

RCRC

Red Cross

ISSUE 2 · 2010

Red Crescent

redcross.int

First aid for all

Having confidence to perform simple, life-saving skills

Migration

As destination states get tough, migrants take greater risks

Henry Dunant – Gustave Moynier

Separated by the birth of a humanitarian movement

HIV

/AIDS

ARE WE ALL

LOSING

FOCUS?

D O N O R F A T I G U E

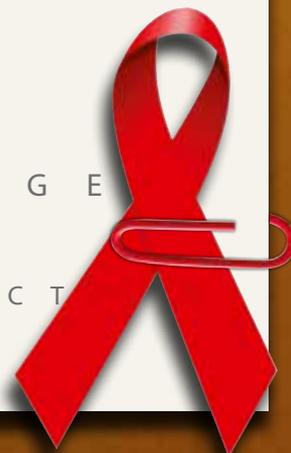
C R I S I S H 1 N 1

C L I M A T E C H A N G E

O V E R T Y C O N F L I C T



THE MAGAZINE OF THE INTERNATIONAL
RED CROSS AND RED CRESCENT MOVEMENT



The International Red Cross and Red Crescent Movement is made up of the International Committee of the Red Cross (ICRC), the International Federation of Red Cross and Red Crescent Societies (IFRC) and the National Societies.



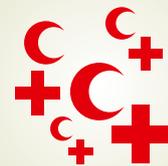
ICRC

The International Committee of the Red Cross is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance. The ICRC also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles. Established in 1863, the ICRC is at the origin of the Geneva Conventions and the International Red Cross and Red Crescent Movement. It directs and coordinates the international activities conducted by the Movement in armed conflicts and other situations of violence.



International Federation of
Red Cross and Red Crescent Societies

The International Federation of Red Cross and Red Crescent Societies works on the basis of the Fundamental Principles of the International Red Cross and Red Crescent Movement to inspire, facilitate and promote all humanitarian activities carried out by its member National Societies to improve the situation of the most vulnerable people. Founded in 1919, the IFRC directs and coordinates international assistance of the Movement to victims of natural and technological disasters, to refugees and in health emergencies. It acts as the official representative of its member societies in the international field. It promotes cooperation between National Societies and works to strengthen their capacity to carry out effective disaster preparedness, health and social programmes.



National Red Cross and Red Crescent Societies embody the work and principles of the International Red Cross and Red Crescent Movement in more than 186 countries. National Societies act as auxiliaries to the public authorities of their own countries in the humanitarian field and provide a range of services including disaster relief, health and social programmes. During wartime, National Societies assist the affected civilian population and support the army medical services where appropriate.

The **International Red Cross and Red Crescent Movement**

is guided by seven Fundamental Principles:

humanity, impartiality, neutrality, independence, voluntary service, unity and universality.

All Red Cross and Red Crescent activities have one central purpose:

to help without discrimination those who suffer and thus contribute to peace in the world.

The founders' legacy

ONE HUNDRED YEARS ago this year, two founders of the International Red Cross and Red Crescent Movement, Henry Dunant and Gustave Moynier, passed away. Although they died only a few months from each other, they did not die as friends. In fact, these two key Movement architects — the visionary and idealist Dunant and the 'builder' Moynier — were deeply at odds.

Their disagreements ranged from principled debate over the Movement's role and direction to petty squabbles over tactics and jealousy over public recognition — often expressed in snippy pen-and-ink exchanges, commencing curtly with "Monsieur".

Still, without both of these men, the Movement as we know it would probably not exist. This year, the contributions of the two men and the relationship between them are being commemorated with a series of events and exhibits (see article on pages 22-23). After last year's celebrations in Solferino, in which we feted Dunant's inspirational role, 2010 offers a chance to reflect on the particular contributions of Moynier.

Building on Dunant's inspiration, Moynier's dogged persistence, political skill and extreme work ethic ensured that the International Committee for Relief to the Wounded (as it was then known) had a permanent and prominent place both in global forums and on the battlefield.

The 100th anniversary of Dunant and Moynier's deaths may also be a good time to reflect on the role of debate and diversity within the humanitarian sector and the Movement, as well as in this magazine. If two Movement founders can disagree so strongly and still leave such a powerful legacy, then the diversity of views and approaches evident in the humanitarian field is in fact a sign of strength. We may not stop warfare, natural disasters, famine and disease in the next 100 years, but through debate, discussion and disagreement we will learn from mistakes, improve our response and expand our humanitarian impact.

In a recent survey of *Red Cross Red Crescent* magazine readers, many said they would like to see more diversity of view reflected in the pages of this magazine. Among other things, they would like us to do less Movement self-promotion and more articles that ask tough questions and bring more external viewpoints. In this edition, this is reflected in several stories that raise important questions:

- Are we losing ground in the fight against HIV?
- How do we ensure universal access to first aid when even many developed countries are far from reaching this goal?
- How can the Movement fulfil the strategy of assisting migrants 'irrespective of status' given the complex and vast nature of the problem?

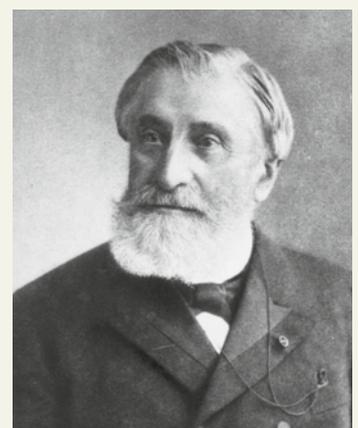
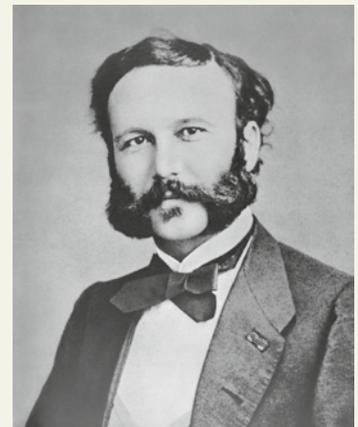
And in coming issues, we will have stories that examine whether the very humanitarian action inspired by Dunant and Moynier sometimes causes unintended harm — prolonging conflict, creating dependencies or competing with local economies.

