

c) Representation and advocacy

The International Federation will further build close professional partnerships with key stakeholders in TB at the global level. The Health and Social Services department will continue to represent the International Federation as a member of the Stop TB partnership through participation in different initiatives for World TB Day, TB advocacy and visibility events. It will continue to lead efforts to promote the existing models of global partnerships that are reflected in programmes at country level.

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Influenza

a) The purpose and components of the programme

Programme purpose
Program Goal To contribute towards minimizing human morbidity and mortality, social disruption and related suffering caused by emerging influenza epizootics and/or a human influenza pandemic. **Specific Objectives** 1. To develop preparedness plans and mechanisms for community resilience in the areas of public health, food security and livelihoods. 2. To strengthen the capacity and competency of relevant staff and volunteers and civil society organizations to carry out community level pandemic preparedness activities. To develop well functioning coordination mechanisms at all levels with national, regional and international stakeholders.

Programme component
Component outcome 1 **Baseline analysis and quick mapping in-country resources is conducted –** A baseline analysis (VCA) and mapping of available human resources and their areas of coverage which should include roles and responsibilities of the available international and local organizations for response in the event of an influenza pandemic.
Component outcome 2 **Networking is developed –** A network of organizations and agencies capable of supporting a district/community-level response to pandemic influenza. Partnership is an official form of networking.
Component outcome 3 **A country plan is developed** - An operational country plan is developed and promoted as the cornerstone of this H2P initiative. The plan reflects and is based on the original Governmental National Pandemic plan; it describes the roles and responsibilities of different stakeholders including geographical capacity. The coordination mechanisms are described as well as the available media and their uses. Action points for testing the plan in different places are suggested then; the plan will regularly be updated with the results.
Component outcome 4 **A mapping is designed -** Data is collected from stakeholders on partners' activities and the mapping analyses and updates it, and in cooperation with the stakeholders develops coordination mechanism which reflects overall capacities of different actors. This information is reported to the International Federation on a regular basis.
Component outcome 5 **Tools and Messages are adapted –** Adapted key messages at the national, community and household level, adapt and develop guidelines and protocols in the area of health, food security and livelihoods.
Component outcome 6 **Training of first responders are delivered –** A cadre of trained community level authorities, staff and volunteers, to include political, religious, health, and other social service officials in order to transfer to them the skills they will require to lead an effective humanitarian response to pandemic influenza.

REMARK: The Influenza programme is coordinated by the Influenza Unit in the International Federation's Secretariat with the support of Zone coordinators and the assistance of International Federation field programme managers who are based at Zone, regional offices or national delegation. The implementation of the programme is done at country level. Therefore, it is the responsibility of Zones and National Societies to include the influenza programme in their respective plans 2010-2011.

b) Potential risks and challenges

Financial reporting from NS:
This will continue to be a challenge as most National Society expenditures are incurred in their field offices. The International Federation has already taken a few steps to address this:

- ✓ Each National Society is required to hire a dedicated accountant for the H2P project
- ✓ Zone staff have been trained on the International Federation's obligations to donors

Unexpected events:
This includes political instability, leadership changes and unsuccessful hires within National Societies that slowed down programme implementation in several countries. These issues are addressed on a case-by-case basis.

Sustainability beyond H2P funds:
An additional challenge concerns the need for sustained awareness and readiness beyond pledged funds expire. The International Federation will pursue strategies to ensure National Societies are prepared and that community preparedness plans are up to date, well known and evolving with changing context.

Role of the secretariat

a) Technical programme support

Globally, the Secretariat will provide technical support in producing generic guidelines, messages, procedures, and training curricula as part of the overall programme design. The Secretariat also provides technical assistance to Zones, particularly in the area of management and project planning, and to National Societies during the project planning, implementation and evaluation.

Technical assistance on global programme design issues is provided through working groups, who report to an inter-agency Operations Committee, chaired by the International Federation.

- ✓ The Health Working Group and Surveillance sub-Working Group
- ✓ The Food Security and Livelihoods Working Group
- ✓ The Communication Working Group
- ✓ The Country Plan Working Group
- ✓ The Assessment Working Group

In-country technical assistance will be provided by Zones, the latter supported by Senior Officers who will provide training, monitoring, orientation of H2P standards, and ensure smooth running of the programme in line with donors requirements.

b) Partnership development and coordination

The International Federation is closely working with the United States Agency for International Development (USAID), DFID, the United Nations System Influenza Coordination (UNSIC), WHO, UNICEF, UN OCHA, as well as H2P Partners. The International Federation is a member of the UN system Inter-agency Technical Working Group on Influenza, which discusses key strategic and operational issues. Through the H2P Programme, the International Federation aims to reinforce these partnerships in countries of operation.

The International Federation is considering developing new partnerships with different organisations such as WFP, to anticipate coordinated food security activities and UNICEF to strengthen message dissemination to children.

Within the Movement, the International Federation will develop with the ICRC a common strategy to support communities in conflict areas, ensuring increased access to pandemic preparedness messages.

The International Federation has set up and will maintain several mechanisms to facilitate coordination among partners and within the Secretariat at the global and country levels, including:

- ✓ Partners Meeting
- ✓ Operations Committee
- ✓ Zone Technical and Coordination Meetings
- ✓ Working Groups

c) Representation and advocacy

Through its large network of partners, the International Federation will ensure participation to various conferences, meetings and workshops to enhance its representation globally on influenza preparedness issues.

*NOTE: In 2011 the Influenza Unit in Geneva will be dissolved and the experience and lessons learned from the project will be integrated into the department and the inclusion of a Senior Officer position in the WatSan and Emergency Health Unit.

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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 social services approach of the International Federation while thriving 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 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 International 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 social services department will ensure quality and accountability of its and National Societies programmes through:

- ✓ Support to country offices in active programme monitoring together with the five zones.
- ✓ Continuous improvement and adaptation of health indicators for the different programmes.
- ✓ Support to data collection from field activities both in long-term and emergencies to establish programme outcome and impact.
- ✓ Evaluation of our contribution to MDGs achievement.
- ✓ Development of best practices both within the International Federation and with other specialised actors such as WHO.
- ✓ Evaluation and lessons learned to be created both internally and with independent parties to participate to the learning process.
- ✓ Coordination and partnership 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.

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