



# MDGs

In support of  
the Millennium  
Development Goals

Activities of the International  
Federation of Red Cross and  
Red Crescent Societies



International Federation  
of Red Cross and Red Crescent Societies

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*Sustainable recovery - development*

# Millennium development goals

## International Federation Strategy 2010

*Voluntary service*

**Health and care**

*Linking state, civil society and community*

*Community action*

**Disaster management**

*Social mobilization*

*International representation*

**Fundamental Principles and humanitarian values**

*Inter-agency partnership*

*Locally focussed, globally connected*

*Global network*

The International Federation, its 183 member National Societies and its Secretariat have an important role to play in mitigating the impact of natural disasters and the most pressing public health challenges, overcoming the obstacles of communities' access to basic health services. The International Federation's worldwide volunteer base, doubled with its public auxiliary role with national governments and its ability to broker partnerships provide the basis for the Red Cross Red Crescent to have a major impact in contributing to the achievement of the Millennium Development Goals.

The International Federation has come up with a Global Agenda which will focus and align the work its worldwide network in order to scale up to deliver the Federation's Strategy 2010 and demonstrate strong leadership, increase the quality and reach of programming; and contribute to global initiatives such as the Millennium Development Goals.

The Global Agenda sets out four main goals:

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

In consultations there has been wide acceptance of these proposed goals and their value as a means to show how our National Societies' domestic and international work contributes to our impact as a global network.

The proposed goals reflect our work both in response in times of crisis, but also longer-term development work to reduce vulnerability, prevention, and build capacity.

We hope this document will help to illustrate the importance and unique comparative advantages of the work of our volunteers through our programmes worldwide and how our global Federation is and will continue to contribute to the achievement of the Millennium Development Goals.



Ibrahim Osman  
Deputy-Secretary General

# Foreword

# Overview of the Millennium Development Goals, their targets and their relations to activities

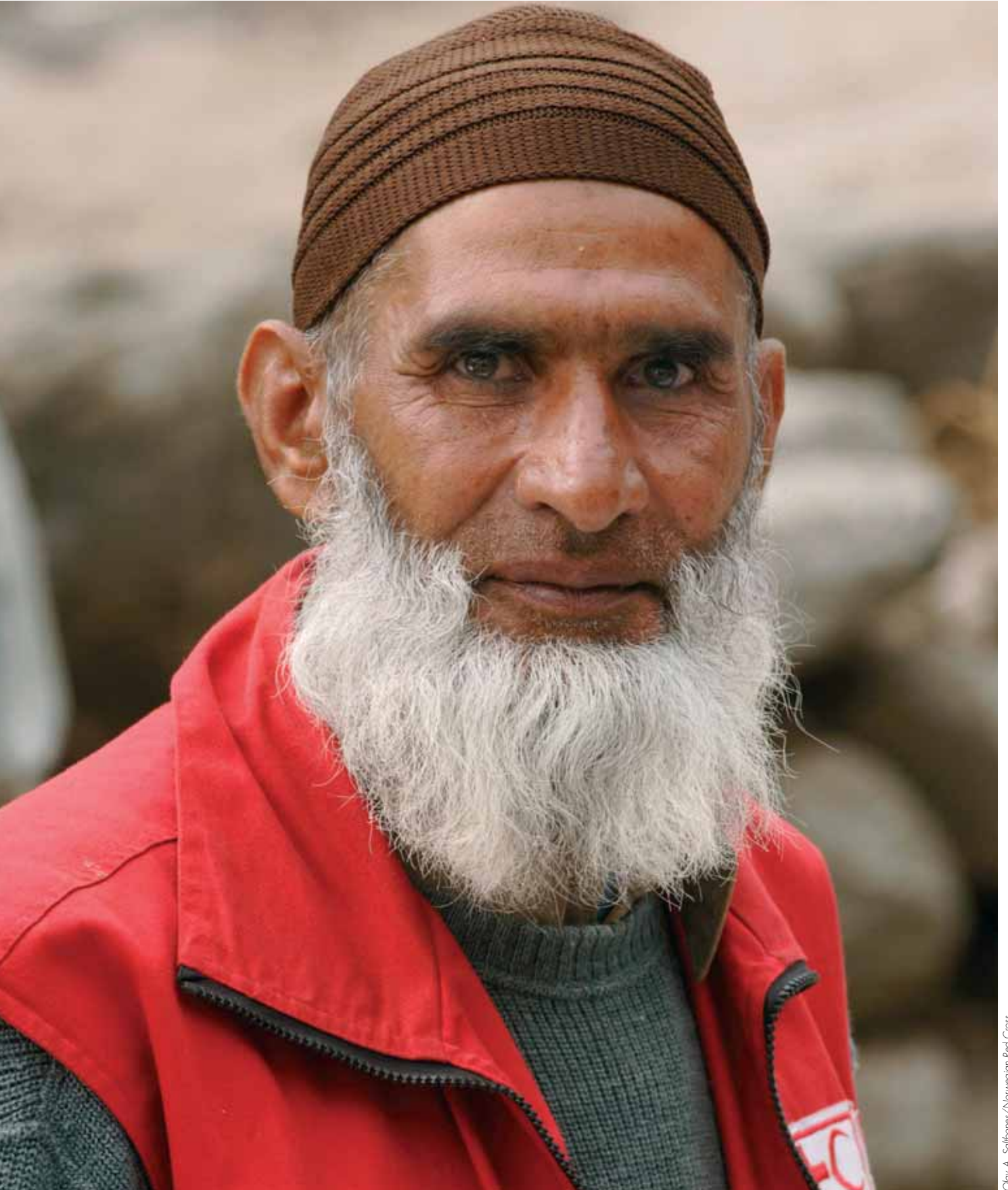
**Table 1: The MDGs and their relation to Red Cross Red Crescent activities.**  
The targets given here are abbreviated. For more detail, see Annex 3, page 61: Full text of the Goals, targets and indicators.

Millennium Development Goals	Targets	Red Cross Red Crescent activities
All Goals (and the Millennium Declaration)	All targets	All MDGs relate to extreme vulnerability, the key focus of all International Federation and national society programs.
<b>Goal 1 Eradicate extreme poverty and hunger</b>	Between 1990 and 2015: 1 Halve the proportion of people whose income is less US\$1/day 2 Reduce by half the proportion of people who suffer from hunger	<ul style="list-style-type: none"> <li>Income generation projects, skills and vocational training, micro-credit, run within Disaster Management (DM), Health and other</li> <li>Disaster Management: Food security programs, agricultural training</li> </ul>
<b>Goal 2 Achieve universal primary education</b>	3 Ensure that all boys and girls complete a full course of primary schooling by 2015	<ul style="list-style-type: none"> <li>Providing education facilities in disaster situations</li> <li>Water and sanitation projects – essential to keep schools open</li> <li>Literacy programs for girls and women</li> <li>School fees and other support for orphans and other children made vulnerable by HIV/AIDS</li> </ul>
<b>Goal 3 Promote gender equality and empower women</b>	4 Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015	<ul style="list-style-type: none"> <li>“Humanitarian values” activities to reduce discrimination, promote tolerance and diversity</li> <li>Skills training and other income generation projects for women</li> <li>Sexual and reproductive health programmes</li> <li>Water and sanitation allows women to take part in economic and social life, instead of fetching water</li> </ul>
<b>Goal 4 Reduce child mortality</b>	5 Reduce by two-thirds the under-five mortality rate, between 1990 and 2015	<ul style="list-style-type: none"> <li>Measles, malaria and polio campaigns</li> <li>Support to government integrated child health programmes</li> <li>Child health programmes and centres</li> <li>Training traditional birth attendants (TBA) and Community Based First Aid (CBFA) volunteers</li> <li>Water and sanitation and blood donation programmes</li> </ul>
<b>Goal 5 Improve maternal health</b>	6 Reduce by three quarters the maternal mortality ratio, between 1990 and 2015	<ul style="list-style-type: none"> <li>Maternal health care programmes and centres in many countries</li> <li>Volunteer traditional birth attendants (TBAs) and CBFA trained in maternal health care</li> <li>Water and sanitation and blood donation programmes</li> </ul>
<b>Goal 6 Combat HIV/AIDS, malaria, and other diseases</b>	7 Have halted and begun to reverse the spread of HIV/AIDS by 2015 8 Have halted and begun to reverse the incidence of malaria and other major diseases by 2015	<ul style="list-style-type: none"> <li>HIV/AIDS and TB programmes national and international levels, focused on (1) reducing stigma; (2) prevention; (3) care and treatment</li> <li>Other diseases: related programmes worldwide (see Goal 4)</li> <li>Water and sanitation and blood donation programmes</li> </ul>



# Development Goals, with Red Cross Red Crescent

Millennium Development Goals	Targets	Red Cross Red Crescent activities
<i>All Goals (and the Millennium Declaration)</i>	<i>All targets</i>	<i>All MDGs relate to extreme vulnerability, the key focus of all International Federation and National Society programs.</i>
<b>Goal 7</b> <b>Ensure environmental sustainability</b>	9 Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	<ul style="list-style-type: none"> <li>• Many risk reduction programmes include environmental sustainability aspect</li> <li>• Advocates for incorporating risk reduction in national disaster plans</li> <li>• Disaster response aims to minimize environmental damage, in cooperation with UNEP</li> </ul>
	10 Halve by 2015 the proportion of people without sustainable access to safe drinking water	<ul style="list-style-type: none"> <li>• Many International Federation and National Society programmes worldwide, both in emergency and development context, with plans to greatly increase developmental water and sanitation by 2015</li> </ul>
	11 Achieve significant improvement in the lives of at least 100 million slum dwellers by 2020	<ul style="list-style-type: none"> <li>• National societies extend their health, disaster management and anti-discrimination activities across the entire country, including slums</li> </ul>
<b>Goal 8</b> <b>Develop a global partnership for development</b>	12 Develop further an open, rule-based, predictable, non-discriminatory trading and financial system	<p><b>Targets 12-15 of this Goal are not areas in which the International Federation usually works; however some general observations are relevant:</b></p> <ul style="list-style-type: none"> <li>• The main strategic objective of the International Federation in Strategy 2010 is to work in partnerships</li> <li>• The Red Cross Red Crescent is a global network of humanitarian partnerships that can facilitate other partnerships for development</li> <li>• Many UN agencies and other humanitarian organizations have formalized their partnership with the International Federation at regional and international levels.</li> <li>• National Societies are national organizations, already working in the countries with special needs mentioned in targets 13 and 14. In collaboration with the International Federation they are trusted partners for donor countries</li> </ul>
	13 Address the special needs of the least developed countries (access for exports, debt relief, more generous ODA)	
	14 Address the special needs of landlocked countries and small island developing states	
	15 Deal comprehensively with the debt problems of developing countries, make debt sustainable in the long term	
	16 In cooperation with developing countries, develop and implement strategies for decent and productive work for youth	
	17 In cooperation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries	
	18 In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	





This document examines the relation between the activities of the International Federation of Red Cross and Red Crescent Societies and the areas covered by the Millennium Development Goals (MDGs). It illustrates that, in principle and in practice, there are many close links between the work of the Red Cross Red Crescent and the activities that need to be carried out if the Goals are to be achieved by 2015.

## Principles

Section 1 of this document outlines why Red Cross Red Crescent activities support the Millennium Development Goals. The International Federation's strategic plan for the first ten years of the Millennium (Strategy 2010) shares common concerns with the Millennium Declaration, the origin of the Goals. These include that, in the new Millennium, globalization should not bring further poverty and inequity, and that the harmful effects of increasing urbanization, environmental degradation and the spread of infectious diseases should be combated in a sustainable way. Most importantly, both documents also share a belief in the importance of protecting human dignity by tackling the vulnerability of individuals and communities as the solution to such problems.

This document does not suggest that the International Federation or National Societies should change the way they plan and carry out their work to fit in with the MDGs. Strategy 2010, along with other internal planning processes, will remain the key framework. However, suggestions are made for each Goal of ways in which National Societies could collaborate further with their governments and with UN and other humanitarian agencies, in order to meet both the objectives of Strategy 2010 and the targets of the MDGs.

### Principles into practice

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The central focus of the document is that National Societies are an essential, established and natural partner to help governments meet their commitments to achieve the Goals. There are two main reasons:

#### 1) National Societies are locally focused and globally connected

National Societies make up the world's largest global humanitarian network of national voluntary organizations, working at the community level. The community-based volunteers that characterise many National Societies form a unique bridge between government, civil society and vulnerable people in the community, an essential missing link needed to be able to achieve the Goals. Through the International Federation, they have access to an international level of support, advice and representation, as well as potential partnership with millions of members and volunteers around the world.

#### 2) National Societies have a unique status supporting the humanitarian services of governments

National Societies are unique in having the status of *"auxiliaries in the humanitarian services of their government."* This status means that National Societies have a legally defined relationship with their government, based on supporting its humanitarian work, established in international humanitarian law, and the national legislation of each state.

# Executive summary

## Practice

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Section 2 of the document gives a detailed account of which activities of the International Federation and National Societies contribute to each of the MDGs. It looks both at activities which directly contribute to the Goals and those which support the Goals and their targets more indirectly – often along the lines of the priorities identified by the UN-appointed Task Forces studying how the Goals can be achieved.

Because the Goals are interdependent and interrelated, as are the core areas of Strategy 2010, there are a wide number of correlations and links between aspects of the core areas, the Goals and their targets. A brief summary of some of the most common and relevant links between the core areas and the Goals and their targets are given below.

### Promotion of the Movement's Fundamental Principles and humanitarian values

- **The Millennium Declaration's "essential values": "equality" and "tolerance."** These values are echoed in the International Federation and National Societies work on fighting discrimination and intolerance and promoting respect for diversity
- **All Goals.** Based on the principle of impartiality, Red Cross Red Crescent programmes strive to ensure that benefits reach all without prejudice. Activities that aim to reduce discrimination are crucial to ensure that the most vulnerable also benefit from the MDGs.
- **Goal 3: Promote gender equality and empower women.** Reducing discrimination initiative and the promotion of diversity; the International Federation's gender policy aims to build gender equality into all programmes.

### Health and care in the community

- **Goal 4: Reduce child mortality, Goal 5: Improve maternal health.** Programmes on women and children's health, malaria, measles, polio, tuberculosis, blood donation, water and sanitation.
- **Goal 6: Combat HIV/AIDS, malaria, and other diseases.** Programmes worldwide on HIV/AIDS and tuberculosis, malaria, measles, polio, water and sanitation, blood donation.
- **Goal 7: Ensure environmental sustainability (Target 10: access to safe drinking water and basic sanitation).** Water and sanitation programmes, especially Global Water and Sanitation Initiative (GWSI) – scaling up developmental programmes; Target 11: improve the lives of slum dwellers: community based health, HIV/AIDS, malaria and TB programmes in slums.
- **Goal 8: global partnership for development (Target 17: access to affordable, essential drugs).** Support for antiretroviral treatment (ART) and tuberculosis (TB) treatment, advocacy for increased access.
- **Goal 1: Eradicate extreme poverty and hunger.** Health programmes contribute to this Goal because ill health can cause and worsen poverty and hunger.
- **Goal 2: Achieve universal primary education.** Health and water and sanitation programmes keep schools open and allow children to attend school.

## Disaster management: Disaster preparedness and disaster response

- **All Goals.** Disaster risk reduction activities contribute to all Goals by protecting the progress made towards their achievement through development activities. Relief, recovery and rehabilitation programmes allow communities to rebuild livelihoods and for development programmes to continue.
- **Goal 1: Eradicate extreme poverty and hunger.** Food security, income generation and other risk reduction programmes stabilize livelihoods, reduce vulnerability and promote growth.
- **Goal 2: Achieve universal primary education.** Providing infrastructure support for schooling in disaster situations.
- **Goal 3: Promote gender equality and empower women.** Disaster management programmes protect women from disproportionate disaster impacts and provide opportunities for social empowerment.
- **Goals 4 and 5: Reduce child mortality/Improve maternal health.** Disaster risk reduction and disaster response activities address the higher risk of injury and death that children and pregnant women face during disasters.
- **Goal 7: Ensure environmental sustainability.** Many risk reduction programmes include an environmental sustainability element.



# The Millennium Declaration, the Millennium Development Goals and the International Federation's Strategy 2010

## Section 1: Principles

### 1.1 The Millennium Declaration and the Millennium Development Goals

When the leaders of the world met at the United Nations Millennium Summit in 2000, they made a historic commitment in the Millennium Declaration to meet their *“collective responsibility to uphold the principles of human dignity, equality and equity at the global level. As leaders we have a duty therefore to all the world's people, especially the most vulnerable”*.

The Millennium Declaration was adopted by 189 states and reaffirmed by all 191 UN member states in 2002,<sup>1</sup> making it the most comprehensive international consensus ever reached on how to improve the lives of the most vulnerable worldwide.

The Declaration set out the action needed to achieve this bold aim with a number of Goals aimed at reducing extreme vulnerability and poverty in its many dimensions: income poverty, hunger, disease, social exclusion and mortality. It also set Goals for improving access to education, equality between men and women and improving aid, trade and debt relief.

These Goals were later<sup>2</sup> crystallized into the 8 Millennium Development Goals (MDGs) to be achieved by 2015, accompanied by 18 targets and measured by 48 indicators (see Annex 3). At the 2005 “World Summit”, the largest ever gathering of the world leaders again endorsed the MDGs, and resolved to *“adopt and implement comprehensive national development strategies”* to achieve them.