One hundred years after the death of Dunant and Moynier, these questions are as relevant as ever as we continue to refine our role and our relationships with other players within a complex and growing humanitarian space. *Red Cross Red Crescent* magazine can become an important forum for discussions of these issues in the Movement and we welcome your comments about our coverage along the way. **n**

Malcolm Lucard
Editor, *Red Cross Red Crescent*

| Henry Dunant (above), the visionary who inspired the Movement, and Gustave Moynier (below), the 'builder' who had the political skill and determination to make it work.
Photo of Dunant: Frédéric Boissonas/ICRC; photo of Moynier: Pierre George/ICRC

One hundred years after the death of Dunant and Moynier, these questions are as relevant as ever as we continue to refine our role and our relationships with other players within a complex and growing humanitarian space.





Red Cross Society of China, Hong Kong special administrative region branch

China's Yushu quake survivors face tough winter

With snow dusting the airport in mid-June — and the mercury swinging between zero degrees Celsius at night and 20 during the day — Red Cross Red Crescent volunteers and staff in Yushu, China are worried that homeless survivors of the 2010 earthquake will face winter without adequate shelter. On the remote, windswept 4,000-metre-high Qinghai plateau, that means that temperatures are likely to plunge to minus 25 degrees Celsius.

"The construction period is relatively short, because winter comes as early as October, so it will be a huge challenge for people here to complete their houses before then," says Enkas Chau, leader of a small team from the Red Cross Society of China, Hong Kong special administrative region branch.

From earthquakes to major events

After a devastating 7.8 magnitude earthquake hit China's Sichuan province two years ago, Wang Xin Yu was one of the doctors from a Chinese Red Cross hospital who cared for local villagers near the city of Mianyang.

By contrast, his role at a first-aid post at Shanghai's Expo 2010, which is expected to draw 70 million visitors and has attracted 189 countries, is far more sedate. Staffed by 165 volunteers and Red Cross doctors in rotating 16-hour shifts, the first-aid posts are one way for the Movement to be involved in one of this year's major international events. "Our work here involves

minor services, such as providing a bandage or lending out wheelchairs," says Wang, who normally works in the infectious diseases unit of Shanghai's Red Cross Huashan Hospital. Sunstroke and blisters are the most common ailment affecting visitors, Expo first-aid workers said.

Kyrgyzstan still tense

Along with the Red Crescent Societies of Kyrgyzstan and Uzbekistan, the ICRC continues to offer medical, food, water, sanitation and family-tracing services to tens of thousands of refugees in Uzbekistan, as well as to those displaced after violence erupted in Kyrgyzstan in June.

Tensions are still high, with victims suffering from deep psychological scars, reports Pascale Meige Wagner, the ICRC's head of operations for Eastern Europe and Central Asia. "We fear that tensions will not be resolved soon, and that those currently affected will need further protection and assistance until, hopefully, the situation normalizes," she said.



Marko Kokic / ICRC

Relief for IDPs rises

Roughly 4.6 million internally displaced people (IDPs) in 33 countries benefited from humanitarian assistance provided by the ICRC, in association with National Red Cross and Red Crescent Societies, in 2009. That's 20 per cent more than in 2008.

The ICRC devoted approximately 15 per cent of its operational budget, or 150 million Swiss francs, to address the needs of people driven from their homes due to armed conflict and other violence. "The hardship faced by millions of displaced men, women and children around the world, and by the relatives or communities that often take them in, is extreme and can continue for decades," said Anne Zeidan, head of the ICRC's IDP project.



ICRC

ICRC challenges blockade

In the wake of the confrontation between Israeli forces and activists on a flotilla heading for the Gaza Strip in late May, the ICRC has put the focus on the closure imposed by Israel on Gaza. For the first time, ICRC has called the closure a "collective punishment" that violates Israel's obligations under international humanitarian law.

"The closure is having a devastating impact on the 1.5 million people living in Gaza," said Béatrice Mégevand-Roggo, the ICRC's head of operations for the Middle East. "That is why we are urging Israel to put an end to this closure and call upon all those who have an influence on the situation, including Hamas, to do their utmost to help Gaza's civilian population."

The ICRC also renewed its call to the Palestinian group Hamas to allow family contact with Israeli soldier Gilad Shalit, who has been detained by Hamas since 2006.

Agatha makes for rough times in Central America

Mudslides, sink holes, collapsing infrastructure, rivers flooding their banks. The heavy rain accompanying Tropical Storm Agatha resulted in a series of deadly calamities in Central America during a few short weeks over the summer.

"The speed at which the storm formed and touched land complicated the situation considerably," says Felipe del Cid, disaster management delegate with the IFRC's Pan American Disaster Response Unit, which is now helping the region to build on preparedness efforts initiated after Hurricane Mitch in order to mitigate future storms.

First transitional shelters

As relief workers and residents scrambled to protect vulnerable encampments from the looming hurricane season this summer, some of the first transitional shelters began to appear in the makeshift camps of Port-au-Prince's Cité Soleil neighbourhood.

Men from the camp worked alongside Red Cross-trained carpenters and volunteers in constructing the first of 300 transitional shelters — small wood-framed houses with corrugated iron roofs. The project marks the first time that the Red Cross has secured public land for construction of transitional shelters.

Meanwhile, the Haitian government has agreed to allow the construction of another 800 transitional shelters in La Piste, one of the biggest camps housing some 50,000 people in Port-au-Prince. The site has been cleared and IFRC and Canadian Red Cross teams are surveying the plot. The Canadian, Spanish and Dutch Red Cross Societies are also building homes outside the capital in Léogâne, Jacmel and Petit Goave.

Volunteers are preparing for the hurricane season by stepping up disaster preparedness efforts, pre-positioning relief supplies and replacing tarpaulins being used by 80,000 households, as well as helping 50,000 more families in need.

Sanitation situation dire

More resources and solutions are urgently needed to support Haitian authorities to provide improved sanitation services to the 2 million people affected by the 12 January earthquake, according to a report released this summer by the IFRC.

The Red Cross Red Crescent, led by the Haitian National Red Cross Society, has built almost 2,700 latrines in camps across Port-au-Prince, and each day distributes 2.4 million litres of clean water — enough for 280,000 people. However, at least half of the directly affected population are yet to see any improvement in their sanitation and water situation.

Contents

Issue 2 · 2010 · redcross.int

n Cover story	4	n Interview	20
HIV/AIDS: Losing focus?		A thin red line	
Global attention and commitment to HIV/AIDS treatment is ebbing just as National Societies are ready to scale up delivery of home-based care and increase access to hard-to-reach populations.		New ICRC Director General Yves Daccord takes the lead during challenging times for humanitarianism.	
<hr/>			
n Health	10	n Movement history	22
First aid for all		The dreamer and the builder	
To increase access to first aid, many National Societies are emphasizing simple, life-saving skills over technical training and heavy textbooks.		It's been 100 years since two key founders of the Movement — Henry Dunant and Gustave Moynier — passed away. Historian Caroline Moorehead reports on the rivalry between the two men as well as their essential but very different contributions.	
<hr/>			
n Focus	14	n Migration	24
Forgotten wars		Beyond borders	
Forgotten people		As destination states get tougher on migrants, those fleeing war, famine or poverty are taking more extreme risks. What is the Movement doing to protect these growing and extremely vulnerable populations?	
Without a strong central government, and surrounded by other countries in conflict, people in the Central African Republic are struggling for basic survival. ICRC's Marko Kovic reports with images on Africa's forgotten war zone.		<hr/>	
n Global warming	18	n Resources	29
When the king tide comes		The 2010 <i>World Disasters Report</i> on urbanization; recognizing the Florence Nightingales of today; humanitarian and customary law resources from the ICRC; and more.	
The saltwater people of Malaita, who build their homes on islands hand-built from coral and stones, are being pushed from their lives on the sea.		<hr/>	

Articles, letters to the editors and other correspondence should be addressed to:

Red Cross Red Crescent

P.O. Box 372, CH-1211 Geneva 19, Switzerland
E-mail: rrc@ifrc.org ISSN No. 1019-9349

Editor

Malcolm Lucard

Senior assistant

Paul Lemerise

Design

Baseline Arts Ltd, Oxford, UK

Layout

New Internationalist, Oxford, UK

Printed

on chlorine-free paper by Swissprinters Lausanne SA, Switzerland

Editorial board

ICRC

Eduard Abegg

Jean Milligan

Florian Westphal

IFRC

Alison Freebairn

Pierre Kremer

Stephanie McDonough

We gratefully acknowledge the assistance of researchers and support staff of the ICRC, the IFRC and National Societies.

The magazine is published three times a year in Arabic, Chinese, English, French, Russian and Spanish and is available in 186 countries, with a circulation of more than 100,000.

The opinions expressed are those of the authors and not necessarily of the International Red Cross and Red Crescent Movement. Unsolicited articles are welcomed, but cannot be returned.

Red Cross Red Crescent reserves the right to edit all articles. Articles and photos not covered by copyright may be reprinted without prior permission. Please credit *Red Cross Red Crescent*.

The maps in this publication are for information purposes only and have no political significance.

Cover by: Andrew Kokotka/New Internationalist



4 · Losing focus on HIV/AIDS



10 · First aid for all



14 · Focus: Central African Republic



18 · When the king tide comes



24 · Protecting migrants

Are we all losing focus on HIV/AIDS?

Financial crisis and growing poverty could reverse decades of HIV/AIDS progress

FIFTEEN YEARS AGO, doctors delivered Hanna Nazarova a startling and unwelcome piece of news. At the age of 19, she was officially HIV positive. As well as letting her know that her long-term prognosis was pretty much non-existent, officials made her sign a form acknowledging her HIV status and that she was aware that transmitting the virus to anyone else was punishable by law.

Prevention campaigns and the conservatism of Belarus's creaky public health apparatus only confirmed her grim prospects. "At that time, I really felt my life was over and told myself that," says Nazarova, who had been using drugs throughout her teenage years. The ensuing "dreadful years" passed in a blur. "Since I had only a few months to live, I decided to enjoy whatever time I had left."

Nazarova descended further into her addiction.

Years passed and Nazarova — despite her own best efforts — lived. The antiretroviral (ARV) drugs introduced in Belarus soon after she learned of her status were working their peculiar brand of antimicrobial magic.

Nazarova eventually kicked her addiction and is now open about her HIV-positive status, and works as a Belarusian Red Cross volunteer peer educator. In an oddly paradoxical way, HIV saved her life, but

"It is ironic this crisis is occurring at the very moment in history where we can see, for the very first time, a way out of this terrible epidemic."

Julio Montaner, president of the International AIDS Society and Director of the British Columbia Centre of Excellence in HIV/AIDS

only because she could access antiretroviral therapy (ART) — something that the majority of people living with HIV are still unable to do.

Life-extending miracle

A testament to the life-giving power of ARV drugs, Nazarova's experience is becoming unexceptional. The HIV response has come a long way since the disease first mysteriously emerged from the jungles of Central Africa more than 30 years ago.

Decades and billions of dollars in research later, it has morphed from a terminal disease into a manageable chronic condition — largely thanks to the advent of ARV drugs.

AIDS index

- n 33.4 million [31.1 million–35.8 million] people are living with HIV worldwide
- n 5.2 million people in low- and middle-income countries are now receiving life-saving ARV drug therapy
- n 2.7 million [2.4 million–3.0 million] people were newly infected in 2008
- n 2 million [1.7–2.4 million] people died of AIDS-related illness in 2008



As an added bonus, evidence now suggests that the very medications that prolong life also potentially hold the key to halting transmission altogether. Nevertheless, even as scientists acquire greater insight into how the virus can be contained — and possibly vanquished altogether — the financial crisis, coupled with donor fatigue and mounting criticism over the costs of HIV programming, is threatening to derail decades of progress.

Moreover, ART programming continues to be stymied by lack of funding and follow-up, poor infrastructure, insufficient testing, official lassitude and stigma. Every year, an estimated 2 million people still die of AIDS-related illnesses — making HIV the leading infectious killer in the world today.

According to the December 2009 Joint United Nations Programme on HIV/AIDS (UNAIDS) *Report on the Impact of the Global Financial and Economic Crisis on the AIDS Response*, the percentage of countries reporting problems in maintaining ARV programming rose from 11 to 21 per cent. From the total number of surveyed countries, 59 per cent expected an impact on prevention programmes during the next 12 months. These countries are home to 75 per cent of the people living with HIV. Finally, the report's authors note: "It is anticipated that the

Thanks to antiretroviral drug therapy, Hanna Nazarova of Belarus is looking at a brighter future. She spends much of her time focusing on prevention as a volunteer for the Belarusian Red Cross, counselling others living with HIV or who are practising risky behaviours.
Photo: Jean-Luc Martinage/IFRC

crisis, together with the increasing demand for treatment, will have a serious negative impact on antiretroviral treatment in the long run."

A growing need

A shift towards earlier treatment is likewise putting a strain on overburdened health systems and making key donors question to what extent they can continue funding ART programmes. When the World Health Organization (WHO) amended its 'when-to-start' guidelines upwards from a CD4 count of 250 to 350, the number of people officially requiring treatment also rose dramatically (CD4 cells initiate the body's response to invading micro-organisms such as viruses).