The Goals represent a consolidation of previous agreements made during UN summits and conferences in the 1990s. They are also born out of the human rights framework which aims to ensure that each person can meet their basic needs. As the target date of 2015 draws closer, governments, United Nations agencies, and a wide range of civil society organizations are focusing more and more of their efforts at achieving the Goals and associated targets. Public and media interest in the MDGs has also been growing steadily, prompted by the “World Summit” and other events.

### 1.2 The International Federation's “Strategy 2010”

In 1999, one year before the Millennium Declaration was adopted, the International Federation of Red Cross and Red Crescent Societies set its own objectives and focus for the first part of the Millennium, when its General Assembly approved the organization's strategic plan up to the year 2010 – “Strategy 2010”. These objectives reflect many of the aspirations expressed in the

*“In our view, the Goals are achievable, but not without active participation from the communities. This is where we can play a special role because of the commitment of our millions of volunteers and members, working at the community level. The International Federation believes that the building of partnerships for development is a principal ingredient for success with the MDGs, and this is what we are seeking.”*

Juan M. Suárez del Toro R.,  
President of the International Federation



Millennium Declaration, and the two documents share common concerns. Strategy 2010 sets out the three strategic directions and four “core areas” of work for the 183<sup>3</sup> member National Red Cross and Red Crescent Societies which make up the International Federation.<sup>4</sup> The **four core areas** represent a common focus across the world’s largest humanitarian network. They are:

- promotion of the Movement’s Fundamental Principles and humanitarian values;
- health and care in the community;
- disaster preparedness;
- disaster response.

## 2 Elements common to Strategy 2010 and the Millennium Declaration

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### 2.1 Common concerns and common solutions

The areas of concern described in Strategy 2010 reflect common concerns for the Millennium that are also expressed in the Declaration. Both documents address the need to ensure that globalization does not increase inequity in the world. Other common concerns include the need to tackle the harmful effects of increasing urbanization, environmental degradation and the spread of infectious diseases.

Strategy 2010 recognises that poverty and economic inequity are key factors contributing to poor health and lack of human development. Poverty is also a major contributor to people’s inability to cope with disasters, and disasters and poor health undermine development efforts and result in increased poverty. The humanitarian principles and values that guide all Red Cross Red Crescent work – such as protection of life, health and human dignity and the promotion of non-discrimination – have much in common with the principles enshrined in the Millennium Declaration and the MDGs – such as “equality” and “tolerance”.

Crucially, both documents see people’s vulnerability as the central problem, and tackling vulnerability by protecting human dignity as the main solution. Strategy 2010’s focus on improving “*the lives of vulnerable people*” in order to protect their “*human dignity*” is echoed in States’ recognition in the Declaration of their “*collective responsibility to uphold the principles of human dignity, equality and equity*” for the benefit of “*the most vulnerable.*”

### 2.2 Links between the four core areas and the eight Goals

The key point is that the normal work of National Societies and the International Federation, within the four core areas, naturally contributes to the action needed to achieve the Millennium Development Goals by 2015. This is described in detail in Section 2 and outlined in the table in Annex 1.

Some of the most significant links are quite obvious, such as the clear links between “health and care in the community” and MDG 4 (reduce child mortality), MDG 5 (improve maternal health) and MDG 6 (combat HIV/AIDS, malaria, and other diseases). However the links between the core areas and the MDGs go further than this. This is because the eight MDGs are interrelated, and the four core areas are interrelated.

The United Nations state that the MDGs and their targets “*are interrelated and should be seen as a whole*”<sup>5</sup> and that they are “*mutually supportive and require multi-sectorial programmes that tackle each of the Goals simultaneously*”.<sup>6</sup> The International Federation’s four core areas are also described as an “*integral and interlinked package*”.<sup>7</sup>

For this reason, many of the activities carried out by National Societies and the International Federation contribute to aspects of different MDGs at the same time.

### 2.2.1 The 8 MDGs are interrelated

For example, the International Federation and many National Societies run programmes providing clean water and sanitation facilities. These obviously directly contribute to target 10 of MDG 7: *“Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation”*.

In addition, because clean water is vital for good health and safe medical care, such programmes also contribute directly to MDG 4 (reduce child mortality), MDG 5 (improve maternal health), and MDG 6 (reduce diseases). Furthermore, by keeping children healthy, schools open and by reducing the time women spend fetching water, such programmes contribute significantly to MDG 2 (primary education) and MDG 3 (gender equality). Similar points can be made regarding other programmes such as the promotion of blood donation, long-term food security and programmes to reduce discrimination.

### 2.2.2 The four core areas are interrelated

#### Core area 1: Fundamental principles and humanitarian values

The types of vulnerability tackled by all the MDGs are experienced significantly more by people and groups who are discriminated against. The United Nations Development Programme (UNDP) states that women,<sup>8</sup> along with ethnic minorities, low castes and other minority groups worldwide are still benefiting less from the work towards the MDGs than other members of society.<sup>9</sup>

Since 2001, Red Cross Red Crescent activities to promote humanitarian values have been focused on reducing discrimination of all kinds. This focus is based on the fundamental principle of impartiality – which states that the Movement *“makes no discrimination as to nationality, race, religious belief, class or political opinion”*.

Activities to promote this principle, or based on it ensure that services in other core areas are provided for all, especially the most vulnerable, and with respect for human dignity. In this way, the first core area underpins the wide and equitable reach of all programmes, thereby increasing their relevance to all 8 MDGs.<sup>10</sup>

#### Core areas 2, 3 and 4: Disasters, health and development

Disaster risk-reduction programmes relate to all MDGs as they aim to minimize loss of development when disaster strikes.<sup>11</sup> For many years, the International Federation has promoted and acted on the belief that disaster management and development activities are two closely linked elements in reducing vulnerability and increasing capacity. The International Federation’s health care activities are the prime example of an area that is implemented in both disaster and non-disaster related contexts.

This approach is demonstrated in the 1994 Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief. The code advocates for disaster response built on local capacities and resources, involves community participation and recognises the links with long term development.<sup>12</sup> More recently, the Agenda for Humanitarian Action<sup>13</sup> called on States and National Societies to adopt an approach to risk reduction that takes account of poverty, social exclusion and discrimination as elements that can lead to or increase a community’s vulnerability.

The International Federation continues to engage internationally in dialogue on this issue, and is committed to working towards the Hyogo Framework for Action<sup>14</sup> adopted at the 2005 World Conference on Disaster Reduction. The Hyogo Framework brings together the debates on disasters and development. The implementation of this framework has also been cited by the UN Secretary General as essential for achieving the MDG.<sup>15</sup>

The International Federation’s new draft disaster management policy (currently awaiting governance approval) affirms that the MDGs are *“complimentary to the approach of the International Federation”*, and *“seek to support and strengthen local, community and National Society capacity in order to:*

- build household, community and national resilience by reducing disaster risk;
- ensure effective and efficient preparedness for, and response to, disasters; and
- create durable and sustainable recovery ensuring links with development.”

This approach is increasingly shared by the humanitarian and development communities, as illustrated by a recent UNDP report, “Reducing Disaster Risk: A challenge for development”, and recent work carried out by UN-ISDR.<sup>16</sup> The UNDP report recognises the International Federation as being “instrumental in moving the agenda of managing disasters on from mitigation and preparedness, towards a deeper integration with development processes...tied into the context of achieving the Millennium Development Goals.”<sup>17</sup>

There are also many activities run by National Societies that have either grown out of the core areas, or do not clearly fit into any one of them; some of these are also described in this document. National Societies decide for themselves on the appropriateness of running activities that may not be directly linked to the core areas.

### 2.2.3 The Goals, their targets and Millennium Declaration are interrelated

The Goals are all quite broad, meaning that a wide range of activities can be considered relevant to their achievement. The accompanying targets and indicators are much more specific and require specific programmes to contribute to their achievement. The indicators are intended to be used in the monitoring of countries’ progress towards achieving the Goals (see the full list of Goals and targets on page 61). While the Goals and targets in their current form are based closely on the Declaration, their indicators were later developed by “United Nations Secretariat and representatives of IMF, OECD and the World Bank.”<sup>18</sup> The complete set of Goals, targets and indicators is given in Annex 3, page 61: Full text of the Goals, targets and indicators.

#### The relevance of the targets and indicators

The targets and their indicators are clearly essential in making the Goals measurable and therefore “help track progress”<sup>19</sup> made by governments towards achieving them. However, the reports of the Millennium Project (see box on right) and of UN agencies related to the goals<sup>20</sup> clearly demonstrate that this does not prevent activities which contribute to the overall Goal, but not its targets, from remaining valid contributions to achieving the Goals.

#### Box 1: The Millennium Project and its Task Forces

The Millennium Project is an independent body commissioned by the UN Secretary General to advise the UN on strategies for achieving the Millennium Development Goals. The research of the Millennium Project is performed by more than 265 development experts through 10 Task Forces.

Each Task Force has made a series of recommendations regarding the action necessary to achieve the Goals by 2015. Many of these recommendations match the methods and focus of existing Red Cross Red Crescent programmes, and a selection of these correlations have been highlighted throughout this document.

Further links can be investigated by reading the reports, available at the website: [www.unmillenniumproject.org](http://www.unmillenniumproject.org)

For example, the Task Force on education and gender equality makes seven key recommendations on how to achieve Goal 3, which have a much wider reach than target 4 which aims to achieve “parity in education.” They relate to health, infrastructure, property rights, political representation, equality in employment, and combating violence.<sup>21</sup> Similar conclusions for the other Goals can be drawn from the reports and recommendations of the other 9 Task Forces.

The International Federation shares this approach, and believes that activities that contribute to other aspects of the Goal will inevitably support the achievement of the specified targets. It also believes that this approach more comprehensively addresses the actual commitments made in the Declaration related Goal 3, which were “to combat gender equality and the empowerment of women as effective ways to combat poverty, hunger and disease and to stimulate development that is truly sustainable.”

The implication is that Red Cross Red Crescent programmes that directly tackle the specific targets are not the only valid contribution to “achieving the Goals”; programmes and activities which contribute to the wider Goal should also be recognized and promoted as being relevant and valid contributions.

### 2.2.4 How the links are described in this document

Section two of this document examines in detail the ways in which the core work of the International Federation contributes to the action that governments need to make in order to meet their obligations and achieve each of the MDGs by 2015, using the Goals as the main framework. A summary of these correlations are outlined in Annex 1, using the core areas as the main framework.

## 3. Why National Societies' work is relevant to the Goals

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### 3.1 The Goals can only be achieved through partnership with civil society

In the Millennium Declaration, the world leaders resolved to *“develop strong partnership with the private sector and with civil society organizations in pursuit of development and poverty eradication.”* The UN Secretary-General's 2005 report on achieving the Goals referred to civil society as an *“indispensable partner in delivering services at the scale required.”*

This view is reinforced by the main report of the United Nations Millennium Project (see Box 1: The Millennium Project and its Task Forces) which states that:

*“Achieving the Goals will require strategies that are locally owned and developed, with full participation from all relevant constituents, including civil society organizations, the private sector and other key stakeholders. Without their full involvement, the Goals cannot be implemented at the national level.”*<sup>22</sup>

The International Federation strongly agrees with this statement and believes that its member National Societies are crucial stakeholders with whom governments need to work in order to be able to meet their obligations to achieve the Goals. Suggestions for increasing collaboration are made under each Goal, and the foundation and rationale for increasing collaboration is outlined below.

### 3.2 National Societies are essential partners to help achieve the Goals

Based on these links and connections between National Societies' work and the areas covered by the MDGs, and based on the Strategy 2010 strategic direction that *“Red Cross Red Crescent and its supporters work together effectively...through long-term partnerships,”* this document suggests that National Societies are natural, established and essential partners for governments and United Nations agencies to help achieve the Goals by 2015.

This is because, as part of the world's largest global humanitarian network of national voluntary organizations, National Societies are locally focussed and globally connected. They also have a unique status, supporting governments' humanitarian services.

#### 3.2.1 National Societies are locally focused and globally connected

##### Locally focused

All National Societies are independent national organizations committed to carrying out their activities (to the extent possible) not just in a few cities or selected rural areas, but across the entire territory of their country through the service of volunteers. The community-based volunteers of National Societies are a unique bridge between government, civil society and vulnerable people in the community, an essential link for achieving the Goals.

### **Globally connected**

The global humanitarian reach of the Red Cross Red Crescent is unequalled, with an independent national presence in 183 countries. These 183 National Societies have hundreds of millions of members worldwide, of which around 20 million are active volunteers.

These members and volunteers are supported by the staff of their National Societies and by the governance, delegations and secretariat of the International Federation. Through the International Federation, National Societies have access to an international level of support, and technical assistance, as well as potential partnership with millions of members and volunteers around the world. They are represented internationally by the International Federation, including at the United Nations, through the International Federation's permanent observer status.

It is this unique characteristic of being both locally focused and globally connected that makes National Societies a natural and essential partner in helping to achieve the Goals by 2015.

### **3.2.2 National Societies have a unique status in supporting the humanitarian services of governments**

National Societies are unique in having the status of *"auxiliaries in the humanitarian services of their government."*<sup>23</sup> This means that National Societies have a legally defined relationship with their government, based on supporting the latter's humanitarian work,<sup>24</sup> and based on international humanitarian law and the national legislation of each state.

The ideal relationship is a partnership based on mutual trust, *"aimed at preventing and alleviating human suffering, protecting life and health, ensuring respect for the human being and promoting mutual understanding, friendship, trust and lasting peace amongst all peoples."*<sup>25</sup>

This unique relationship means that National Societies are established and natural partners of the governments which have committed themselves to achieving the Goals.

## **4. Why the Millennium Development Goals are relevant to National Societies**

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Section two of this document illustrates the numerous possibilities for increasing and improving impact by exploiting the natural link between the Goals and National Societies' work, especially through the suggestions to "work together" at the end of each Goal section. The key opportunities can be summarized as follows:

### **4.1 Increased opportunities to reduce vulnerability**

As the target date of 2015 approaches, the international development and humanitarian communities – governments, UN agencies and many NGOs and civil society organizations – are focussing more and more of their attention on achieving the Goals and their targets. Given the close links between National Societies' work and the MDGs (as described in Section 2), this international focus presents a number of opportunities for National Societies.

#### **4.1.1 Working together to have a greater impact**

Most importantly, the natural links between the MDGs and the Red Cross Red Crescent's work provide an opportunity to play a significant part in the massive global drive towards the overall common Goal of improving the lives of vulnerable people. By pooling resources and working in partnership, there is great scope for increasing the scale and improving the quality of support provided worldwide. Specific suggestions are made under each Goal in Section 2.



### **4.1.2 Increasing visibility and demonstrating our wider impact**

Highlighting the specific ways in which the International Federation and individual National Societies' work contributes to achieving the MDGs is a simple, effective and understandable way to demonstrate the relevance of the Red Cross Red Crescent to the wider development and humanitarian agenda. It allows greater scope for National Societies to engage in advocacy activities on both development and humanitarian issues.

### **4.1.3 A vehicle to mobilize resources**

Promoting the natural link with the MDGs may also provide a number of opportunities to access new sources of funding, or increased funding from traditional sources. Many donor governments already favour funding applications which address the MDGs, and such trends will likely continue.



# How National Societies and the International Federation contribute to the achievement of the Millennium Development Goals (MDGs)

This section looks in more detail at each Goal individually, and how they fit in with different elements of the core areas of Strategy 2010, also looking at the scope of each Goal and its targets. Because there are so many relevant examples around the world, many are given in references in the endnotes, for those who wish to read about them in more detail.

## Section 2: Practice

### Goal 1 Eradicate extreme poverty and hunger

**Target 1:** *Halve, between 1990 and 2015, the proportion of people whose income is less than US\$1 a day*

**Target 2:** *Halve, between 1990 and 2015, the proportion of people who suffer from hunger*

## Introduction

This Goal is drawn from agreements made at other UN summits and conferences in the 1990s (especially the 1995 World Summit on Social Development and the 1996 World Food Summit).

This Goal's two targets recognize that poverty and hunger are inextricably-linked causes of vulnerability: poverty causes hunger, and hunger leads to poverty. It is also particularly important to understand this Goal as being interdependent with the other Goals. The Millennium Declaration recognizes that to lift people out of poverty and hunger, it is not enough to raise incomes; there must also be the improvements in health care, education and equality that the other Goals call for.

### Are all the MDGs about poverty?

The MDGs are often described as "addressing extreme poverty in its many dimensions," so it can be confusing as to why Goal 1 is to "eradicate extreme poverty" if this is the aim of all the Goals. The simple answer is that the targets of this Goal focus on two particular aspects of extreme poverty: extreme income poverty (less than US\$1 a day) and hunger (which is less precisely defined).

# Red Cross Red Crescent contributions to Goal 1

**Target 1:** *Halve, between 1990 and 2015, the proportion of people whose income is less than US\$1 a day*

The key to the International Federation and National Societies' contribution to the first target of this Goal is the well-recognized close interdependence between vulnerability and poverty.<sup>26</sup> Being poor reduces individuals' resilience to risks from disasters, ill-health and social exclusion that threaten their livelihoods and well-being. Conversely, increased vulnerability from disaster, disease or discrimination can make it much harder to secure a livelihood, and can throw individuals into debt.

## Protecting and enhancing livelihoods

### Cash transfers for risk reduction work in Ethiopia

The Ethiopian Red Cross Society has experimented successfully with distributing cash for risk reduction work, instead of just distributing food aid. Based on their knowledge of communities and local areas, volunteers from Ethiopian Red Cross Society worked with villagers to design appropriate risk reduction measures. Villagers were then provided with a cash entitlement for working on such activities as road construction and environmental protection (e.g. improving soil quality and crop production, protecting springs).

Receiving cash reduces the need to sell off precious assets, enabling villagers to buy food when and as they like. This injection of cash also stimulates the local economy and farm production, while the work itself reduces risk to disasters and improves people's quality of life in the area. This approach of "paying poor rural communities for environmental services" is one of the seven recommendations of the Millennium Project's Task Force on hunger.

This Project was successful because the Ethiopian Red Cross Society has a strong, community-based network of volunteers who could mobilize and monitor the activities of vulnerable people in often inaccessible communities. This complemented the role of the Ethiopian government, which provided technical expertise, but lacked access at the community level.

The way in which the Ethiopian Red Cross Society acted as a catalyst between the government and the community is a typical example of how National Societies can provide the crucial missing link needed to achieve the Millennium Development Goals.

Some National Societies carry out activities which specifically target income poverty, such as skills training, income generation and micro-credit projects.

The Nigerian Red Cross Society runs a skills training project enabling unemployed youths to start small scale businesses, in collaboration with the United Nations Development Programme (UNDP) and the Ministry of Education.<sup>27</sup> The Sierra Leone Red Cross Society runs the JAWA project (Job Aid for War Amputees) which includes a micro-credit loan scheme and skills training so that amputees can start their own businesses and seek skilled employment.<sup>28</sup> The Senegalese and the Nepal Red Cross Societies are other examples of National Societies running micro-credit schemes. Other examples of training projects include training in vocational skills for new urban settlers in Mongolia;<sup>29</sup> helping ex-drug-users with life-skills training in China,<sup>30</sup> and a range of projects across North Africa.<sup>31</sup> Many National Societies working with refugees and other displaced people provide skills and vocational training, for example in Chad,<sup>32</sup> in Serbia and Montenegro<sup>33</sup> and in Nepal.<sup>34</sup> See also the skills and income generation activities aimed specifically at women described under Goal 3.

Such projects have often been developed from other activities within any one or more of the four core areas – for example principles and values in Sierra Leone, health in China, and disaster response in Chad, in Serbia and Montenegro and in Nepal.

In addition to these specific examples of programmes which directly address income poverty, other disaster preparedness and health programmes which work with communities to reduce their vulnerability are an essential part of creating stability where income earned can be saved and resources kept. Activities which combat the vulnerability of social exclusion by tackling discrimination and intolerance also aim to stabilize people's livelihoods.

**Target 2:** *Halve, between 1990 and 2015, the proportion of people who suffer from hunger*

## Disaster management

The most significant direct contributions to this target are International Federation and National Society activities which aim to ensure that vulnerable people have enough to eat. These are usually referred to as “food security” activities, and fall within the core areas of disaster preparedness and disaster response.

Disaster response is usually associated with food aid and disaster preparedness with longer-term food security programmes. However, the International Federation's integrated approach to disaster management (see page 3) views short- and longer-term food security activities as different aspects of a wider intervention.

The report of the UN-appointed Task Force<sup>35</sup> on hunger suggests seven key recommendations on how to meet this target. The recommendation which relates most clearly to disaster management activities is: *“reduce the vulnerability of the acutely hungry to disasters and shocks: build and strengthen early warning systems, and capacity to respond to emergencies, invest in safety nets to protect the poorest from short-term shocks and to reduce long-term food insecurity.”*

### Food aid during disaster response

The International Federation and National Societies are perhaps best known for their disaster response work, which often includes distribution of food to affected people. This type of “traditional” food distribution during an emergency is often carried out in collaboration with the government of the country and the UN agencies where the people needing assistance are located. It supports the acutely hungry affected by disaster, helping them to rebuild their lives.

### Longer-term food security

Food aid is just one type of food security, but other types of longer-term National Society and International Federation programmes that ensure vulnerable people have enough to eat can also be found worldwide. One element common to all longer-term food security programmes is that their success is based on working at the local level, through a National Society's community-based volunteers, often in partnership with governments and other organizations.

Food security is of particular concern in Africa, and African National Societies recognized this by making increasing food security programmes a top priority in the Algiers Plan of Action for the region, adopted in 2004.<sup>36</sup> This plan commits African National Societies to working towards the achievement of the MDGs, and notes that addressing the complex and deadly combination of food insecurity and HIV/AIDS is of particular concern for all African National Societies.



## Integrated health and disaster management programmes

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Another recommendation of the Task Force on hunger is to “improve nutrition for chronically hungry vulnerable groups focused on pregnant and nursing mothers, infants, young children and adolescents.”

The International Federation believes that People Living with HIV/AIDS (PLWHA) in situations of food insecurity are one of the most urgent cases of chronically hungry vulnerable groups. National Societies across Southern and Eastern<sup>37</sup> Africa are working to address this issue, many in collaboration with the World Food Programme (WFP). In the Southern Africa region alone, in 2005, a total of 42,850 clients and their families, as well as 69,134 orphans and other children made vulnerable by HIV/AIDS (OVC) benefited from the food and nutritional support that forms part of the home-based care programmes.<sup>38</sup>

Other programmes focus on sustainable food production and income generation through farming and gardening, such as the pilot project in Baphalali Swaziland, linking food security with disaster mitigation and HIV/AIDS prevention and management.<sup>39</sup> This project was supported by the International Federation and the Finnish Red Cross, with technical support from the Swaziland Ministry of Agriculture.

Some National Societies’ nutrition programmes in support of mother and child health are described under Goal 4: Reduce child mortality, and Goal 5: Improve maternal health.

Other recommendations of the Task Force on hunger are to:

- **Increase agricultural productivity of poor farmers**, by improving soil health, water management methods, seeds and livestock, and agricultural extension services.
- **Restore and conserve natural resources for food security**, including paying poor rural communities for environmental services.
- **Create an enabling environment through agriculture**, nutrition and rural development, empowering women and girls.

National Societies engaged in activities which address these recommendations include:

- **Ethiopia – Restore and conserve natural resources, paying poor rural communities.** See boxed example above.
- **El Salvador – Agricultural productivity, conserving natural resources, empowering women.** With the significant involvement of women, the project began with food aid to stabilize the community, followed by agriculture recovery, using sustainable agriculture techniques which reduced costs, increased crop productivity, and led to increased income in the community.
- **Rwanda – Agricultural productivity, conserving natural resources.** Volunteers worked with the community to assess, design and carry out food security-related activities such as a credit scheme for small livestock, distribution of livestock, animal medicine and pesticides, cultivation of fields and agricultural terraces, and planting of seedlings.
- **Kenya – Agricultural productivity, conserving natural resources.** Promotion of farming drought-resistant crops, and advocating the set-up and storing of seed banks at the district level, and promoting micro irrigation schemes.<sup>40</sup>

A key element in the success of all these projects was the combination of the local knowledge and access of Red Cross volunteers working at the community level with the technical expertise of the government ministries or other technical partners. This function of acting as catalyst between the government and the community is a typical example of how National Societies can provide the crucial missing link needed to achieve the MDGs.

## Work together to further reduce poverty and hunger

In Annex 2: *General suggestions on working together to reduce vulnerability* on page 59, the main principles are set out for any MDG-related partnership. In essence, any partnership should not threaten a society's adherence to the Fundamental Principles, and should be based on:

- a) National Societies' status as "auxiliaries in the humanitarian services of their governments;"<sup>41</sup>
- b) existing partnerships and agreements;
- c) what the National Society considers appropriate based on its capacities, plans and strategies.

## Suggestions for National Societies, governments and UN agencies

**Target 1:** *Halve, between 1990 and 2015, the proportion of people whose income is less than US\$1 a day*

### National Societies' involvement in national poverty reduction strategies

Governments, UN agencies and National Societies could consider the benefits of involving the National Society in drafting national planning and strategy papers such as the Poverty Reduction Strategy Papers (PRSPs), UN Common Country Assessments (CCAs) and Development Assistance Frameworks (UNDAFs) and MDG-based poverty reduction strategies. This is explained in more detail in Annex 2. Such national poverty reduction strategies are increasingly closely linked with the MDGs, and are quite wide-ranging, covering more than just income poverty.

Based on the general principles above, National Societies could contribute their community-level experience to ensure vulnerable people's voices are heard in the development of government and UN strategies to reduce poverty.

Organizations interested in collaborating can also discuss what other capacities National Societies have in terms of supporting projects that will contribute to achieving Goal 1.

**Target 2:** *Halve, between 1990 and 2015, the proportion of people who suffer from hunger*

### Collaboration with governments

Based on their auxiliary status, National Societies can discuss with their government what appropriate partnership could be established to provide food or access to food on a short or long-term basis to vulnerable people.

### Collaboration with country offices of the World Food Programme (WFP)

National Societies and country offices of WFP can investigate collaboration possibilities, based on the cooperation letter between the International Federation and WFP which outlines the scope of such partnerships. See FedNet page <https://fednet.ifrc.org/sw33634.asp> and WFP's website [www.wfp.org](http://www.wfp.org). WFP offices can contact either the International Federation or a country's National Society for more information. Collaboration with FAO could also be investigated.

See also Goal 7 for partnerships related to environmental sustainability, which can be relevant to agriculture and food production.

Refer to the general suggestions in Annex 2 for general principles and details on where to get more information.





## Goal 2

# Achieve universal primary education

**Target 3:** *Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling*

## Introduction

This Goal reflects the message that education and literacy are “at the core of development strategies,”<sup>42</sup> a message that has been repeated at many UN conferences and summits in the 1990s and 2000s, especially the World Conference on Education for All in 1990 and the World Education Forum in 2000, and a message with which the International Federation strongly agrees.

## Red Cross Red Crescent contributions to Goal 2

Compared with MDG 1, National Societies and the International Federation do not contribute as directly to this Goal, as primary education activities are not a core activity of National Societies. Nonetheless, some National Societies do run closely-related education activities such as the school for children of migrant workers and the village literacy classes run by the Nepal Red Cross Society,<sup>43</sup> the Nigerian Red Cross Society whose pre-school and primary education programme is supported by a government grant,<sup>44</sup> the nursery schools which have been run by the Indian Red Cross Society<sup>45</sup> and the child literacy programmes of the Bangladesh Red Crescent Society.<sup>44</sup> In addition, many National Societies make important indirect contributions to this Goal, as outlined below.

### Disaster management

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#### Facilitating education following a disaster

It is particularly in situations where children’s vulnerability is increased and their usual education networks are missing that National Societies provide support in this area. One example is providing the infrastructure for schooling of refugee children, such as through volunteers building and maintaining space for classrooms and providing educational materials in refugee camps. This is usually carried out in partnership with the government, UN agencies and other partners who provide the appropriate education. Examples include the refugee camps in Chad for which the Red Cross provides space, tents and school equipment (notebooks, pens, etc.),<sup>47</sup> and the camps run by the Jordan National Red Crescent Society for those fleeing Iraq in 2003.

In West Africa, the Liberian Red Cross Society’s child advocacy and rehabilitation programme (supported by the British Red Cross) is helping children who were affected by 14 years of civil war. The programme provides children aged ten to 18, with food, counselling and educational support for one year. This type of programme fits with the recommendations of the Millennium Project’s Task Force,

which include “encouraging hard-to-reach children to attend school,” and “enhancing post-primary education.”<sup>48</sup>

### Reconstruction of schools

Following the unprecedented devastation of the tsunami in Asia, the International Federation and National Society operations in tsunami-affected countries have included the rehabilitation and reconstruction of some schools as well as supplying water and sanitation to others,<sup>49</sup> an activity common in International Federation disaster response and recovery.

## Health programmes

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Because children who are sick have more difficulty in school or cannot attend at all, Red Cross Red Crescent health activities such as those outlined under Goal 5 (Reduce child mortality) and Goal 6 (Reduce HIV/AIDS, malaria and other diseases) are relevant to this Goal. Other more specifically relevant health activities include the following:

### Orphans and other children made vulnerable by HIV/AIDS (OVC)

The ongoing global catastrophe of HIV/AIDS is having a major impact on primary education. HIV/AIDS will have killed more people this decade than all the wars and disasters in the past 50 years, leaving many children orphaned or vulnerable and greatly affecting their ability to exercise their right to education. National Societies provide various types of support to orphans and other children made vulnerable by HIV/AIDS (OVC). Such support is found mainly in Africa, such as the National Societies of Namibia, Zimbabwe and Lesotho, which provide educational support to OVCs (10,000, 53,000 and 1,000 children respectively), providing them with school uniforms, food and other essential necessities, as well as psychological support. In these and other countries, National Societies also provide school fees for OVC, or advocate for their exemption. Such activities are in line with the Task Force’s specific recommendations for “hard-to-reach” children *“removing school fees, introducing conditional cash transfers and school feeding programmes.”*

National Society volunteers also provide home-based care to parents and guardians living with HIV/AIDS, allowing children (girls in particular) to continue going to school (see Goal 7).

## Water and sanitation

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Water and sanitation programmes keep schools open, such as the central school in the village of Macha, in Zambia’s Southern Province, which was closed down due to a lack of proper toilets and sources of clean water. The school re-opened after toilets were put in place by volunteers mobilized by the Zambia Red Cross Society, as part of a wider water and sanitation programme supported by the International Federation. The water pumps and hygiene education provided by local Red Cross volunteers in the village also meant that children were less prone to disease and spent less time fetching water, all of which contribute to their having a more stable education. Providing proper water and sanitation facilities also encourages girls to attend school in some contexts. More details on water and sanitation programmes are outlined under Goal 7, target 10.

## Non-formal education for women and youth

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Another recommendation of the Task Force is “Educating girls and women to break the cycle of low education: Support adult literacy programmes designed for women and young girls.” As mentioned below under Goal 3, National Societies in North Africa, South Asia and elsewhere run adult literacy programmes,<sup>50</sup> often aimed particularly at women. Some of the vocational training programmes and centres, like those mentioned under Goal 1, also run adult literacy activities.



The International Federation promotes non-formal education for youth, especially in its role as a member of the Alliance of Youth CEOs. The publications by the Alliance “*Girls and Young Women in the 21st Century: A call to action*” and “*The Education of Young People: A statement at the dawn of the 21st century*” stress the importance of this point. The National Societies of Nepal,<sup>51</sup> Albania<sup>52</sup> and Serbia and Montenegro<sup>53</sup> are among those providing non-formal education programmes.

## Promoting non-discrimination and equal access to education

At the global level, the International Federation advocates for the right to education for vulnerable groups in speeches as well as in the “*Guidelines on the Reception of Asylum Seekers*”<sup>54</sup> and “*Code of Good Practice for NGOs responding to HIV/AIDS*,”<sup>55</sup> which it hosted and has endorsed. The publication mentioned above, “*Girls and Women in the 21st Century*,” strongly advocates for national youth policies which recognise the rights of women and girls, and allows for their empowerment.

The community development programme of the Nepal Red Cross Society is one example of promoting access to education at the community level. Particular care is taken to ensure that the community accepts that adult literacy and educational support projects are available to women and girls, and to members of all classes and castes of society.<sup>56</sup>

### Work together to improve access to education

#### Suggestions for National Societies, governments and UN agencies

**Target 3:** *Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling*

*Because education does not fall within the core areas of National Society and International Federation work, there is limited scope for significant partnerships in this area.*

*However, National Societies may wish to develop or scale up partnerships in areas that support education, as described above. Suggestions on partnerships in these areas (such as health and water and sanitation) are described under the relevant Goals. Some National Societies may also have particular capacities (see examples above) and interest to work on related programmes, for example with the national commissions of UNESCO.*

*With regard to supporting education facilities for population movements, the Memorandum of Understanding and Framework Agreement with UNHCR informs the scope of possible partnerships.*

*Refer to the general suggestions in Annex 2 for general principles and where to get more information.*



## Goal 3

# Promote gender equality and empower women

**Target 4:** *Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015*

## Introduction

This Goal has its origins in a variety of international instruments, with the Convention on the elimination of all forms of discrimination against women being amongst the most significant. The target has its origin in the understanding that lack of education has a direct effect on women's and girls' ability to benefit from development activities and to build resilience against poverty, hunger and disasters.<sup>57</sup>

The wider view of the Goal incorporates many other elements that, combined with access to education, will lead to equality through empowerment. This view was discussed under "The Goals, their targets and Millennium Declaration" (page 4), along with the seven priorities suggested by the Millennium Project Task Force's report. The report also underlines that gender equality is integral to achieving all other MDGs, a claim also made in the main report of the Millennium Project.

## Red Cross Red Crescent contributions to Goal 3

### Promoting gender equality

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The main message of the International Federation's gender policy<sup>58</sup> is that including a gender perspective is essential in all activities to ensure that men and women benefit equally from humanitarian and development programs. The systematic incorporation of a gender perspective also recognizes that empowering women is vital for achieving any of the MDGs, and for successful social and economic development generally.

The reducing discrimination initiative, run by the International Federation since 2001, has also focused the organization's energy on reducing discrimination, promoting tolerance and respect for diversity, including in the context of gender. The International Federation's pledge – "*Non-discrimination and respect for diversity*" (made at the 2003 International Red Cross and Red Crescent Conference) aims to improve equal access of women to staff and volunteer positions within the International Federation and National Societies, and take further steps to implement the gender policy.