In 2008, the assessment of need was about 9.7 million people. Following the announcement of the new guidelines, the estimate of need roughly doubled — even as the global aid environment began to reel under a continuous fusillade of financial shocks. Moreover, even though the pandemic peaked in 1996, the numbers of newly infected people continue to climb, albeit more slowly than in the past.

For every two people who begin treatment, five more will become infected. In some countries overall prevalence is beginning to nudge upwards

Last year, the overall amount of money that 70 National Societies worldwide were able to raise for the Global Alliance was 36 million Swiss francs — a 22 per cent drop from 2008 levels.

again after more than a decade of stable or declining rates. In Uganda, for example, the government reports that prevalence rose to 6.4 per cent in 2009 from 6 per cent four years ago.

In sub-Saharan Africa, a growing proportion of new cases are occurring in older populations, while in the United States, *The New England Journal of Medicine* reports that prevalence rates among certain groups (most notably young black gay men) are comparable to those found in the most badly affected African countries.

Elsewhere in Eastern Europe and the former Soviet Bloc, UNAIDS reports that the virus is making its stealthy way from ‘concentrated epidemics’ among injecting drug users and sex workers and into the general population. Since 2001, HIV prevalence in Russia, Eastern Europe and Central Asia has roughly doubled, making the region home to the world’s most rapidly expanding epidemic.

“Donor fatigue is real”

It is a sunny spring day in downtown Vancouver, Canada, but the bright light barely penetrates the fluorescent gloom of leading HIV researcher Julio Montaner’s cramped office at the University of British Columbia’s St Paul’s Hospital.

The president of the International AIDS Society and director of the British Columbia Centre of Excellence in HIV/AIDS, Montaner has done groundbreaking research which first showed that highly active antiretroviral treatment (HAART) dramatically reduces transmission. The problem is how to get that treatment to those who need it.

“Donor fatigue is real,” says Montaner flatly. “Governments, multi- and bilateral donors are all looking to cut costs. It is ironic this crisis is occurring at the very moment in history where we can see, for the very first time, a way out of this terrible epidemic.”

In 2006, Montaner and his team demonstrated that HAART suppressed replication to the point that the virus could not be passed on. A WHO-authored article subsequently published in *The Lancet* in January 2009 demonstrated through mathematical modelling that the combination of annual universal voluntary testing and immediate treatment with ARVs could reduce HIV transmission by 95 per cent in ten years. Moreover, Montaner and his team are now uncovering evidence that HIV is in fact a ‘chronic inflammatory condition’ that can cause a variety of life-threatening ailments (heart disease, small vein thromboses and an increased likelihood of stroke) even before it wreaks havoc on the immune system — one more reason to begin therapy as early as possible.

Today, UNAIDS has embraced the rapid expansion of testing and ART access (now known as ‘test and treat’) and has made ART for prevention the centrepiece of global advocacy efforts. The main stumbling blocks, advocates contend, are both a growing reluctance to fund long-term ART programmes and the continued inability of the most highly burdened and impoverished countries to mount an effective response based on ‘lack of absorptive capacity’ — in layperson’s speak: inadequate infrastructure, inadequate staffing and growing poverty.

Accountability vs saving lives

According to non-governmental and humanitarian organizations working in the field, the impact of cutbacks is already being felt and bodes ill for the future of ART expansion. Françoise Le Goff, the IFRC’s head of zone for Southern Africa, notes that volunteers are already seeing a drop in the numbers of people enrolling in ART.

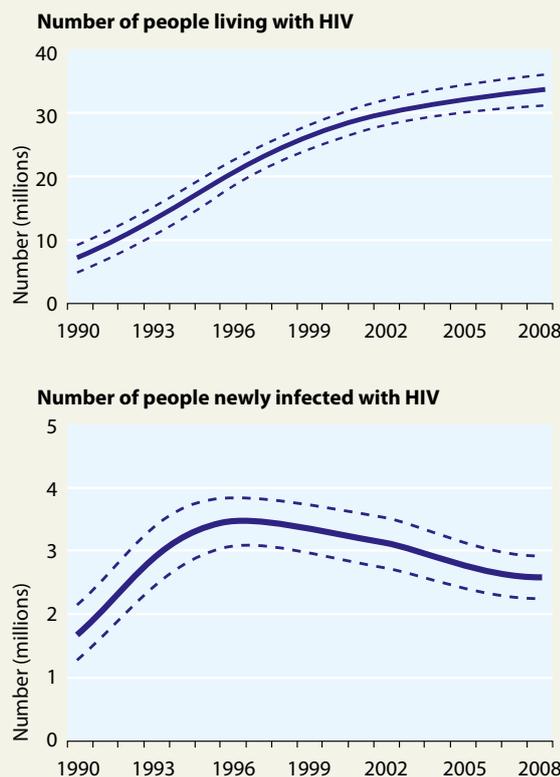
“We at the Red Cross Red Crescent are also really beginning to feel it,” says Le Goff. “Donors are shifting their priorities, their focus is becoming narrower and we are seeing them insist on greater accountability — often at the expense of the very programmes themselves.”

Perhaps the biggest disappointment is a US government decision to put the brakes on its HIV funding commitments. The President’s Emergency Plan for AIDS Relief (PEPFAR), which was widely lauded as the Bush Administration’s only foreign policy success story, pledged US\$ 15 billion in 2003 to combat HIV over a five-year period. In 2008, before the global economic meltdown hit, Congress increased contributions to US\$ 48 billion.

Although US President Barack Obama pledged to increase annual spending by US\$ 1 billion during

The story behind the charts: Worldwide, the number of people infected with HIV continues to climb (top), while the number of new infections is generally declining. That means a growing number of people need access to HIV treatment; but it also shows the contribution HIV drugs are making towards reducing transmission. Meanwhile, the prevalence of HIV is rising within certain groups in the US and Europe, while regions such as Eastern Europe, Russia and Central Asia have seen the prevalence of HIV nearly double since 2001.

Source: UNAIDS Aids Epidemic Update 2009



A holistic, global approach

In Malawi, Red Cross volunteers work with local men, women and children raising vegetables, as part of a nutrition programme for people with HIV. In Zimbabwe, volunteers support orphans who have lost one or two parents by protecting them with shelter, paying school fees or helping grandparents provide care.

These are just a few of the activities of Red Cross Red Crescent volunteers throughout Southern Africa engaged in the struggle against HIV/AIDS. They are also part of the Southern Africa regional component of the Global Alliance on HIV — an approach adopted by National Societies in 2007 — which has been piloting programmes in ten of the highest-prevalence countries in Southern Africa.