## Integrated programmes related to all four core areas

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### Educational and skills training programmes

It is not uncommon to find National Societies running literacy, skills training and other vocational activities aimed at women and girls, such as literacy and vocational training in Egypt, Algeria and Morocco,<sup>59</sup> literacy projects in Nepal<sup>60</sup> and Bangladesh,<sup>61</sup> and wide-ranging skills training in Kyrgyzstan<sup>62</sup> and Kazakhstan.<sup>63</sup> The National Societies of Belarus, Albania, Yemen and Mauritania<sup>64</sup> also run skills training programmes aimed at women.

### Income generation programmes

Some National Societies in Africa run income generation programmes, specifically targeting women and female-headed or child-headed households. In Eritrea, the National Society conducts training in home management and income generation. The small-scale livestock and agriculture projects in Rwanda (mentioned above under Goal 1) also target female-headed households. In Senegal, the Red Cross's community-based projects pay special attention to women's groups and cover gardening and irrigation, as well as literacy and health education.

### Integrated approach to women's empowerment

The "mothers clubs" run by some National Societies in West Africa (mentioned under Goal 5) started primarily as a way of communicating health promotion. Some mothers' clubs have extended into other activities, such as income-generating activities and literacy classes in Ghana. The mothers and young girls in turn continue the classes in their communities, and leadership training is also organised, encouraging the women's involvement in the development of their communities.<sup>65</sup>

The Nepal Red Cross Society community development programme (mentioned under Goal 2) also offers an integrated approach to women's empowerment. In addition to health promotion activities, it provides literacy programmes and educational support for women and girls. It also offers micro-credit projects and self-help groups for women, designed to increase their economic independence. The Nepal Red Cross Society also ensures that women from the community are involved in design and implementation aspects of programmes such as water and sanitation.<sup>66</sup>

See also the vocational and skills training examples given under Goal 1, and non-formal education given under Goal 2.

## Health programmes

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National Societies run a wide range of health programs, depending on the needs and priorities of women in their country. Two of the priorities identified by the Task Force on gender and education which are most relevant to National Societies' health activities are "guarantee sexual and reproductive health and rights to women and girls" and "combat violence against women".

The International Federation's *guidance notes for National Societies on maternal and child health*<sup>66</sup> outlines aspects of sexual and reproductive health issues on which National Societies advocate. These include women's access to basic health services, female genital mutilation, gender-related HIV/AIDS issues and combating gender-based violence. Activities include the Namibian Red Cross' project combating gender-based violence and the Somali Red Crescent Society's reproductive health program,<sup>67</sup> which works to inform communities about female genital mutilation and respect for human rights.

Other common activities include mother and child clinics, training volunteers as traditional birth attendants and in Community-Based First Aid (CBFA), with a focus on maternal and child health. Further examples of activities across the world are described in more detail under the Goals to which they more directly relate – Goal 5: Improve maternal health and Goal 4: Reduce child mortality.

## Water and sanitation

Another relevant priority highlighted by the Task Force is to *“Invest in infrastructure designed to reduce the amount of time women and girls spend on burdensome tasks.”* Women and children often bear the task of water collection. The International Federation’s recently launched Global Water and Sanitation Initiative (GWSI) addresses this by ensuring that women are properly represented and can influence the positioning of water supplies, to reduce to a minimum the distances they have to walk. By providing culturally appropriate sanitary facilities in schools, Red Cross Red Crescent sanitation projects have, in some countries, helped improve female school attendance.

### Work together to improve gender equality and empower women

#### Suggestions for National Societies, governments and UN agencies

**Target 4:** *Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015*

*To address the human rights aspects of women’s equality and empowerment, cooperation could be built between National Societies and National Human Rights Institutions, including through arrangements at the global level, with the Office of the United Nations High Commissioner for Human Rights.*

*With regard to the health and water and sanitation elements mentioned above, see the “Work together” section under the following two Goals for a suggestion on partnerships.*

*The International Federation’s agreement with UNFPA is also relevant here, as it covers collaboration on reproductive health services and combating sexual violence, particularly in disaster situations.*

*Refer to the general suggestions in Annex 2 for general principles and details on where to get more information.*





## Goal 4 Reduce child mortality

**Target 5:** Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

### Introduction

The 1990 World Summit for Children adopted a Declaration setting out the priorities for the survival, protection and development of children for the following decade. This Declaration also builds on the Convention on the Rights of the Child, the most significant international human rights instrument for children. Statistics gathered for the UN Secretary General’s report reviewing progress in 2001 show that in the developing world, for every 100 children born, the births of 40 will not be registered at all, 26 will not be immunized against any disease, 19 will have no access to clean drinking water, and 30 will suffer from malnutrition in the first five years of life.<sup>68</sup> Years ago, health was considered to be a side effect of a good economy. Today, there is consensus that health and development are intimately connected. The Red Cross Red Crescent’s contributions to the health aspects of all MDGs increasingly act on this basis.

### Red Cross Red Crescent contribution to Goal 4

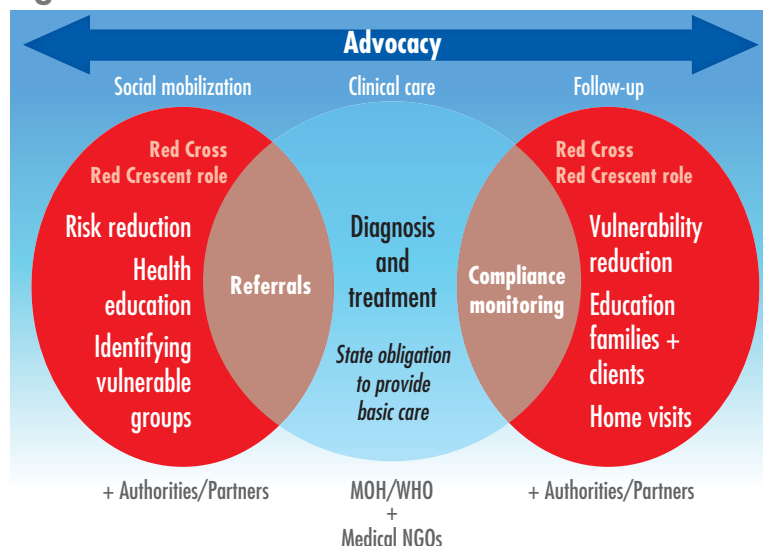
Because health activities are clearly the most significant for this Goal, they are described below. However, it is important to note that they are supported by disaster management activities, ensuring that the increased protection needs of children are taken into consideration before and during a disaster. Promotion of humanitarian principles and values also aims to ensure that no child is discriminated against because of their origin.

### Red Cross Red Crescent role in health care

The Red Cross Red Crescent role is two-fold: National Societies mobilize communities, educating, informing and preventing the spread of sickness, disease and related stigma. Secondly, they provide effective community and home-based support for people living with sickness and disease.

But these two pillars of support cannot sustain the huge numbers of people affected without a third: clinical care, involving diagnosis and treatment. This third pillar must be put in place by governments, WHO and NGOs with medical expertise if vulnerable people are not to be left to fall below the point where they can support themselves.

Figure 1



This is illustrated in the diagram above. This general scheme applies to all Red Cross Red Crescent health interventions and should be taken into consideration for all MDGs.

### **Community-based child health**

National Red Cross and Red Crescent Societies, supported by the International Federation, are working at the community level around the world to improve children's health, whether through promoting and supporting "Integrated Management of Childhood Illnesses" (ICMI), or playing a key role in mass vaccination campaigns, Community Based First Aid (CBFA) training, hygiene awareness, training Traditional Birth Attendants (TBAs), or providing better access to safe water.

Activities carried out within ICMI, CBFA and home care management practices activities include prevention of diarrhoeal disease and respiratory infections that affect children under five, as well as malaria, measles and malnutrition, and to determine when additional medical attention is required. TBAs help avoid dangerous or fatal complications during birth. Health services and health promotion targeting mothers are a significant factor in preventing child mortality; reproductive health activities are outlined under Goal 5, and health promotion activities targeting mothers are under Goal 3.

Notable examples of National Societies engaged in child health include the extensive networks providing health care to mothers and children of Nicaragua, Honduras, Bangladesh and Pakistan and Somalia. In Nicaragua and Honduras, the National Red Cross Societies, supported by the Canadian Red Cross Society, are implementing community-based programmes (following the ICMI strategy) to educate communities about childhood nutrition, breastfeeding, immunization and reproductive health. In these two countries, some 450 volunteers are working with 12,500 households in 61 communities, and evaluations have clearly demonstrated measurable improvements in health behaviour and practices. Red Crescent National Societies are playing a similar role in Pakistan and Bangladesh, addressing maternal and child disease and deaths in vulnerable communities through their networks of health centres. In around 60 centres in each country, mothers and their children are provided with a wide range of essential health services, before during, and after birth. More details about all these programmes are available in the document "*Maternal and child health care: guidance notes for National Societies.*"

### **Community mobilization for integrated health campaigns**

Community mobilization of volunteers for routine immunisation and for immunisation campaigns is an increasingly common activity in National Societies. Recent notable examples include work with the Measles Initiative Partnership (MIP) and related integrated measles, malaria and polio campaigns supported by the International Federation and the American Red Cross in Togo, Zambia, Ghana, Sri Lanka and Madagascar. In Africa alone, 200 million children have been vaccinated, and thousands of life-saving insecticide treated bednets distributed,<sup>69</sup> saving an estimated 400,000 lives. The WHO reported in September 2005 that this represented a 60 per cent decrease in measles-related mortality in Africa.

This impressive number of lives saved is a result of strong cooperation among the host National Society and other partners, for example, the 7,400 community-based volunteers in Togo, the International Federation, Canadian Red Cross Society and the American Red Cross which provided financial and organizational support, as well as other partners of the measles initiative which provided support and technical advice, including UNICEF, WHO, and Centers for Disease Control (CDC)<sup>70</sup> and the Ministries of Health of the countries where the interventions have taken place, such as Ghana, Togo and Zambia. There are many more examples of child health activities which cannot be detailed here. More information about the child health activities of National Societies can be found at [www.ifrc.org/what/health/mch/index.asp](http://www.ifrc.org/what/health/mch/index.asp), and in the health activities section of the national and regional appeals, which can be viewed at [www.ifrc.org/appeals](http://www.ifrc.org/appeals).

## **Water and sanitation**

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A primary cause of under-five mortality is poor water and sanitation, linked with unsafe hygiene practices. Water and sanitation activities run by National Societies and the International Federation,

including the International Federation's Global Water and Sanitation Initiative (GWSI), whether in an emergency or development context, are significant contributions to making this Goal achievable.

## Promoting voluntary blood donation

Access to reliable blood transfusions is another crucial element in reducing under-five mortality rates. The International Federation plays a key role as partner to WHO in a global strategy towards the achievement of a more adequate and safer supply of blood. National Societies promote the collection of blood only from voluntary, non-remunerated blood donors from low-risk populations as the foundation of a global strategic plan to ensure safety, quality, availability and accessibility of safer blood transfusions. Some societies also have more comprehensive blood collection programmes.

## Work together to further reduce child mortality

### Suggestions for National Societies, governments and UN agencies

**Target 5:** *Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate*

*As Strategy 2010 notes, health and care is ultimately the responsibility of governments. As auxiliaries, National Societies should work with the Ministry of Health to address those health needs where the National Society has most capacity in terms of volunteers and/or expertise or training.*

*Ministries of Health can contact National Society headquarters to discuss what capacities and expertise the National Society has which could help the Ministry to make progress towards achieving this Goal. The examples and references given above, along with the joint letters of understanding with UN agencies will give more context on how National Societies can work in collaboration.*

*The main UN partners that National Societies already are working with around the world include WHO, UNICEF and UNFPA. The joint letters and Memorandum of Understanding between the International Federation and these organizations will inform National Societies of the scope of partnership that is possible (see FedNet page (internal only): <https://fednet.ifrc.org/sw33634.asp>). Also significant is the Pan American Health Organization (PAHO) and WHO regional offices, such as for South-East Asia and Eastern Mediterranean countries.*

*Particularly significant is the wide-ranging joint letter with the World Health Organization of 2005, which states that the two organizations will work together towards achieving the MDGs. Other significant partnerships include Stop TB, the Measles Initiative Partnership and the Roll Back Malaria Partnership.*

*Those agencies that already have partnership agreements with the International Federation are encouraged to discuss with the International Federation areas where collaboration could be scaled-up. These agencies' country offices are encouraged to discuss this with the relevant National Society. Refer to the general suggestions in Annex 2 for general principles and details on where to get more information.*







## Goal 5

# Improve maternal health

**Target 6:** *Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio*

## Introduction

The maternal mortality ratio (MMR) is the amount of women who die during pregnancy and childbirth for every 100,000 live births. In developing countries, the ratio is 830 for every 100,000 births, compared to 20 for every 100,000 in developed countries. More than 1,600 women die every day from pregnancy and childbirth-related complications. The majority of these deaths (almost 90 per cent) occur in Asia and sub-Saharan Africa. Unsafe abortions (not counted in the MMR) also cause many deaths each year. Malaria and other diseases also increase the risk of women dying during or soon after pregnancy.

## Red Cross Red Crescent contribution to Goal 5

As in other areas of health, the Red Cross and Red Crescent's added advantage in maternal health care is based on extensive experience in working with communities to address their health needs and its proven capacity in disaster situations to alleviate suffering and mitigate the effects.

Because mother and child health are so intimately linked, some of the main National Societies' activities supporting mothers' health are mentioned under the previous Goal, such as the networks of mother and child health clinics in Bangladesh and Pakistan, and the integrated community health work in Nicaragua and Honduras.

## Health activities

### Community-based maternal health

A wide number of National Societies are engaged in maternal health activities at the community level. Activities include:

- Training of Traditional Birth Attendants (TBA), especially in places where health services are inadequate, such as Afghanistan,<sup>71</sup> Somalia,<sup>72</sup> Eritrea<sup>73</sup> and remote areas of India.<sup>74</sup>
- Community education and mobilization of women to increase their access to and use of health facilities. Activities include "Mothers' Clubs" such as those in Ghana<sup>75</sup> and Nigeria<sup>76</sup> that focus on teaching women about self-care, and care for families and communities. Women's peer groups, for example in Nepal, provide a forum in which reproductive and sexual health issues can be discussed openly between women.
- Conducting reproductive health programmes that include diagnosis and treatment of sexually transmitted infections.

- Training Community Based First Aid (CBFA) volunteers throughout the developing world, with focus on maternal, child and adolescent health-related issues.

Other health activities which apply to a wider population have particular relevance for mothers. The prevention of malaria activities outlined under Goal 4 can significantly reduce the maternal mortality rate due to the particular risk to mothers noted above.

### **Reproductive health in disaster situations**

Maintaining reproductive health in disaster situations is another example of how National Societies provide health care for vulnerable people when their normal means of support is no longer available, as with Goals 2, 3 and 4.

Working with UNFPA and the Inter Agency Working Group on reproductive health in emergency situations, the International Federation has developed a strategy that relies on the use of the Minimum Initial Service Package<sup>77</sup> (MISP) of care. Examples include maternal care in refugee camps, such as the Treguine camp in Chad,<sup>78</sup> providing support to both refugees and the local population through basic health care, health education for communicable diseases, clean water and sanitation facilities, and nutritious food for pregnant and lactating mothers.

## **Promoting voluntary blood donation**

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Haemorrhages account for 25 per cent of complications leading to maternal mortality, and is the most common cause of maternal death. National Societies address this through their role in reliable blood transfusions, noted under Goal 4. One example is the blood bank at the Queen Elizabeth hospital in Blantyre, Malawi, supported by the local Red Cross. Since 2004, when safe blood became available, the maternal mortality rate due to pregnancy complications has fallen by more than 50 per cent.

## **Water and sanitation**

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The Millennium Project Task Force on water and sanitation notes that clean water and basic sanitation is indispensable for ensuring basic hygiene practices following birth. Installing accessible water sources also reduces the labour burden of fetching water from long distances, which in turn reduces maternal mortality risks.

## **Disaster management**

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Similarly to the point made under Goal 4, disaster preparedness, relief and recovery activities are also a significant part of National Societies' and the International Federation's work towards achieving this Goal. Pregnant women and mothers are more vulnerable to risks from disasters, and reducing risk to them and providing the infrastructure that could save their lives is a key element of International Federation and National Society risk reduction activities.

## Work together to improve maternal health

### Suggestions for National Societies, governments and UN agencies

**Target 6:** *Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio*

*Most of the suggestions under the health-related Goal 4 are relevant here, including references to relevant cooperation agreements already existing with the International Federation. Overall, the suggestion is that great advances can be made in reducing vulnerability to ill-health by combining the forces of national governments, UN agencies with the local knowledge and community reach of National Societies, and the International Federation as their representative in the international sphere.*

*The agreement with the Pan-American Health Organization (PAHO) is particularly relevant, given the strong background of many South-American National Societies in maternal health. Refer to the general suggestions in Annex 2 for general principles and details on where to get more information.*



## Goal 6

# Combat HIV/AIDS, malaria, and other diseases

**Target 7:** *Have halted by 2015 and begun to reverse the spread of HIV/AIDS*

**Target 8:** *Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases*

## Introduction

Combating the global catastrophe that is HIV/AIDS, and the crisis of malaria, tuberculosis and other diseases is vital in addressing global poverty and suffering. The effects of these diseases represent some of the greatest barriers to achieving any of the other Goals.

We know what works. We know what is needed to achieve this Goal. Most importantly, all the pieces are already in place, they just need to be put together. Across the world, in communities torn apart by HIV/AIDS and other diseases, hundreds of thousands of Red Cross Red Crescent volunteers are already working in community and home-based care with recognised, effective, and cheap (or potentially cheap) methods of prevention, therapy and cure. These methods include anti-retroviral treatment (ART) for people living with HIV/AIDS (PLWHA), directly observed treatment, short-course (DOTS) for people living with tuberculosis, early vaccination of children for measles and polio, and prevention of malaria by using bed nets treated with long-lasting insecticide. What is needed is a coordinated, well-planned, massive increase in commitment from the international community, accompanied by the financial means and other resources that would allow National Societies and their volunteers to use all their potential.

## Red Cross Red Crescent contributions to Goal 6

**Target 7:** *Have halted by 2015 and begun to reverse the spread of HIV/AIDS*

The International Federation strongly believes that HIV/AIDS is a global priority, and each of the current regional plans of action accordingly has set combating HIV/AIDS as a priority. This is also true for an increasing number of National Societies. Because all the Goals are all interdependent, some HIV/AIDS-related activities have already been mentioned under other Goals, such as the activities combined with food security under Goal 1, and support for orphans made vulnerable by HIV/AIDS under Goals 2 and 4.

HIV and TB form a lethal combination, each speeding the other's progress, and TB accounts for about 13 per cent of AIDS deaths worldwide. For this reason, Red Cross Red Crescent HIV and TB



programmes share a common overall approach, and are run jointly wherever possible. This addresses the TB Task Force's key recommendation to "address the TB/HIV emergency now: TB and HIV/AIDS partnerships must step up collaboration immediately."<sup>79</sup>

The International Federation's approach to fight HIV/AIDS and TB has three interrelated components:

- 1) Stigma and discrimination.
- 2) Prevention.
- 3) Care and treatment.

The three components are mutually supportive, and People Living with HIV/AIDS (PLWHA) and/or TB are at the very heart of this approach. All three components must be addressed if any one is to succeed.

### 1) Stigma and discrimination

Globally, this component has been addressed by the anti-stigma campaign which was launched on World Red Cross Red Crescent Day 2002. Since then, 128 National Societies have held activities on HIV/AIDS-related stigma and discrimination. The campaign aims to help people discuss HIV/AIDS openly, facilitating prevention and access to care and treatment.

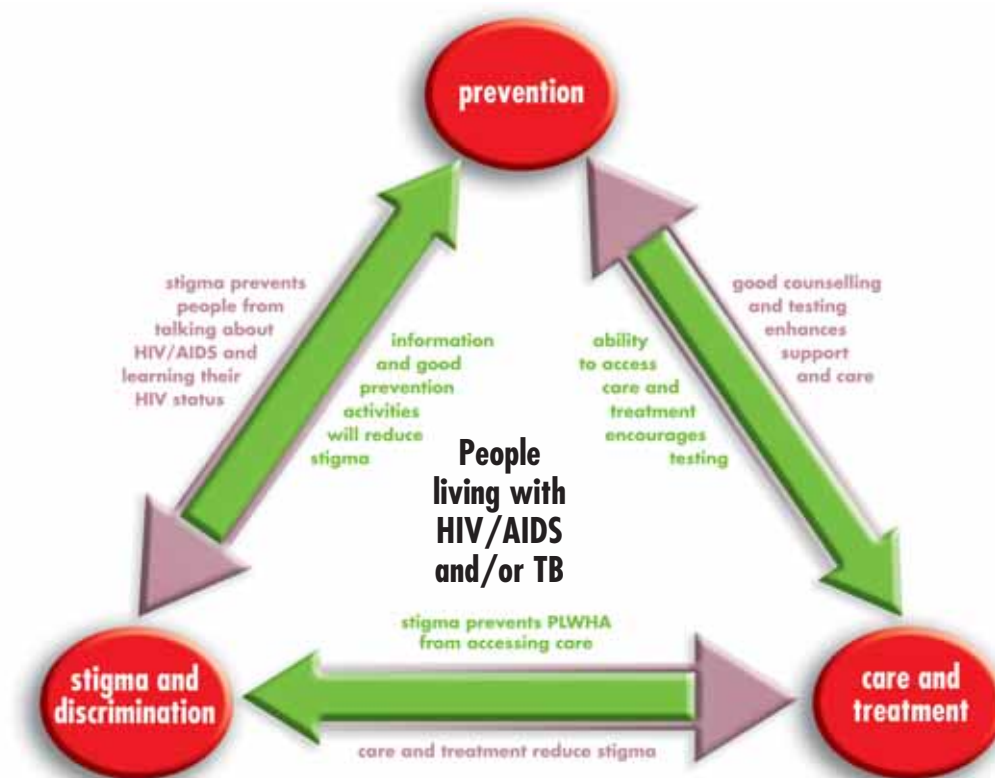
### 2) Prevention

In parallel with this campaign, hundreds of peer education programmes are carried out worldwide. This is key to the Red Cross Red Crescent's efforts in Africa and Asia Pacific, where many thousands of young people are reached by peer educators who are trained and supported by the youth sections of National Societies. Because half of the people newly infected with HIV are between the ages of 15 and 24, reaching this age group is essential in order to achieve this Goal.

In Cambodia and Thailand, early intervention and large-scale government-led prevention programmes have had great effect. The Thai Red Cross Society' HIV/AIDS clinic provides a wide range of services, including Voluntary Counselling and Testing (VCT). National Societies more commonly promote and support VCT in collaboration with testing centres, and support their outreach activities through community and home-based care and treatment programmes.

### Harm reduction

Prevention activities in some countries, especially in Central Asia and Central and Eastern Europe, include promoting harm reduction amongst intravenous drug users. Typically, National Societies' interventions include such elements as outreach, drop-in centres, needle exchange programmes, provision of condoms, peer education, drug substitution treatment and injecting drug rooms.



### 3) Care and treatment

Home-based care to support treatment programmes is the basic approach of Red Cross Red Crescent care and treatment programmes in Africa, Asia and Europe. The Zimbabwe Red Cross Society<sup>80</sup> programme is a great success, with hundreds of care facilitators caring for thousands of people. The programme has become the model for home-based care for National Societies across Africa, including Namibia<sup>81</sup>, South Africa, Malawi, Mozambique, Namibia and Swaziland.<sup>82</sup> As mentioned under Goal 1, home-based care programmes in Africa are often used as the basis for other activities such as other health education and food security.

Laos, Cambodia and China are some examples where home-based care has been successful in Asia. In China, home-based programmes have been built on the successful self-help groups which form the basis of China's HIV/AIDS programme, and were selected by UNAIDS as an example of "best practice". In Central Asia, home-based care is often linked with the long-running visiting nurses programmes.

Worldwide, the home- and community-based care approach is made possible by the fact that Red Cross Red Crescent volunteers are familiar, trusted members of the community and have long been regular visitors in homes and communities. It is the ideal support to clinical interventions, which are usually provided by other partners, including Ministries of Health, WHO and medical NGOs (see Figure 1 on page 33). See also the access to antiretroviral treatment programmes described under Goal 8, target 17 on page 54.

More information on the three aspects of National Societies' activities within the global programmes can be found in the document "Reducing household vulnerability to HIV/AIDS and tuberculosis,"<sup>83</sup> in the reports on the global appeals for health ([www.ifrc.org/appeals](http://www.ifrc.org/appeals)), and in the evaluation of the global programme on HIV/AIDS ([www.ifrc.org/8000everyday](http://www.ifrc.org/8000everyday)).

**Target 8:** *Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases*

#### Tuberculosis

The three interrelated components (see above) guide the specific Red Cross Red Crescent national activities. TB programmes are found in National Societies worldwide, but the International Federation is currently focusing particular attention on countries where TB is increasing at alarming rates, such as in Eastern Europe and Central Asia.

##### a) Stigma

As with HIV/AIDS, National Societies address this through education, advocacy and communication. Education programmes by trained caregivers at community level aim to decrease TB stigma through increasing awareness about causes, symptoms, treatment, possible drug side-effects and behaviour change.

##### b) Prevention

These community-based education activities are also a key contribution towards prevention in countries in Eastern Europe, Central Asia and Russia where TB is particularly widespread. In addition, National Societies' close links with communities also allow for finding cases early on, and tracing patients who do not keep up their treatment. Patients can then be counselled and referred to health facilities for treatment, preventing more serious complications of the disease. For example, to address the alarming increase of TB in prisons in Central Asia and Russia, National Societies' activities aim to reduce the 25 per cent of prisoners who develop resistant forms of TB caused by late diagnosis, late referral and delays in treatment.

### c) Care and treatment

Care and treatment programmes typically involve Red Cross nurses and volunteers providing the vital community or home-based care and support needed to monitor the standard TB control method, directly observed treatment, short-course (DOTS), and DOTS plus. This addresses the TB Task Force's recommendation to "Provide access for all to high-quality TB care and treatment through DOTS."<sup>84</sup> The community and home-based approach also facilitates the essential links with the HIV/AIDS programmes mentioned above.

National Societies' programmes often target those patients who are most likely to not follow treatment, and are often unreachable by national health services. In Pskov, Russia, rates of interrupted treatment among TB patients fell by 30 per cent on average and increased the cure rate to 73 per cent (2002-03). In Ust-Kamenogorsk in Kazakhstan, the rate of those not completing treatment went down from over 20 per cent to only 4 per cent (2002-03). In addition to supporting DOTS treatment, some National Societies also provide social, psychological and legal support.

The Red Cross Red Crescent's role in TB control is already recognized at national and international levels. Many National Societies are invited to TB working groups at country and regional levels. At the international level, the International Federation has a seat on the coordinating board of WHO's Stop TB Partnership, and the Russian and American Red Cross are also partners.

### Malaria and other diseases

The impressive scale of what can be achieved through partnership between government, UN agencies and Red Cross Red Crescent in tackling communicable diseases was illustrated by the examples of integrated health campaigns outlined under Goal 4. These recent examples of combining measles and polio vaccination campaigns with distribution of insecticide treated bed nets have demonstrated that rapid and high coverage can be achieved at lower cost – by the end of 2004, more than 160 million children had been immunized with more than 35,000 Red Cross and Red Crescent volunteers supporting these campaigns in 39 countries since 2001.<sup>85</sup>

These large-scale campaigns, while impressive, are nonetheless only one expression of the potential of volunteers in National Societies to act as the link between the national and international health support systems and the vulnerable people they aim to help. In other countries, volunteers support vaccination programs and prevention campaigns on a scale appropriate to the capacity of the National Society. National Society health programmes worldwide, whether relying on volunteers visiting communities or combined with permanent or mobile clinics all play their part in stopping the spread of disease.

### Promoting voluntary blood donation

While not the main route of transmission, blood transfusion can be most effective in transmitting HIV and other infectious agents. With an estimated five percent of all HIV infections coming from blood transfusions, countries must take stringent measures to ensure the safety of their blood supplies. As mentioned under Goals 4 and 5, the Red Cross Red Crescent is a key partner to WHO, with whom as part of a joint strategy, the International Federation advocates for the national coordination of blood programmes to ensure optimal standards of safety and quality including:

- a) collection of blood only from voluntary, non-remunerated blood donors from low-risk populations;
- b) implementation of a national quality system for all aspects of the donation and transfusion process;
- c) screening of all donated blood for transfusion-transmissible infections.

### Water and sanitation

The UN Secretary-General summed up the relevance of water and sanitation to this Goal when he said, "We shall not finally defeat AIDS, tuberculosis, malaria, or any of the other infectious diseases that plague the developing world until we have also won the battle for safe drinking water, sanitation and basic health care."<sup>86</sup>

Clean water is essential for improved health and nutrition, which in turn, reduces susceptibility to, and the severity of, HIV/AIDS and other major diseases. Without it, effectiveness of treatment

programmes is seriously diminished. At least 1.6 million disease-related deaths per year are attributed to unsafe water and poor sanitation and hygiene. The International Federation estimates that around 30 per cent of common recurrent diseases are water and sanitation-related. Improved water management also reduces transmission risks of mosquito-borne illness like malaria and dengue fever. See Goal 7, target 10 for more details on the scope of Red Cross Red Crescent water and sanitation programmes.

## Work together to further reduce and reverse the spread of disease

### Suggestions for National Societies, governments and UN agencies

**Target 7:** *Have halted by 2015 and begun to reverse the spread of HIV/AIDS*

**Target 8:** *Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases*

See the “work together” sections under Goals 4 and 5 for general suggestions relevant to all directly health-related Goals. The main suggestion is that great advances can be made by combining the forces of governments and UN agencies with the local knowledge and community reach of National Societies, and with the International Federation as their representative in the international sphere.

National Societies and institutions wishing to work with them should take special note of:

- The International Federation’s membership and role in the Stop TB Partnership coordinating board ;
- The International Federation as a UNAIDS collaborating centre with a focus on
  - reducing stigma and discrimination, through collaboration with the global network of People Living with HIV/AIDS (GNP+) community mobilization through volunteers;
  - the joint initiative hosted by the International Federation secretariat to develop the code of good practice for NGOs responding to HIV/AIDS, which it has also endorsed ([www.ifrc.org/what/health/hiv aids/code](http://www.ifrc.org/what/health/hiv aids/code)).

Governments are particularly reminded that National Societies are mandated to act as “auxiliaries in the humanitarian services of their governments,” and that in many countries there is great scope for engaging National Societies’ volunteers in the prevention and treatment of HIV/AIDS, tuberculosis, malaria and other diseases.

States are also reminded of specific commitments they made in the Agenda for Humanitarian Action adopted at the 2003 International Conference of the Red Cross and Red Crescent, under general objective 4: “Reduce the increased vulnerability to diseases arising from stigma and discrimination and from the lack of access to comprehensive prevention, care and treatment.”

Refer to the general suggestions in Annex 2 for general principles and details on where to get more information.







## Goal 7

### Ensure environmental sustainability

**Target 9:** *Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources*

**Target 10:** *Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation*

**Target 11:** *Have achieved, by 2020, a significant improvement in the lives of at least 100 million slum dwellers*

## Introduction

The UN Secretary General notes: “*Since the Earth Summit in 2002, the world has increasingly recognised the important links between environmental sustainability, poverty eradication, the importance of protecting and managing natural resources. At the World Summit on Sustainable Development in 2002, the international community recognised that economic development, social development and environmental protection are three interdependent and mutually reinforcing pillars of sustainable development.*”<sup>87</sup> The International Federation would add to this that environmentally aware disaster risk reduction and disaster response must be included to comprehensively address environmental sustainability, and its effects on the vulnerability of communities.

## Red Cross Red Crescent contributions to Goal 7

**Target 9:** *Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources*

Environmental sustainability may not be the first thing that comes to most people’s mind when thinking of the Red Cross Red Crescent, and it does not feature on its own as a core area of International Federation and National Society work. However, many Red Cross Red Crescent activities do in fact address the targets of this Goal.

The main context within which the International Federation and National Societies contribute to this target is through two key aspects of their disaster preparedness work. Firstly, floods, drought, and population movements can have great negative impact on the environment. This is addressed by the

International Federation's Memorandum of Understanding with the United Nations Environment Programme, and National Society programmes which to aim to ensure their disaster response work is carried out in a sustainable way.

The second aspect is that climate change is increasing the amount of weather-related disasters. The International Federation's Centre on Climate Change and Disaster Preparedness in the Netherlands is the focal point for gathering Red Cross Red Crescent learning on how climate change happens, and how National Societies can reduce the loss of life and the damage done to the livelihoods of people through sustainable development and disaster management practices.

Following on the Kobe Conference, the International Federation is further encouraging National Societies to promote the inclusion of risk reduction strategies in national development and disaster planning, including considering environmental sustainability. With around 82 per cent<sup>88</sup> of National Societies saying they already have a formal role with their government for disaster response in their country, they are well placed to do this. A few examples of good practice include:

- The **Red Cross of Viet Nam** has been planting and protecting mangrove forests in the northern part of the country since 1994, to protect the coastal inhabitants from typhoons and storms. The mangroves protect many kilometres of the sea dyke that runs along the coastline. The project has saved many lives and secured many livelihoods, through entirely sustainable means.<sup>89</sup>
- The **Red Crescent Society of Kyrgyzstan** community-based disaster prevention programme includes forest conservation and reforestation as a prevention method against landslides and erosion. Some 20,800 walnut trees were planted, covering 220,000 square metres on un-wooded hillsides above the village that, left untouched, could produce devastating landslides.<sup>90</sup>
- The extensive programme of toilet construction by the **Red Cross Society of China**, combined with clean water supplies and an adequate sanitation system has alleviated pollution of the surface and ground water in the flood-prone Guangxi and south-central Hunan provinces.<sup>91</sup>

### *Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation*

Because safe drinking water and basic sanitation are so vital to ensuring many aspects of people's health and livelihoods, the relevance of water and sanitation activities has already been mentioned throughout this document, especially those that fit within the International Federation's Global Water and Sanitation Initiative (GWSI).

The GWSI plans to double the International Federation's long-term, community-based developmental type of water and sanitation activities to reach a total of five million beneficiaries by 2015, out of a projected total of 14 million people reached through water and sanitation programmes in emergency and non-emergency situations.