As part of the programme, volunteers have been trained to deliver a wide range of services including home-based and community care, support for AIDS orphans, peer-to-peer education, food security, harm reduction and prevention programmes to combat stigma and discrimination.

In 2009 alone, some 7,700 volunteers were trained in programme implementation in Southern Africa; 103,897 orphans received psychosocial support; 81,645 people



└ Pedro Rosário Saide, home-based care volunteer for the Mozambique Red Cross Society, brings HIV support to rural areas. "Many people suffer in my community," he says. "And why do we need outside help if I can help?" Photo: Damien Schumann/IFRC

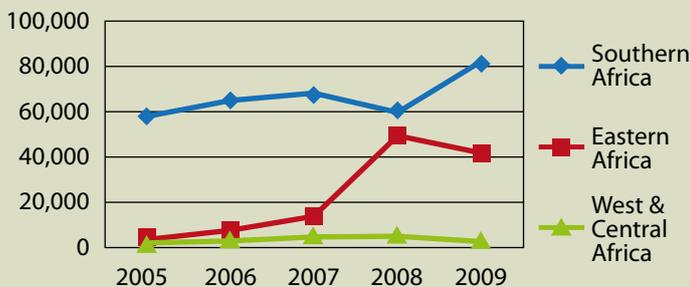
living with HIV/AIDS received psychosocial and treatment-adherence support; and, in some key areas, Red Cross Red Crescent staff and volunteers provided access to ART treatment where governments cannot.

The problem is that funding for these programmes is waning. Last year, the overall amount of money that 70 National Societies worldwide were able to raise for the Global Alliance was 36 million Swiss francs — a 22 per cent drop from 2008 levels. Meanwhile, total Global Alliance funding is falling far short of the original 347 million Swiss franc appeal. "At the time when we are ready to — and should

be — scaling these efforts up, we are seeing the global funding commitment decreasing," says IFRC's manager of the global HIV, tuberculosis and malaria programmes, Getachew Gizaw.

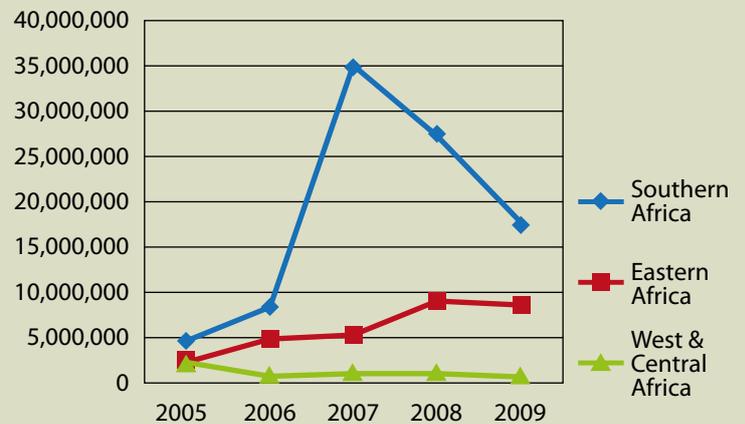
Within the Movement, National Societies and the IFRC must step up resource mobilization and humanitarian diplomacy activities, he says. If comprehensive HIV programmes can be scaled up — at a time when there's clear evidence that ART helps prevent transmission — the grass-roots network of volunteers mobilized for these projects offers a chance to make a real and lasting impact.

PLHIV supported by African National Societies



└ Since 2005, the number of people living with HIV (PLHIV) who are offered psychosocial, treatment adherence and/or home-based support by Southern African National Societies has risen overall to more than 80,000 people (see graph above). Meanwhile, the graph on the right shows that funding mobilized by the ten National Societies within the Southern Africa zone — which continues to make the largest contribution to the Global Alliance — has fallen since 2007.

Resources mobilized by National Societies and used for HIV programmes in Africa (in CHF)



Source: Global Alliance on HIV Global Report for 2009

his election campaign, in 2009 he requested that Congress only approve US\$ 366 million for 2010. He cited the recession and the necessity of refocusing efforts on the dire domestic situation.

On the ground, shortages are already being felt. Nathan Ford, head of the medical unit for Médecins sans Frontières (MSF) South Africa, confirms that the situation is even more dire than news reports suggest. "We are not only hearing reports of ARV stock outs [shortages] in PEPFAR countries, but we are seeing far more 'treatment migrants' — people who are

travelling long distances to access medicines."

The farther people have to travel, the less likely they are to comply with drug regimens. "This sets up the perfect conditions for resistance and increased transmission," he says. "In this field, compliance is everything."

Overwhelmed health systems

According to Le Goff, prevention programmes targeting vulnerable groups are on the wane and, although widespread treatment interruption has not

occurred (yet), new enrolments are down — even as the assessment of need spikes. “Health systems are overwhelmed and need support from other humanitarian actors to ensure adherence to treatment at the community level,” she says, adding that increasing accountability demands from donors are more than many organizations can cope with.

The upshot, she says, is that small and more nimble implementing non-governmental organizations (NGOs) are closing their doors and turning clients away. “Prevention is no longer being funded to the same extent and home-based care is really suffering. It is a serious, serious situation,” says Le Goff. She also notes that programmes focusing on nutrition are increasingly beset with funding shortfalls. Nutritious food not only enables those living with HIV to stay healthy as they enrol in ARV programmes, but helps avoid medication side effects.

“You can’t address HIV without addressing

the basic requirements of food security,” she says. “We’ve all worked so hard to establish a holistic approach to HIV prevention, treatment, care and support and now we are seeing all of that hard work come to nothing.”

Adding to the increasingly dismal aid environment are critics who charge that resources are being siphoned away from other diseases — that HIV programmes are too ‘vertical’ (i.e., that they only benefit those affected by HIV) and that they are gobbling up the lion’s share of scarce resources — claims that Ford refutes as completely unfounded.

“HIV programmes account for one-fourth of MSF funding because we still consider it a humanitarian emergency,” he says. “It isn’t possible to move away from HIV. The very notion that HIV is receiving a disproportionate amount of funding is not correct and not based on epidemiologically sound evidence.”

Fighting stigma and reducing harm — one cup of tea, one needle at a time

By Jean-Luc Martinage

Once a guitar player in a local Kiev rock band and a former long-time drug user, Volodymyr Moiseyev is now a social worker at a syringe-exchange point in an AIDS centre in Kiev, the capital of Ukraine.