GWSI activities should be based on community participation, and the use of appropriate and sustainable technology. Projects must also be long-term, with secured funding, and be linked with government-led integrated water resource management. The projects are based on community engagement through National Societies, and the International Federation playing the role of a catalyst and a mentor.

Some examples of developmental-type water and sanitation programmes that fit within the GWSI include the programme in China mentioned above,<sup>92</sup> where 11,800 families have benefited from the construction of toilets and water supplies, accompanied by community health education.



In Somaliland,<sup>93</sup> the German Red Cross aims to provide a sustainable and adequate water supply to over 2,200 households, and sanitary facilities to 840 households. In the Democratic People's Republic of Korea,<sup>94</sup> 400,000 people in rural communities have benefited from similar programmes, and were heavily involved in their development. While the GWSI is significant, it is clear that more and wider-reaching partnerships will have to be built to have a greater impact on the 1.1 billion people lacking safe water, and the 2.4 billion people with no access to sanitation. Some of these partnerships can be built with National Societies running water and sanitation independently from the International Federation. By scaling up activities using the combined expertise and resources of the 183 National Societies, much more could be achieved.

**Target 11: Have achieved, by 2020, a significant improvement in the lives of at least 100 million slum dwellers**

Programmes run within the core areas of health and care, disaster preparedness and response are even more urgent for vulnerable people living in slums. Slums are by definition unsafe from disaster risk, and the conditions in most slums increase many health risks.

National Societies are committed, by the Fundamental Principle of Unity, to *“carry out its humanitarian work throughout its territory”*. This includes carrying out health care and disaster preparedness education, advocacy and other work in slums around the world. A few examples were given by the International Federation at the World Urban Forum 2004 in Barcelona. They included:

- The Bangladesh Red Crescent Society health information and education campaigns, focusing on HIV/AIDS and communicable diseases. Such education programmes in slum areas are also common in Thailand.<sup>95</sup> The Bangladesh Red Crescent Society also addresses the needs of slum dwellers affected by floods;<sup>96</sup>
- The Egyptian Red Crescent Society has been closely associated with a project to re-house 9,000 slum dwellers that includes the cultural and community amenities necessary to emerge from slum life, such as a women's centre, a health centre, a cultural centre, a mosque and schools;
- The Indonesian Red Cross Society has successfully taken water and sanitation facilities in slum areas, based on local community involvement;
- The Red Cross-led Measles Initiative mentioned earlier has included slum areas in its programmes, such as the Kibera slum in Nairobi, Kenya, the largest slum in sub-Saharan Africa.

## Work together to ensure environmental sustainability

### Suggestions for National Societies, governments and UN agencies

**Target 9:** *Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources*

**Target 10:** *Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation*

**Target 11:** *Have achieved, by 2020, a significant improvement in the lives of at least 100 million slum dwellers*

#### **Environmental sustainability**

*In the area of environmental sustainability of disaster response programmes, refer to the wide-ranging Memorandum of Understanding with UNEP.*

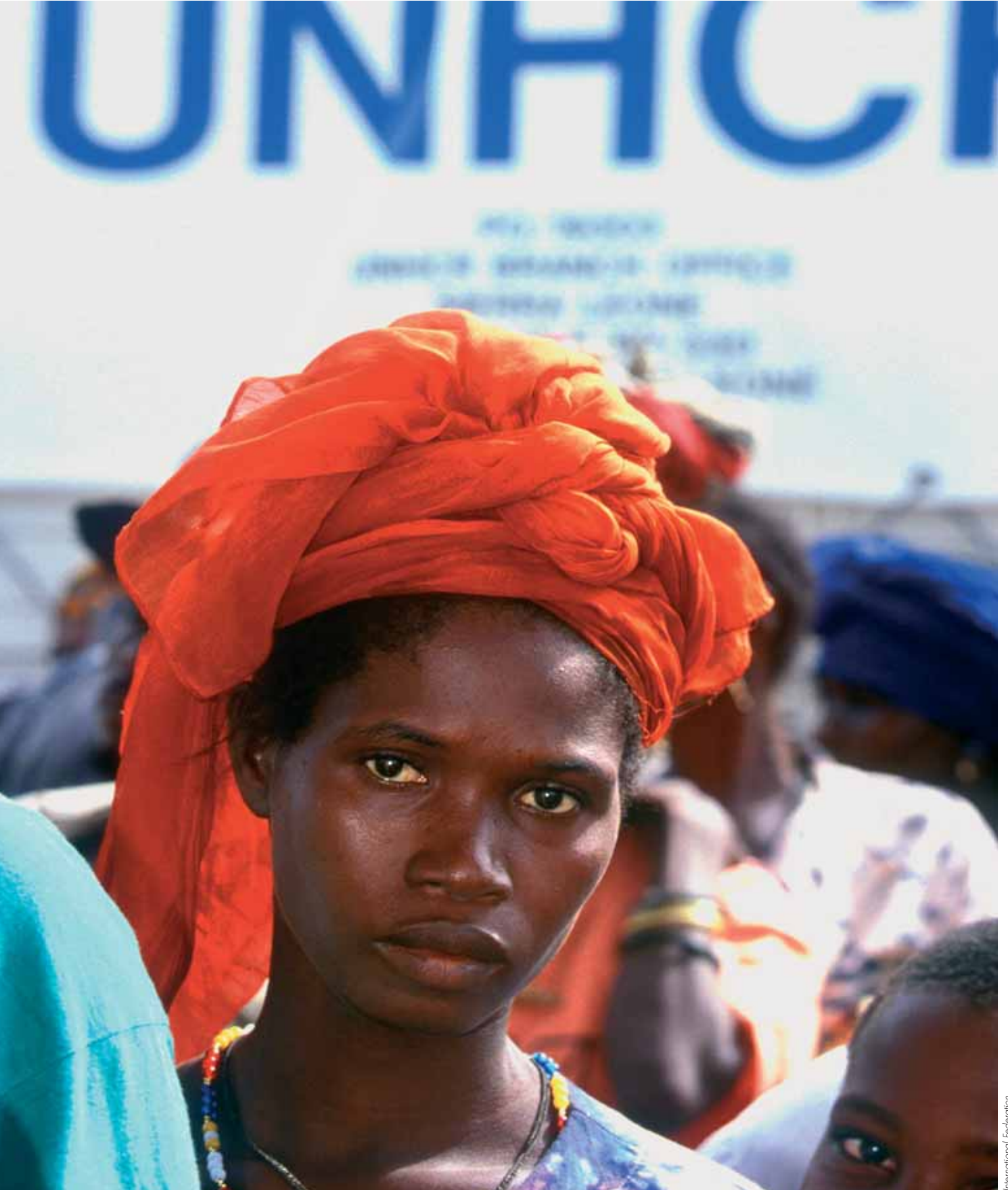
*National Societies, governments and United Nations agencies working or interested in working together to reduce the negative effects of climate change can also contact the International Federation's Centre on Climate Change and Disaster Preparedness. For more information about Red Cross Red Crescent work worldwide, see [www.climatecentre.org](http://www.climatecentre.org).*

*National Societies with potential for water and sanitation programmes that fit the Global Water and Sanitation Initiative model, in collaboration with governmental integrated water management, can contact the International Federation secretariat's water and sanitation unit for more information about the Global Water and Sanitation Initiative, as it can interest United Nations and other agencies.*

*Where there is capacity and scope, National Societies could consider extending their standard programmes to slum areas, in collaboration, where appropriate, with their government and/or United Nations agencies.*

*Refer to the general suggestions in Annex 2 for key principles and details on where to get more information.*





## Goal 8

# Develop a global partnership for development

See below for relevant targets, and Annex 3: Full text of the Goals, targets and indicators on page 61 for the other targets

## Introduction

The many different national and international partnerships described in this document show the significant role played by the International Federation and its National Societies in terms of a wider global partnership for development envisaged in this Goal itself, and states' resolution in the Millennium Declaration *"to develop strong partnerships with the private sector and with civil society organizations in pursuit of development and poverty eradication."*

Not all of the targets of this Goal are tackled directly by the International Federation or National Societies, as they are aimed specifically at donor countries supporting the development of middle-income and least developed countries. In this respect, a key contribution of the International Federation and National Societies is as a global network of respected and established partners in humanitarian and development assistance.

## Red Cross Red Crescent contributions to Goal 8

The two main types of partnership with the Red Cross Red Crescent that have been described throughout this document are:

- The special relationship that every National Society has with the government of its country as a legally recognized voluntary humanitarian society which supports, as an "auxiliary," the government's humanitarian services.
- The many international agreements between the International Federation and the United Nations and other humanitarian agencies, which creates extensive scope for working together to achieve all eight Goals. In addition to this overall contribution to the Goal, there are also specific aspects of some targets to which the Red Cross Red Crescent contributes.

### Discussion of MDGs leads to partnership in Mongolia

When the Mongolian Red Cross Society (MRC) met with the Mongolian country staff of the United Nations Development Programme (UNDP) recently, they discussed the progress that the country was making towards the MDGs in general. UNDP was fascinated to learn of MRC's social care programmes which targeted vulnerable elderly people, among others. UNDP was not aware that MRC was working with this group, and suggested that it would be an important opportunity to collaborate on their urban poverty pilot programme, perhaps choosing one district where the MRC social care programme was active. This also led to UNDP suggesting that they convene a meeting of NGOs, United Nations agencies and others who may be interested to learn of MRCS's experiences with the vulnerable elderly group.

The MRC was interested to learn more about the MDGs, and how their social care programme was contributing to different aspects of the Goals. They realized that if they included reference to the MDGs in their planning and promotional documents, this would also increase possibilities of further partnership and funding - without making any significant changes to their programming.

**Target 13:** *Address the special needs of the least developed countries (includes tariff-and quota-free access for exports enhanced program of debt relief, and cancellation of official bilateral debt, and more generous Overseas Development Aid (ODA) for countries committed to poverty reduction)*

The Red Cross Red Crescent can support this target through its status as a well-respected and reliable partner for channelling ODA towards the type of community-based, nationally-devised programmes that have been described throughout this document.

Like all National Societies, those in least developed countries (LDCs) are rooted in the culture and traditions of that country, by virtue of being a national organization having strong links with the community. This local knowledge, combined with the global connection through the International Federation is the key to the added value of National Societies in LDCs as recipients of ODA.

**Target 16:** *In cooperation with developing countries, develop and implement strategies for decent and productive work for youth*

In a great many National Societies, youth volunteers are a very significant proportion of all volunteers. All youth volunteers gain valuable experience through their work which contributes to their finding decent and productive work. The vast majority of National Societies (82 per cent of respondents in 2003) provided leadership training programmes for their youth leaders and members.

In addition, many of the type of skills training and vocational courses as mentioned under Goal 1 (page 19) also directly support youth in ways that will allow them to find decent work.

**Target 17:** *In cooperation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries*

The International Federation's position on this is very clear: humanitarian concerns should prevail over commercial ones in public health emergencies such as HIV/AIDS and Tuberculosis. The International Federation emphasizes the need to advocate for access to free antiretroviral treatment (ART) for poor people living with HIV/AIDS (PLWHA), including using generic versions of the drugs in many developing countries.

The International Federation also advocates for an infrastructure to administer treatment and care, based on the regular and reliable access to households that is the hallmark of many National Societies' home and community-based HIV/AIDS care programmes mentioned under Goal 6. This typical role of the Red Cross Red Crescent supports the clinical interventions of other partners (see Figure 1, page 33). Other examples include the Thai Red Cross Society's hospital and research institute, which has extensive experience Voluntary Counselling and Testing and in treating PLWHA with ART. The French Red Cross operates a number of day care centres in West Africa which provide access to ART, along with care and counselling, in close collaboration with the respective Ministries of Health.

**Target 18:** *In cooperation with the private sector, make available the benefits of new technologies, especially information and communications*

The International Federation knows from experience the critical need to extend the benefits of information and communication technologies to communities. In disaster situations, having the right technology can save lives. In the day-to-day work of National Societies, technology can assist their effectiveness and ability to collaborate. The International Federation is actively promoting the use of technology in National Societies, facilitated by its partnerships with the private sector.

When the Red Cross of The Former Yugoslav Republic of Macedonia realised that buying the software licenses they needed would represent a huge proportion of their annual income, they contacted the International Federation, asking for support in discussing their problem with Microsoft. Ultimately, this led to the signing of an agreement between the International Federation and Microsoft in Africa, Europe and MENA. Under the agreement, Microsoft will donate software licences to National Societies in least-developed countries, provide technology training to Red Cross Red Crescent volunteers and local communities, and offer consulting by Microsoft employee volunteers.

The International Federation also has partnership agreements with Ericsson, Cisco and Fritz, all of which contribute in different ways to the work of the International Federation in less developed countries, including providing hardware, software and volunteer support. The International Federation hopes to develop these and other relationships further, especially moving from short-term and hardware-related donations to partnerships which help build the technology capacity of National Societies more sustainably. The Microsoft example is a good model on which the International Federation hopes to build.

## Work together for a global partnership for development

### Suggestions for National Societies, governments and United Nations agencies

Because this Goal is all about partnerships and building on the specific partnerships for individual Goals, refer to the comments made above for this Goal, the various suggestions on working together under each Goal, and the general suggestions for working together under Annex 2.

National Societies and institutions wishing to work with them should note that these comments have focussed on those United Nations and other agencies with whom the International Federation already has working agreements at the global level. However, there are many agreements and working relationships established at regional or national level that are also relevant, as well as many potential partnerships which could be explored at national, regional and international levels.

Governments, United Nations agencies and others working towards the Goals who wish to further investigate ways to work together with the Red Cross Red Crescent should contact the relevant International Federation delegation or National Society. See Annex 2 for contact details.

## Conclusion: Working together to achieve the Goals

This document has outlined some of the key areas in which the work of the International Federation of Red Cross and Red Crescent Societies contributes to the achievement of the Millennium Development Goals. There are many thousands of other examples from National Societies and International Federation delegations around the world that could be added.

This document has also illustrated the key advantage of the International Federation – it is the largest humanitarian network in the world, made up of national voluntary organizations which work closely with communities. The community-based volunteers that characterise many National Societies form a unique bridge between governments, civil society and vulnerable people, the essential missing link needed to be able to achieve the Goals. Through the International Federation, they have access to an international level of support, technical assistance and representation, as well as to potential partnership with millions of members and volunteers around the world.

It is this characteristic of being both locally focused and globally connected that makes National Societies and the International Federation a natural, established and essential partner to help governments achieve the Goals by 2015.



## Annex 1

# Outline of links between the Millennium Development Goals and Strategy 2010 core areas

### ■ Promotion of the Movement's Fundamental Principles and humanitarian values

- Since 2001, the main focus of the promotion of humanitarian values has been on reducing discrimination in the community, through the "Reducing Discrimination Initiative."
- More recently, this focus has widened to include promoting tolerance and respect for diversity.
- National Societies and the International Federation continue to promote the Fundamental Principles in all aspects of their work.
- **The Millennium Declaration** states resolved to "take measures to ensure respect for and protection of the **human rights of migrants, to eliminate the increasing acts of racism and xenophobia** and to promote greater harmony and tolerance in all societies". Activities within the Reducing Discrimination Initiative directly address these aims.
- **The Millennium Declaration's "essential values": "equality":** *the equal rights of men and women must be guaranteed* and **"tolerance":** *Human beings must respect one other, in all their diversity.*
  - The International Federation and National Society follow up on Council of Delegates decision to "Promote respect for diversity and fight Discrimination and Intolerance" and on
  - the International Federation 2003 pledge: "non-discrimination and respect for diversity."
- **All Goals:** The types of vulnerability tackled by all the Goals and targets are experienced significantly more by people and groups who are discriminated against. Women, ethnic minorities and low castes worldwide are more likely to be poor and hungry than other members of society.
- National Society and International Federation programmes consciously strive to ensure that benefits reach all sections of society without prejudice, based on the principle of impartiality. In this way it ensures all programmes will have a wide and equitable reach, including to the most vulnerable.
- **Goal 3: Promote gender equality and empower women** directly addresses discrimination against women. Therefore, programmes which directly tackle discrimination against women are an important intersection with this core area.

### ■ Health and care in the community

- International Federation and National Society priorities
- HIV/AIDS
- Malaria
- Measles and Polio
- Tuberculosis
- First Aid
- Blood Services
- Public Health in Emergencies
- Water and Sanitation
- Women and child health
- Psychological support.

- **Goal 1: Eradicate extreme poverty and hunger**
  - It is well established that poverty and hunger cause ill health. The fact that ill health can often lead to poverty and hunger is a main part of what is called “the poverty trap.” For this reason, the health activities of National Societies have a very significant contribution to both elements of this Goal.
  - Children need to be healthy and to have healthy guardians in order to be able to go to school. They also need clean water and sanitation. This holistic approach to achieving the Goals is widely endorsed by UN research, as described in Section 2.
- **Goal 4: Reduce child mortality, Goal 5: Improve maternal health**
  - Especially interventions in women and child’s health, malaria, measles polio, tuberculosis, blood donation, water and sanitation.
- **Goal 6: Combat HIV/AIDS, malaria, and other diseases**
  - Especially HIV/AIDS and tuberculosis, malaria, measles, polio, water and sanitation, blood donation.
- **Goal 7: Ensure environmental sustainability**
  - **Target 10:** access to safe drinking water and basic sanitation: Especially the Global Water and Sanitation Initiative – scaling up developmental water and sanitation programmes.
  - **Target 11:** improve the lives of slum dwellers  
Community based health, HIV/AIDS, malaria, blood donation.
- **Goal 8: Develop a global partnership for development**
  - **Target 17:** In cooperation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries  
National Society support for antiretroviral and tuberculosis treatment, advocacy for increased access.

### ■ Disaster management: disaster preparedness and disaster response

International Federation and National Society priorities:

- Reduce the numbers of deaths, injuries and impact from disasters
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.

- **Goal 1: Eradicate extreme poverty and hunger**
  - Disaster response and preparedness activities contribute to this Goal through Food Security programmes which include both short term food aid and longer term programmes.
- **Goal 2: Achieve universal primary education**
  - National Societies’ disaster response programmes sometimes provide infrastructure support for schooling in disaster situations.
- **Goal 4: Reducing child mortality, Goal 5: Improve maternal health**
  - Children, pregnant women and mothers of young children are often at higher risk from death and injury from disasters. Disaster management activities address their immediate needs and reduce their heightened risk. This includes long-term risk reduction activities as well as disaster relief.
- **Goal 7, target 9: “Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources”**
  - Many risk reduction programmes focus on environmental sustainability.
- **All Goals**
  - National Society risk reduction activities significantly contribute to maintaining achievements towards the Goals in other areas by preventing huge losses of progress made in development through natural and other disasters.
  - Relief, recovery and rehabilitation programmes allow communities to rebuild livelihoods and allows development programmes to continue.

## Annex 2

# General suggestions on working together to reduce vulnerability

## Key principles

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- a) No partnership should ever cause the International Federation or an individual National Society to violate or place in danger their adherence to any of the seven Fundamental Principles of Humanity, Impartiality, Neutrality, Independence, Voluntary Service, Unity and Universality. Partners should also consult the International Federation's policy on development cooperation ([www.ifrc.org/who/policy](http://www.ifrc.org/who/policy)).
- b) Generally, National Societies' partnerships will be based on their status as "auxiliaries in the humanitarian services of their governments,"<sup>100</sup> on the Strategy 2010's direction that "Red Cross Red Crescent and its supporters work together effectively...through long-term partnerships,"<sup>101</sup> and on existing national, regional and international partnership agreements with relevant United Nations and other humanitarian agencies. National Societies can see the list of current partnerships on the FedNet page (internal only) on partnerships <https://fednet.ifrc.org/sw33634.asp>
- c) This document has concentrated on existing agreements at the global level. However, there are also many agreements and working relationships established at the regional or national levels that are also relevant, as well as many potential partnerships which could be explored at the national, regional and international levels. National Societies can refer to the mapping of relationships by region on FedNet (internal only) at <https://fednet.ifrc.org/sw23341.asp>
- d) National Societies decide which partnerships and projects to begin based on their capacity, experience and expertise, and their current relations and contacts with the government, United Nations agencies and other institutions in their country. Partnerships should be appropriate and mutually beneficial, both contributing to achieving the MDGS and helping the National Societies to meet their objectives within Strategy 2010 and their own national plans and strategies, while maintaining their independence and neutrality.
- e) Ideally, National Societies would inform the International Federation about starting any significant new partnerships, in order to benefit from lessons learnt from past experiences around the world, as well as to share new lessons.

## Country level development planning processes

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In some situations, National Societies may find it useful to contribute to country-level processes aimed at achieving the Goals. National Societies' input would commonly be focused on using their volun-

teer base, local knowledge and experience in the core areas so that vulnerable people's views and needs can have greater influence on the various development processes. National Societies could also increase awareness of the resources and expertise of the International Red Cross and Red Crescent Movement in their country.

National Societies are encouraged to contact the relevant government ministries and United Nations agencies in their country to explore the possibilities of providing input into these processes. The key national-level development processes operating in many low- and middle-income countries are outlined below.

### Poverty Strategy Reduction Papers (PRSPs)

Poverty Strategy Reduction Papers are prepared by governments, and outline a country's development situation and national strategy for poverty reduction over three years or more. They are closely linked with assistance from the World Bank and the IMF, and are increasingly used as the main national strategy for achieving the Goals.

The Millennium Project recommends that where poverty strategy reduction papers exist, they should be revised to be aligned with the Goals, and used as the basis for a 3-5 year poverty reduction strategy. Where no Poverty Strategy Reduction Paper (PRSP) exists, the Project recommends devising a MDG-based poverty reduction strategy. In both cases, the Project recommends that the poverty reduction paper or strategy should be part of a 10-year MDG framework to achieve the Goals.<sup>102</sup>

### UN Common Country Assessment (CCA) and Development Assistance Framework (UNDAF)

These processes are prepared by UN country teams. The CCA analyses the national development situation and identifies key issues. It is used as a basis for the UNDAF, the planning framework for development operations of the UN system at the country level. The CCA and UNDAF bring the UN together to help governments achieve the MDGs.

These three processes should inform each other; the United Nations Development Group suggests that ideally, information from the CCA is used in the poverty strategy reduction paper process, which in turn is used as the framework for the UNDAF. It also recommends that all three (CCA/UNDAF/PRSPs) should be MDG-driven from the outset.<sup>103</sup>

## International Conference resolutions

National Societies might also find it useful to refer to the specific commitments made by states and components of the Movement at the International Conferences of the Red Cross and Red Crescent.

In particular, reference could be made to the Agenda for Humanitarian Action adopted at the 2003 International Conference of the Red Cross and Red Crescent, under General Objective 3:

*“Minimize the impact of disasters through implementation of disaster risk reduction measures and improving preparedness and response mechanisms;”*

and General Objective 4:

*“Reduce the increased vulnerability to diseases arising from stigma and discrimination and from the lack of access to comprehensive prevention, care and treatment.”*

See [www.icrc.org/eng/conf28](http://www.icrc.org/eng/conf28) for the full text of the Agenda for Humanitarian Action.

## For more information

National Societies can refer to FedNet, the International Federation's extranet page (<https://fednet.ifrc.org/sw33634.asp>) to view the letters of agreement. Governments and United Nations agencies can contact the National Society in their country, delegations or the International Federation secretariat in Geneva for more information. See also the partnerships page on the public website for general information about the International Federation's current partners [www.ifrc.org/who/partners.asp](http://www.ifrc.org/who/partners.asp).

All contact details are available at [www.ifrc.org](http://www.ifrc.org), which provides National Society addresses ([www.ifrc.org/address/index.asp](http://www.ifrc.org/address/index.asp)) and addresses of regional and country delegations ([www.ifrc.org/who/delegations.asp](http://www.ifrc.org/who/delegations.asp)).

The International Federation secretariat can be contacted in Geneva by email at [secretariat@ifrc.org](mailto:secretariat@ifrc.org), by fax on +41 733 0395, or by post at P.O. Box 372, 1211, Geneva 19, Switzerland.

## Annex 3

# Full text of the UN Millennium Development Goals, targets and indicators

See [www.un.org/millenniumgoals/](http://www.un.org/millenniumgoals/)

Goals and targets	Indicators
<b>Goal 1: Eradicate extreme poverty and hunger</b>	
<b>Target 1:</b> Halve, between 1990 and 2015, the proportion of people whose income is less than US\$1 a day	1. Proportion of population below US\$1 (PPP) a day <sup>a</sup> 1a. Poverty headcount ratio (percentage of population below national poverty line)* 2. Poverty gap ratio (incidence x depth of poverty) 3. Share of poorest quintile in national consumption
<b>Target 2:</b> Halve, between 1990 and 2015, the proportion of people who suffer from hunger	4. Prevalence of underweight in children (under five years of age) 5. Proportion of population below minimum level of dietary energy consumption
<b>Goal 2: Achieve universal primary education</b>	
<b>Target 3:</b> Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	6. Net enrolment ratio in primary education 7a. Proportion of pupils starting grade 1 who reach grade 5 <sup>b</sup> 7b. Primary completion rate* 8. Literacy rate of 15 to 24-year-olds
<b>Goal 3: Promote gender equality and empower women</b>	
<b>Target 4:</b> Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015	9. Ratio of girls to boys in primary, secondary, and tertiary education 10. Ratio of literate women to men ages 15- to 24 11. Share of women in wage employment in the non-agricultural sector 12. Proportion of seats held by women in national parliament

Continued on next pages



<b>Goal 4: Reduce child mortality</b>	
<b>Target 5:</b> Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	13. Under-five mortality rate 14. Infant mortality rate 15. Proportion of one-year-old children immunized against measles
<b>Goal 5: Improve maternal health</b>	
<b>Target 6:</b> Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	16. Maternal mortality ratio 17. Proportion of births attended by skilled health personnel
<b>Goal 6: Combat HIV/AIDS, malaria, and other diseases</b>	
<b>Target 7:</b> Have halted by 2015 and begun to reverse the spread of HIV/AIDS	18. HIV prevalence among pregnant women ages 15- to 24 19. Condom use rate of the contraceptive prevalence rate <sup>c*</sup> 19a. Condom use at last high-risk sex* 19b. Percentage of 15-24-year-olds with comprehensive correct knowledge of HIV/AIDS <sup>d*</sup> 19c. Contraceptive prevalence rate 20. Ratio of school attendance of orphans to school attendance on non-orphans ages 10-14
<b>Target 8:</b> Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	21. Prevalence and death rates associated with malaria 22. Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures <sup>e</sup> 23. Prevalence and death rates associated with tuberculosis 24. Proportion of tuberculosis cases detected and cured under directly observed treatment short course (DOTS)
<b>Goal 7: Ensure environmental sustainability</b>	
<b>Target 9:</b> Integrate the principles of sustainable development into country policies and program and reverse the loss of environmental resources	25. Proportion of land area covered by forest 26. Ratio of area protected to maintain biological diversity to surface area 27. Energy use (kilograms of oil equivalent) per US\$1 GDP (PPP) 28. Carbon dioxide emissions (per capita) and consumption of ozone-depleting chlorofluorocarbons (ODP tons) 29. Proportion of population using solid fuels*
<b>Target 10:</b> Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	30. Proportion of population with sustainable access to an improved water source, urban and rural 31. Proportion of population with access to improved sanitation, urban and rural

<p><b>Target 11:</b> Have achieved, by 2020, a significant improvement in the lives of at least 100 million slum dwellers</p>	<p>32. Proportion of households with access to secure tenure</p>
<p><b>Goal 8: Develop a global partnership for development</b></p>	
<p><b>Target 12:</b> Develop further an open, rule-based, predictable, non-discriminatory trading and financial system (includes a commitment to good governance, development, and poverty reduction-both nationally and internationally)</p> <p><b>Target 13:</b> Address the special needs of the least developed countries (includes tariff-and quota-free access for exports enhanced program of debt relief for HIPC and cancellation of official bilateral debt, and more generous ODA for countries committed to poverty reduction)</p>	<p>Some of the indicators listed below will be monitored separately for the least developed countries, Africa, landlocked countries, and small island developing states.</p> <p><b>Official development assistance</b></p> <p>33. Net ODA total and to the least developed countries, as a percentage of OECD/DAC donors' gross national income</p> <p>34. Proportion of bilateral, sector-allocable ODA of OECD/DAC donors for basic social services (basic education, primary health care, nutrition, safe water, and sanitation)</p> <p>35. Proportion of bilateral official development assistance ODA of OECD/DAC donors that is untied</p> <p>36. ODA received in landlocked countries as proportion of their gross national incomes</p> <p>37. ODA received in small island developing states as proportion of their gross national incomes</p>
<p><b>Target 14:</b> Address the special needs of landlocked countries and small island developing states (through the Program of Action for the Sustainable Development of Small Island Developing States and 22nd General Assembly provisions)</p>	<p><b>Market access</b></p> <p>38. Proportion of total developed country imports (by value and excluding arms) from developing countries and from least developed countries, admitted free of duty</p> <p>39. Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries</p> <p>40. Agricultural support estimate for OECD countries as a percentage of their gross domestic product</p> <p>41. Proportion of ODA provided to help build trade capacity</p>
<p><b>Target 15:</b> Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term</p>	<p><b>Debt sustainability</b></p> <p>42. Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)</p> <p>43. Debt relief committed under HIPC initiative</p> <p>44. Debt service as a percentage of exports of goods and services</p>
<p><b>Target 16:</b> In cooperation with developing countries, develop and implement strategies for decent and productive work for youth</p>	<p><b>Other</b></p> <p>45. Unemployment rate of 15- to 24-year-olds, male, female and total <sup>f</sup></p> <p>46. Proportion of population with access to affordable, essential drugs on a sustainable basis</p>

**Target 17:** In cooperation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries

**Target 18:** In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

47. Telephone lines and cellular subscribers per 100 population

48a. Personal computers in use per 100 population

48b. Internet users per 100 population

\* *These indicators are proposed as additional MDG indicators, but have not yet been adopted.*

*(a) For monitoring country poverty trends, indicators based on national poverty lines should be used, where available.*

*(b) An alternative indicator under development is "primary completion rate."*

*(c) Among contraceptive methods, only condoms are effective in preventing HIV transmission. Since the condom use rate is only measured among women in union, it is supplemented by an indicator on condom use in high-risk situations (indicator 19a) and an indicator on HIV/AIDS knowledge (indicator 19b). Indicator 19c (contraceptive prevalence rate) is also useful in tracking progress in other health, gender, and poverty Goals.*

*(d) This indicator is defined as the percentage of 15- to 24-year-olds who correctly identify the two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy-looking person can transmit HIV. However, since there are currently not a sufficient number of surveys to be able to calculate the indicator as defined above, UNICEF, in collaboration with UNAIDS and WHO, produced two proxy indicators that represent two components of the actual indicator. They are the percentage of women and men ages 15-24 who know that a person can protect herself from HIV infection by "consistent use of condom," and the percentage of women and men ages 15-24 who know a healthy-looking person can transmit HIV.*

*(e) Prevention to be measured by the percentage of children under age five sleeping under insecticide-treated; treatment to be measured by percentage of children under age five who are appropriately treated.*

*(f) An improved measure of the target for future years is under development by the International Labour Organization.*

- 1 In the Monterrey Consensus<sup>ii</sup> ([www.un.org/esa/ffd/Monterrey-Consensus-excepts-aconf198\\_11.pdf](http://www.un.org/esa/ffd/Monterrey-Consensus-excepts-aconf198_11.pdf)) and Johannesburg plan of Implementation ([www.johannesburgsummit.org/html/documents/summit\\_docs/2309\\_planfinal.htm](http://www.johannesburgsummit.org/html/documents/summit_docs/2309_planfinal.htm))
- 2 In the 2001 report of the UN Secretary General “Road map towards the implementation of the United Nations Millennium Declaration” (A/56/326)
- 3 At the time of writing (July 2005) there are 181 recognized National Societies – when Strategy 2010 was written there were 178
- 4 For more information on the International Federation, who we are and what we do, please see [www.ifrc.org](http://www.ifrc.org).
- 5 Indicators for Monitoring the Millennium Development Goals, UN 2003 (New York). [http://ddp-ext.worldbank.org/ext/MDG/content/pdf/document\\_final.pdf](http://ddp-ext.worldbank.org/ext/MDG/content/pdf/document_final.pdf)
- 6 The UN Secretary-General’s 2001 report to the General Assembly “Road map towards the implementation of the United Nations Millennium Declaration”, UN document A/56/326
- 7 Strategy 2010, page 14
- 8 Seven out of ten of the world’s hungry are women and girls – source [www.wfp.org/food\\_aid/food\\_for\\_women/index.asp?section=12&sub\\_section=4](http://www.wfp.org/food_aid/food_for_women/index.asp?section=12&sub_section=4)
- 9 UNDP Human Development Report 2003 on the MDGs “Women, rural inhabitants, ethnic minorities and other poor people are typically progressing slower than national averages—or showing no progress—even where countries as a whole are moving towards the Goals.”
- 10 See also the call from the 42nd session of the Commission for Social Development, which emphasized the need for mainstreaming the concepts of social integration into the MDGs. The UN Secretary-General noted this in his report to the Economic and Social Council in 2005, stating that “there is a need to ensure that policy interventions to achieve the MDGs should take into account the needs and concerns of those vulnerable groups [older persons, persons with disabilities, youth, migrant and indigenous people as well as refugees and the internally displaced]”.
- 11 See the work carried out by UN International Strategy for Disaster Reduction see [www.unisdr.org/eng/mdgs-drr/link-mdg-drr.htm](http://www.unisdr.org/eng/mdgs-drr/link-mdg-drr.htm), and the documents “Reducing Disaster Risk: A Challenge for Development”, UNDP, 2004 (New York) and “Disaster risk reduction: a development concern”. DFID, 2005
- 12 The most relevant extracts from the relevant articles are: See [www.ifrc.org/publicat/code](http://www.ifrc.org/publicat/code)  
**Article 6:** We shall attempt to build disaster response on local capacities. All people and communities possess capacities as well as vulnerabilities. Where possible, we will strengthen these capacities by employing local staff, purchasing local materials and trading with local companies.  
**Article 7:** Ways shall be found to involve programme beneficiaries in the management of relief aid. We will strive to achieve full community participation in our relief and rehabilitation programmes.  
**Article 8:** Relief aid must strive to reduce future vulnerabilities to disaster as well as meeting basic needs. All relief actions affect the prospects for long term development, either in a positive or a negative fashion. We will strive to implement relief programmes which actively reduce the beneficiaries’ vulnerability to future disasters and help create sustainable lifestyles.
- 13 The Agenda for Humanitarian Action was adopted by all National Societies, the International Federation the ICRC and the States parties to the Geneva Convention at the 2003 International Conference of the Red Cross and Red Crescent. See [www.icrc.org/Web/Eng/siteeng0.nsf/htmlall/p1103/\\$File/ICRC\\_002\\_1103.PDF](http://www.icrc.org/Web/Eng/siteeng0.nsf/htmlall/p1103/$File/ICRC_002_1103.PDF)
- 14 [www.unisdr.org/eng/hfa/hfa.htm](http://www.unisdr.org/eng/hfa/hfa.htm)
- 15 In his important 2005 report on achieving the MDGs - “In Larger Freedom” 2005, paragraphs 65 and 66
- 16 UN International Strategy for Disaster Reduction see [www.unisdr.org/eng/mdgs-drr/link-mdg-drr.htm](http://www.unisdr.org/eng/mdgs-drr/link-mdg-drr.htm)
- 17 Reducing Disaster Risk: A Challenge for Development, UNDP, 2004, (New York), page 18
- 18 The current form of the Goals and target were set out in the 2001 report of the UN Secretary-General (UN doc reference no A/56/326), based on the Millennium Declaration. The same report states targets and indicators were selected by “United Nations Secretariat and representatives of IMF, OECD and the World Bank”
- 19 UN Statistics division states that “To help track progress, the United Nations Secretariat and the specialized agencies of the UN system, as well as representatives of IMF, the World Bank and OECD defined a set of time-bound and measurable Goals and targets. International experts also selected relevant indicators to be used to assess progress over the period from 1990 to 2015, when targets are expected to be met” See <http://millenniumindicators.un.org/>
- 20 See for example the reports of the Task Forces of the Millennium Project at [www.unmillenniumproject.org](http://www.unmillenniumproject.org), the UNDP 2004 report cited above and UNISDR’s publications related to the MDGs – [www.unisdr.org](http://www.unisdr.org)
- 21 See “Taking Action: Achieving Gender Equality and the Empowerment of Women”, page 2
- 22 “Investing in development a practical plan to achieve the Millennium Development Goals” Chapter 8, p127
- 23 From the Fundamental Principle of independence
- 24 The details of the “auxiliary role” is quite complex and the subject of discussion in the Movement, most importantly including the document “National Red Cross and Red Crescent Societies as auxiliaries to the public authorities in the humanitarian field”, International Federation 2003. This document suggests the “characteristics of a balanced relationship between states and National Societies as auxiliaries to the public authorities in the humanitarian field”, See page 23 of this document.