“I managed to get out of drugs but I have seen many of my friends die,” he says, as he looks for some Ukrainian ‘underground’ rock music to put on his CD player. “I also have a daughter and I know it is so important to prevent her from going through the ordeal I went through.”

Because injecting drug users make up one of the groups most affected by HIV, the Ukrainian Red Cross Society has included the syringe-exchange project, in partnership with NGOs such as *Eney* (‘drug users anonymous’), as part of its HIV programme.

“Drug users, some of them living with HIV, can safely come to exchange syringes and needles,” says Moiseyev. “But I am also here to talk to them, share their concerns and answer their questions over a cup of tea.”



The Ukrainian syringe exchange is part of a holistic approach that educates people about how to protect themselves, helps them cope and stay on proper treatment, provides a safe haven free of social stigma

getting into trouble with the authorities. For those living with HIV, the threat is even greater as they are likely to be rejected by neighbours and family members due to the high level of stigma.

└ Social worker Volodymyr Moiseyev not only exchanges syringes but provides psychosocial support to clients, many of whom are living with HIV. “I always take some time to share a cup of tea with them before they go,” he says. Photo: Jean-Luc Martinage/IFRC

and keeps them — and their immune systems — as healthy as possible.

With the support of sister societies such as the American, French and Italian Red Cross (and in the past, the Netherlands Red Cross), the Ukrainian Red Cross has also established a visiting nurses programme to help clients who need additional support. The nurses not only bring food parcels, they also help with applications for benefits when necessary and provide all kinds of advice and services.

“Working with people living with HIV and fighting stigma against them has been at the core of our policy,” says Alla Khabarova, executive director of the Ukrainian Red Cross Society.

The reason why the exchange point has been so popular is that it is one of the few places in Kiev where drug users can come and get some support without fear of

Stefan Emblad, head of resource mobilization for the Global Fund to Fight AIDS, Tuberculosis and Malaria, also confirms that donors are starting to question current funding levels. "I don't sense there is donor fatigue with the Global Fund or the issues that we deal with, but I would say that the current fiscal environment is incredibly difficult and donors are letting us know that," he says. "All things being equal, with the new [WHO] guidelines, costs will go up substantially as we seek to get more people on treatment."

While Eric Goosby, US global AIDS coordinator, insists that the US Agency for International Development is not planning to 'cap' enrolments, he does concede that the US will not push to implement the new guidelines in Africa. PEPFAR is opting instead to cut costs aggressively by encouraging the eventual transfer of responsibility for AIDS treatment to governments and ensuring that existing clinics are up to scratch, rather than opening more. The organization

"Discrimination in Ukraine against people living with HIV is very high," explains Volodymyr Zhoutik, director of the All Ukrainian Network of People living with HIV. "Every day we receive testimonies from members whose children are no longer accepted in schools or are refused treatment at hospital when nurses and doctors become aware that they are living with HIV."

Getting past social stigmas to treatment is critical as some 360,000 people are currently living with HIV in Ukraine, notes UNAIDS country coordinator Ani Shakirishvili. "Ukraine has the highest contamination rate among all countries formerly part of the Soviet Union," she says. "If the response continues to be inadequate, statistics are likely to rise further, up to 800,000 living with HIV by 2015, which would be a big burden for Ukraine."



Ukrainian Red Cross visiting nurse Valentina Kulik takes care of her client Katerina's foot in her flat on the outskirts of Kiev. Photo: Jean-Luc Martinage/IFRC

"When you factor in that treatment stops transmission then it becomes a no brainer. So why aren't we doing it?"

Brian Williams, former WHO epidemiologist

is also encouraging implementers to treat the sickliest patients first — a strategy that, while it makes a certain amount of sense, critics condemn as short-sighted and far more costly in the long run.

Test and treat

Former WHO epidemiologist Brian Williams, co-author of the seminal 'test and treat' *Lancet* modelling paper, says that delaying treatment is tantamount to telling a woman with breast cancer that she needs to become terminal before she can receive chemotherapy. "Look," he says, "when you factor in that treatment stops transmission then it becomes a no brainer. So why aren't we doing it?"

Williams notes that delaying treatment and capping enrolment to cut costs will only result in increased levels of tuberculosis, more hospitalizations, a greater need for intensive and palliative care services, higher mortality, more orphans and, of course, far more transmission. "We are talking about regimens that cost no more than one dollar a day," he says.

Moreover, numerous studies show that access to treatment encourages those most at risk to be tested. Adds Le Goff, "If they can't get treated then many of them ask: 'What's the point of being tested? What can be gained by knowing that you are going to die?'" This is too bad since knowing one's status has many advantages that can allow people to prolong their lives even in the absence of drug treatment.

Argues Montaner, deferring treatment shaves off only two or three years' worth of ART costs — at most. When one factors in the beneficial impact to overall health and the fact that ART reduces viral load to the point where HIV is no longer transmissible, the fiscal arguments simply no longer apply. Costs are coming down and newer medications mean regimens are becoming less toxic and easier to ingest. When compliance is assured, the likelihood of resistance decreases and the overall prognosis becomes far rosier.

However, he also maintains that the US government stands in "very limited company" and cannot continue to shoulder the majority of costs on its own. "President Obama needs to lean on the G8 and the G20 to help pay for the roll-out of expanded treatment," he says, adding that "others" should be encouraged to contribute their "fair share".

Notes Montaner dryly: "It would take less money to expand treatment to all who need it than it did to bail out Wall Street — and for far greater return." n

By Patricia Leidl, with Jean-Luc Martinage

Patricia Leidl is a freelance writer and consultant who has reported extensively about HIV/AIDS and has worked at WHO's HIV/AIDS Department, the United Nations Population Fund and UNAIDS, among others. Jean-Luc Martinage is former senior communications and advocacy officer for global health at the IFRC in Geneva.



First aid for all

To bring first aid to more people, many Red Cross and Red Crescent Societies are focusing on simple life-saving skills. It's not about textbooks and certificates. It's about empowering communities with the confidence to act.

“THE LAST time you showed me this I was too weak to blow up the chest,” says a quiet, middle-aged woman — let’s call her Mary — as she kneels tentatively on the carpet next to a lifeless first-aid mannequin. Mary is living in a rehabilitation centre in Bedford, United Kingdom, fighting to overcome alcohol addiction.

A first-aid trainer for the British Red Cross, Dan Sheridan, has come to this two-storey brick house to teach the second of two brief first-aid courses to Mary and three other residents, in the familiarity of their temporary home. Sheridan structures the course as a conversation rather than a lesson, asking questions, making jokes and encouraging them at every step. “There you go, relax, it’s not so hard,” he coaches.