## Endnotes

- 25 Ibid, page 23
- 26 See also UN Secretary-General's annual reports on progress towards the Goals, especially the report to the General Assembly in 2004 (A/59/282) which includes a section on "protecting the vulnerable" – which recognizes that "the bulk of the UN Red Cross and NGO relief efforts is ...dedicated to those who are most vulnerable". See also UNDP, 2003 (Reducing Disaster Risk: A Challenge For Development) and DFID, 2005 "Disaster risk reduction: a development concern". UNDP (2003) states "The Disaster Risk Index [in this paper] proves through statistical analysis a long-held theoretical position that human vulnerability to natural hazards and income poverty are largely co-dependent"
- 27 [www.ifrc.org/docs/appeals/annual04/01310401.pdf](http://www.ifrc.org/docs/appeals/annual04/01310401.pdf)
- 28 Appeal 2005, [www.ifrc.org/cgi/pdf\\_appeals.pl?annual05/05AA023.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/05AA023.pdf)
- 29 [www.ifrc.org/docs/appeals/annual05/05AA060.pdf](http://www.ifrc.org/docs/appeals/annual05/05AA060.pdf), [www.ifrc.org/docs/news/05/05011301/](http://www.ifrc.org/docs/news/05/05011301/)
- 30 [www.ifrc.org/docs/news/05/05041202/](http://www.ifrc.org/docs/news/05/05041202/)
- 31 [www.ifrc.org/docs/appeals/annual05/05AA082.pdf](http://www.ifrc.org/docs/appeals/annual05/05AA082.pdf)
- 32 [www.ifrc.org/docs/News/05/05060301/index.asp](http://www.ifrc.org/docs/News/05/05060301/index.asp)
- 33 [www.ifrc.org/docs/appeals/annual05/05AA065.pdf](http://www.ifrc.org/docs/appeals/annual05/05AA065.pdf)
- 34 [www.nrcs.org/bhutanese\\_refugees.html](http://www.nrcs.org/bhutanese_refugees.html)
- 35 See box 1 on page 4 and see [www.unmillenniumproject.org/facts/tf2\\_e.htm](http://www.unmillenniumproject.org/facts/tf2_e.htm) for a summary of the report
- 36 [www.ifrc.org/docs/pubs/events/algiers04/algiers-action.pdf](http://www.ifrc.org/docs/pubs/events/algiers04/algiers-action.pdf)
- 37 See the case study "Developing regional food security capacity: the East Africa regional food security working group"
- 38 [www.ifrc.org/docs/appeals/annual04/012104ar.pdf](http://www.ifrc.org/docs/appeals/annual04/012104ar.pdf)
- 39 See the Case Study HIV/AIDS; disasters and food security: the Baphalali Swaziland Red Cross society pilot project, available from the International Federation or on [www.ifrc.org/disasters](http://www.ifrc.org/disasters)
- 40 For more information about these examples, see the case studies, available as above from the International Federation or on [www.ifrc.org/disasters](http://www.ifrc.org/disasters)
- 41 This quote from the Fundamental Principle of independence. See also the study "National Red Cross and Red Crescent Societies as auxiliaries to the public authorities in the humanitarian field", published by the International Federation in 2003
- 42 UN Secretary-General's report to Economic and Social Council, 2005 E/2005/56  
[www.un.org/docs/ecosoc/documents.asp?id=846](http://www.un.org/docs/ecosoc/documents.asp?id=846)
- 43 [www.ifrc.org/docs/news/03/03031302/](http://www.ifrc.org/docs/news/03/03031302/)
- 44 [www.ifrc.org/docs/profiles/neprofile.pdf](http://www.ifrc.org/docs/profiles/neprofile.pdf)
- 45 [www.ifrc.org/docs/news/03/03092501/](http://www.ifrc.org/docs/news/03/03092501/)
- 46 [www.ifrc.org/docs/appeals/annual04/015604.pdf](http://www.ifrc.org/docs/appeals/annual04/015604.pdf)
- 47 See [www.ifrc.org/docs/news/03/03121201/](http://www.ifrc.org/docs/news/03/03121201/) regarding the Refugee camp on the border of the Central African Republic and [www.ifrc.org/news/chad/camp.asp](http://www.ifrc.org/news/chad/camp.asp) for more information about the Tréguine camp for refugees from Sudanese refugees from Darfur.
- 48 See box 1, page 4 and [www.unmillenniumproject.org](http://www.unmillenniumproject.org) for the Task Force report
- 49 See Earthquake and Tsunamis (Appeal 28/04) - Emergency & Recovery (Plan & Budget)  
[www.ifrc.org/cgi/pdf\\_appeals.pl?04/2804PlanofAction2005-2010.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?04/2804PlanofAction2005-2010.pdf)
- 50 [www.ifrc.org/docs/appeals/annual05/05AA082.pdf](http://www.ifrc.org/docs/appeals/annual05/05AA082.pdf)
- 51 [www.ifrc.org/docs/appeals/annual04/015804.pdf](http://www.ifrc.org/docs/appeals/annual04/015804.pdf)
- 52 [www.ifrc.org/docs/appeals/annual03/01720303.pdf](http://www.ifrc.org/docs/appeals/annual03/01720303.pdf)
- 53 [www.ifrc.org/docs/appeals/annual04/01740405.pdf](http://www.ifrc.org/docs/appeals/annual04/01740405.pdf)
- 54 [www.ifrc.org/docs/pubs/disasters/asylum.pdf](http://www.ifrc.org/docs/pubs/disasters/asylum.pdf)
- 55 [www.ifrc.org/docs/pubs/health/hiv aids/NGOCode.pdf](http://www.ifrc.org/docs/pubs/health/hiv aids/NGOCode.pdf). The International Federation is a signatory to this code and
- 56 See [www.nrcs.org/community\\_development\\_department.html](http://www.nrcs.org/community_development_department.html)
- 57 The Millennium Project highlights some key facts to illustrate why the target focuses on education.  
If a girl is educated for six years or more, as an adult her prenatal care, postnatal care and childbirth survival rates, will dramatically and consistently improve.  
Educated mothers immunize their children 50 percent more often than mothers who are not educated.  
AIDS spreads twice as quickly among uneducated girls than among girls that have even some schooling.  
The children of a woman with five years of primary school education have a survival rate 40 percent higher than children of women with no education.
- 58 Adopted in 1999. See [www.ifrc.org/who/policy](http://www.ifrc.org/who/policy)
- 59 See North Africa Regional Annual appeal 2004 & annual report 2005 - [www.ifrc.org/cgi/pdf\\_appeals.pl?annual04/018804.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual04/018804.pdf)



- 60 Appeal 2005, no 05AA048, [www.ifrc.org/cgi/pdf\\_appeals.pl?annual05/05AA048.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/05AA048.pdf)
- 61 [www.ifrc.org/docs/appeals/annual04/015604.pdf](http://www.ifrc.org/docs/appeals/annual04/015604.pdf)
- 62 <http://www.ifrc.org/docs/news/03/03031001/>
- 63 <http://www.ifrc.org/docs/news/04/04011402/>
- 64 See the annual appeals for these counties at [www.ifrc.org/appeals](http://www.ifrc.org/appeals)
- 65 <http://www.ifrc.org/docs/news/03/03062001/> and <http://www.ifrc.org/docs/appeals/annual04/012904ar.pdf>
- 66 Published 2005, available from the International Federation Secretariat
- 67 Appeal 2005, Appeal number 05AA002. [www.ifrc.org/cgi/pdf\\_appeals.pl?annual05/05AA002.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/05AA002.pdf)
- 68 See <http://www.unicef.org/specialsession/about/sg-report.htm>
- 69 See [www.measlesinitiative.org](http://www.measlesinitiative.org) and on [www.ifrc.org/appeals](http://www.ifrc.org/appeals) the following appeals:  
Malaria and Integrated Community Interventions - Programme Update no. 1 :  
[www.ifrc.org/cgi/pdf\\_appeals.pl?annual04/04Prginit01.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual04/04Prginit01.pdf)  
Africa: Measles and Polio Reduction - Annual report: [www.ifrc.org/cgi/pdf\\_appeals.pl?annual04/015004AnnRep.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual04/015004AnnRep.pdf)  
Malaria and Integrated Community Interventions - Programme initiative:  
[www.ifrc.org/cgi/pdf\\_appeals.pl?annual05/PI malaria1.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/PI malaria1.pdf)
- 70 See [www.measlesinitiative.org/partners2.asp](http://www.measlesinitiative.org/partners2.asp)
- 71 [www.ifrc.org/docs/news/04/04012901/](http://www.ifrc.org/docs/news/04/04012901/)
- 72 [www.ifrc.org/docs/appeals/annual04/010504ar.pdf](http://www.ifrc.org/docs/appeals/annual04/010504ar.pdf)
- 73 [www.ifrc.org/docs/appeals/annual04/010304ar.pdf](http://www.ifrc.org/docs/appeals/annual04/010304ar.pdf)
- 74 [www.ifrc.org/docs/news/03/03092501/](http://www.ifrc.org/docs/news/03/03092501/)
- 75 [www.ifrc.org/docs/news/03/03062001/](http://www.ifrc.org/docs/news/03/03062001/)
- 76 [www.ifrc.org/docs/appeals/annual05/logframes/africa/05AA025HC3.pdf](http://www.ifrc.org/docs/appeals/annual05/logframes/africa/05AA025HC3.pdf)
- 77 MISP package entails: identifying organizations and individuals to facilitate the coordination and implementation of the MISP; preventing and managing the consequences of sexual violence, guaranteeing the availability of free condoms to reduce STI/HIV transmission, and preventing excess neonatal and maternal morbidity and mortality, by providing clean delivery kits and the establishment of a referral system to manage obstetric emergencies.
- 78 C.f. Emergency appeal, Appeal number 23/2003: [www.ifrc.org/cgi/pdf\\_appeals.pl?03/2303r.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?03/2303r.pdf), Operation update “Chad: Sudanese Refugees” as of 25 Jan. 2005: [www.ifrc.org/cgi/pdf\\_appeals.pl?03/230311.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?03/230311.pdf)  
see also News Letter “Red Cross helps vaccinate Chad refugees against meningitis: [www.ifrc.org/docs/news/05/05021801](http://www.ifrc.org/docs/news/05/05021801)”
- 79 See [www.unmillenniumproject.org/press/tf5d\\_e.htm](http://www.unmillenniumproject.org/press/tf5d_e.htm)
- 80 See <http://www.ifrc.org/meetings/regional/africa/6thpac/docs/52613-Zimbabwe-casestudy.pdf>
- 81 <http://www.ifrc.org/docs/news/03/03040201/>
- 82 See note 83 below
- 83 <http://www.ifrc.org/what/health/hivaids/vulnerability/index.asp>
- 84 See [www.unmillenniumproject.org/press/tf5d\\_e.htm](http://www.unmillenniumproject.org/press/tf5d_e.htm)
- 85 See [www.ifrc.org/health](http://www.ifrc.org/health)
- 86 Statement made at the 54th World Health Assembly. See [www.who.int/water\\_sanitation\\_health/publications/facts2004/en/](http://www.who.int/water_sanitation_health/publications/facts2004/en/)
- 87 UN Secretary-General’s report to Economic and Social Council, 2005 E/2005/56  
[www.un.org/docs/ecosoc/documents.asp?id=846](http://www.un.org/docs/ecosoc/documents.asp?id=846)
- 88 82 per cent of National Societies who responded to the 2001 “Well Prepared National Society” questionnaire
- 89 [www.ifrc.org/docs/News/04/04011202/index.asp](http://www.ifrc.org/docs/News/04/04011202/index.asp)
- 90 [www.ifrc.org/docs/news/05/05011702/](http://www.ifrc.org/docs/news/05/05011702/)
- 91 [www.ifrc.org/docs/news/04/04102701/](http://www.ifrc.org/docs/news/04/04102701/)
- 92 [www.ifrc.org/docs/news/04/04102701/](http://www.ifrc.org/docs/news/04/04102701/)
- 93 [www.ifrc.org/docs/appeals/annual05/05AA002.pdf](http://www.ifrc.org/docs/appeals/annual05/05AA002.pdf)
- 94 [www.ifrc.org/docs/appeals/annual04/01680402.pdf](http://www.ifrc.org/docs/appeals/annual04/01680402.pdf)
- 95 [www.redcross.or.th/english/service/medical\\_aidslot.php4](http://www.redcross.or.th/english/service/medical_aidslot.php4)
- 96 [www.ifrc.org/docs/appeals/04/150402.pdf](http://www.ifrc.org/docs/appeals/04/150402.pdf)
- 97 Seven out of ten of the world’s hungry are women and girls – source [www.wfp.org/food\\_aid/food\\_for\\_women/index.asp?section=12&sub\\_section=4](http://www.wfp.org/food_aid/food_for_women/index.asp?section=12&sub_section=4)
- 98 UNDP Human Development Report 2003 on the MDGs states that “Women, rural inhabitants, ethnic minorities and other

poor people are typically progressing slower than national averages—or showing no progress—even where countries as a whole are moving towards the Goals.”

99 See note 100 below. See also the call from the 42nd session of the Commission for Social Development, which emphasized the need for mainstreaming the concepts of social integration into the MDGs. The UN Secretary-General noted this in his report to the Economic and Social Council in 2005, stating that “there is a need to ensure that policy interventions to achieve the MDGs should take into account the needs and concerns of those vulnerable groups [older persons, persons with disabilities, youth, migrant and indigenous people as well as refugees and the internally displaced]”.

100 This quote is from the Fundamental Principle of independence. See also the study “National Red Cross and Red Crescent Societies as auxiliaries to the public authorities in the humanitarian field”, published by the International Federation in 2003

101 Strategy 2010, page 23

102 See the UN Millennium Project’s 10 key recommendations, [www.unmillenniumproject.org/who/who02.htm](http://www.unmillenniumproject.org/who/who02.htm)

103 See [www.undg.org/documents/3533-2nd\\_PRSP\\_Guidance\\_Note\\_-\\_2nd\\_Guidance\\_Note.doc](http://www.undg.org/documents/3533-2nd_PRSP_Guidance_Note_-_2nd_Guidance_Note.doc)

# The Fundamental Principles of the International Red Cross and Red Crescent Movement

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## **Humanity**

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

## **Impartiality**

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

## **Neutrality**

In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage in controversies of a political, racial, religious or ideological nature.

## **Independence**

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

## **Voluntary Service**

It is a voluntary relief movement not prompted in any manner by desire for gain.

## **Unity**

There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

## **Universality**

The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.



The *International Federation of Red Cross and Red Crescent Societies* promotes the humanitarian activities of National Societies among vulnerable people.

By coordinating international disaster relief and encouraging development support it seeks to prevent and alleviate human suffering.

The International Federation, the National Societies and the International Committee of the Red Cross together constitute the International Red Cross and Red Crescent Movement.