Mary bends over, pinches the mannequin's nose and breathes into its mouth. When the chest rises, she smiles in relief. These days she spends most of her time learning to heal herself. Today, she has acquired the skills to save somebody else.

"That's great," says Sheridan. "See, you can do it."

A civic duty

First aid has been at the core of the Red Cross Red Crescent Movement ever since Henry Dunant organized civilians to help injured soldiers after the battle of Solferino in 1859. It's more than a skill — it's an act of humanity. Given without discrimination, it helps empower communities to take greater care of their own survival and well-being. It's a responsibility of global citizenship and an essential element for safe and resilient communities.

"First-aid training is a key activity for us," says Nehal Hefny of the Egyptian Red Crescent Society, noting that there is a real desire for training at the community level because, very often, city or state emergency services cannot respond quickly enough in many parts of the country. "The training is one of our main activities and it's very popular."

Whether it's inner-city Cairo, a remote village in Myanmar, the *favelas* of Brazil or a London suburb, first-aid training offers people the chance to take life-saving action and demonstrate humanitarian values in their own community. In places where there is little or no access to emergency services, there is a real hunger for basic life-saving skills. "People are often really looking for the skills to be able to prevent and respond to emergencies by themselves," says Eric Bernes, a first-aid specialist for the ICRC.

"Everyone has the potential to save lives," adds Grace Lo, IFRC first-aid specialist.

Reaching out to vulnerable communities, she says, is key to attaining the goal of 'First Aid for All', the theme of 2010's World First Aid Day, planned by the Red Cross Red Crescent for 11 September. To mark the occasion, the IFRC has published an advocacy report following up National Society first-aid training efforts around the world.

Still, in many parts of the world — in both high- and low-income countries — first-aid training needs to be brought to many more people and communities. In many high-income countries in Europe, for example, the public often views first aid as an optional skill. Those

who have taken a course in the past might think they have paid their dues, even if they cannot remember a thing today (studies show that ideally, a person should have a refresher course every 6 to 12 months).

Diane Issard, manager of the European Reference Centre for First Aid Education, says that to ensure help is within reach at all times, at least 30 per cent of the population should know first aid. And yet, a recent IFRC advocacy report shows that even in Europe, there are great disparities. In Norway, for example, 95 per cent of the population knows basic first-aid techniques, while in Hungary, less than 1 per cent of the public is trained.

Part of the reason is legislation. When a government requires citizens to learn first aid at school, makes it a condition for obtaining a driving licence or requires it at the workplace, the numbers automatically go up. Unfortunately, many governments often don't see first aid as a political priority. School curricula are already overloaded. Driving licences are costly enough. This point of view overlooks the fact that first aid can save not only lives but money, by reducing the cost of medical treatment.

One country that is moving toward requiring first-aid training is Ghana, where traffic accidents are a leading cause of fatalities: more than 1,600 annually. With the support of national authorities, the Ghana Red Cross Society is working to expand a programme in eastern Ghana that has already offered first aid training to more than 3,000 licence applicants. The victory is not without challenges — the most immediate one being a lack of mannequins, a costly investment for developing countries. "Now that we have the mandate," says Kofi Addo, the Ghana Red Cross Society's acting secretary general, "we must demonstrate the capacity to deliver."



L Tuvalu Red Cross instructor Matakina Simii, 31, teaches first aid to new volunteers with the help of a local police officer during a weekend training session on the Pacific island nation. Photo: Rob Few/IFRC

I A volunteer from the Mozambique Red Cross Society helps with first aid and advice on proper use of water to residents of the Chacalane camp. Photo: Christopher Black/IFRC

In China, some provinces oblige people to undergo Red Cross training before obtaining their driving licences. On the other hand, there is little public encouragement for learning first-aid skills and no mandatory requirement for high-risk industries. With support from national lottery funds, the Red Cross Society of China has been working in recent years to improve quality, standardize courses throughout the country and communicate the importance of first aid to the public at large.

Back to basics

But first-aid training is not just about learning technical skills. It's about giving the public the confidence to act. Even when people are trained in first aid, they sometimes hesitate. Some are afraid of blood or of catching diseases. Many are concerned about lawsuits, despite the fact that legal judgements in such cases are extremely rare. Nonetheless, worries about making a mistake often lead to the so-called bystander effect, whereby everybody counts on somebody else to act. That is unfortunate — even a clumsily performed cardiac massage can save a life, whereas no action at all is certain to end in death.

As a result, a number of National Societies are coming to the same conclusion, that teaching complicated first-aid manoeuvres puts people off. In the Netherlands, fewer than 2 per cent of the population has learned first aid, because for years the public was offered only one type of course, which lasted 32 hours and was expensive.

In 2005, the Netherlands Red Cross finally received the right to teach first aid and decided to rethink the entire process. "Some National Societies

"These people don't want to be lectured or preached at. The trainer as a font of knowledge — that just creates a barrier."

Dan Sheridan, first-aid trainer for the British Red Cross

Volunteers with the Brazilian Red Cross, along with the ICRC, offer free first-aid services and training to residents of Rio de Janeiro's *favelas*, where health and emergency services are largely unavailable.
Photo: Patricia Santos/ICRC

focus on issuing first-aid certificates," says first-aid specialist Patrick Logister. "But even in countries where 80 or 90 per cent of the public is certified, if nobody helps, or is taught effective techniques, the effect is non-existent." The Dutch have chopped down the course length, put more focus on target groups such as young parents and are trying to encourage a propensity to act by educating the public that lawsuits should not deter anyone from trying to provide life-saving first aid.

In Argentina, the Red Cross is also striving to improve and simplify instruction methods, after realizing that most of what they teach is forgotten after one year. "First aid was always taught like school, with manuals like textbooks," says Martin Roth, an anaesthesiologist and long-time Red Cross volunteer. "The teacher gives a lesson and you practise. That may be good for kids, but adults have another way of learning."

The National Society worked with an adult education expert, who suggested a case-study approach, with abbreviated content, small discussion groups and lots of practice. "We're focusing on the most elemental, vital things, so they can be remembered," says Roth.

Dan Sheridan agrees. "These people don't want to be lectured or preached at," he says. "The trainer as a font of knowledge — that just creates a barrier. Make it safe and familiar, tell them, 'You already have the answers, guys, just bring it out!'"

The goal is to make first aid accessible to all, including the most vulnerable members of society. The Italian Red Cross and the Hellenic Red Cross in Greece are training blind people to prevent and

deal with domestic accidents, the Finnish Red Cross trains elderly people and youth at risk, the Armenian Red Cross Society has a programme for remote communities, the French Red Cross has worked with young people in inner cities, the Netherlands Red Cross is developing a programme for Muslim communities, the Russian Red Cross Society trains factory workers and some Chinese Red Cross branches train migrant workers. For its part, the British Red Cross has been giving more attention to empowering people with physical and mental disabilities.

In Afghanistan, the ICRC provides first-aid training to all parties in the conflict, as well as supporting the Afghan Red Crescent Society in the delivery of first-aid services and training to civil society members such as taxi drivers, who often take the injured to hospital. "Taxi drivers tell us that first-aid skills are really



First aid by the numbers

More than 7 million: number of people trained worldwide by Red Cross and Red Crescent Societies in 52 countries surveyed as part of the IFRC's 2010 advocacy report, *First aid for a safer future*. This is a 20 per cent increase compared to 2006.

17 million: total number of people who received courses of less than six hours by the 52 Red Cross and Red Crescent Societies covered in the IFRC survey. An additional 46 million were reached by first-aid and preventive messages.

4 million: number of people who received first-aid certified training from the Indian Red Cross Society and the Red Cross Society of China in 2009.

More than 90 per cent: increase in number of first-aid courses provided by Red Cross and Red Crescent Societies in Europe between 2006 and 2009.

350,000: approximate number of active first-aid volunteers in the Asia Pacific region. This is an increase of more than 50 per cent since 2006.

51,000: total number of active first-aid volunteers in the Middle East and North Africa in 2009. This is a 62 per cent increase since 2006. The total number of people trained in certified first-aid courses in 2009 was more than 586,000.

Key recommendations:

- Governments should promote compulsory first-aid education in schools or among those applying for driving licences, according to the advocacy report. A similar approach should be taken in the workplace.
- The report calls for time limits on first-aid certificates that would trigger refresher courses.
- Protect those who respond. Only eight of the 52 countries surveyed have legislation to protect people providing first aid, yet fear of liability often discourages people from giving first aid.
- Invest. First-aid training and education is cost effective, it reduces the severity of injuries and the subsequent cost of medical treatment.

Source: *First aid for a safer future – Advocacy report 2010*. Geneva: IFRC, 2010.

important for them," says Bijan Frederic Farnoudi, the ICRC's communications officer in Kabul. "They can't evacuate a person to the hospital in the normal time frame of two hours, but need to take complicated, indirect routes, so the journey may take up to seven hours. Those extra hours are often the difference between life and death."

In conflict zones, or in areas with chronic violence, such as the *favelas* of Rio de Janeiro or Cité du Soleil in Port-au-Prince, Haiti, first aid is also a means to make a connection, to open a dialogue with key players and combatants and create a certain "humanitarian space", says ICRC's Bernes.

"It's much more than a bandage," he says, adding that those who provide first aid in dangerous situations are also setting the highest example of humanitarian values in action. "Yes, the first-aid givers are saving lives. But just as importantly, they are restoring a sense of confidence and hope —

especially when you have a situation of violence, whether it's war, gangs, banditry or whatever. Acting in these situations creates a level of hope that people are not only destructive but can also act to help each other.

"It really is the DNA of the Movement," he says of first aid. "Since Solferino, it's remained an extraordinary vehicle. A hallmark of the Movement that nowadays needs to be really reinforced."

Opening the door

First aid can also become an entry point towards developing people's trust and clearing a path to more sensitive issues. In Ireland, a community-based health and first-aid programme was introduced in 2009 in Dublin's Wheatfield prison, a medium- to high-security facility and home to 450 male prisoners, many of whom are long-term inmates. The project, a partnership between the Irish Red Cross, the prison's healthcare division and the city of Dublin's vocational education committee, started as a way to avoid bringing the H1N1 epidemic into the penitentiary.

Twelve prisoners were chosen to participate as Red Cross volunteers and receive first-aid education with relevant health awareness. They took classes two hours a week, then passed on what they had learned to the rest of the prisoners. It seemed to work: a neighbouring prison had several cases of swine flu, but there was not a single one at Wheatfield.

But Graham Betts-Symonds, the prison's healthcare and nursing manager, was most struck by the transformation in the volunteers who participated. "While some [prisoners] had behavioural difficulties in the past, they appear to have completely changed as Red Cross volunteers," he says. Perhaps the most amazing result was the response to a mass HIV testing project in June 2010, after first-aid courses highlighted HIV awareness as a key health issue. In the days leading up to the tests, the volunteers passed out leaflets, encouraged other prisoners to go and talked openly about the virus. The turnout exceeded all expectations.

A survey was held during the tests and the prisoners' responses proved that, without peer support, many would not have bothered showing up.

"If medical people came around, prisoners would go back into cells," wrote one.

"RC guys 1,000 per cent better doing this than staff doing it," noted another.

"Makes you more on the ball about HIV/AIDS, especially about unprotected sex," said a third.

And one prisoner wrote: "Thank God it's being done." n

Amy Serafin is a freelance writer based in Paris.

FORGOTTEN WARS FORGOTTEN PEOPLE



The Central African Republic is one of the poorest countries in the world. It is torn by conflicts that are complex and unpredictable. While the fighting in surrounding countries draws some attention, the violence within the Central African Republic and the spillover from its neighbours attract almost none. These photographs, by the ICRC's Marko Kovic, were taken in two remote areas of the country and show some of the consequences of violence. They are a partial description of a much larger tragedy.

K Lives and homes destroyed

Sorovo Sarvatoriopai, father of seven, sits in front of his destroyed hut in Gubere Bassima, a small village near the town of Obo. The inhabitants of the village fled in 2009 after an attack attributed to an armed group known as

the Lord's Resistance Army. Two months ago, Sarvatoriopai's wife and sister disappeared while foraging for food just outside Obo. He says that hunters later found their corpses deep in the jungle.





L A second chance

This child was abducted by the Lord's Resistance Army in March 2008. She managed to escape and returned to her community in the town of Obo in

April 2010. "My nightmares will go away only when I know I am far away enough, in a place where they can never find me," she says.

K A lesson on humanitarian law

These members of the Central African Republic's armed forces learn about international humanitarian law from the ICRC delegate and the Central African Red Cross Society.





L A fight for survival

The men of Obo have formed a citizens' militia to protect themselves and their families from the armed groups and bandits that have been robbing, abducting and killing people since late 2008. The militia use handmade weapons.



J Life in flux

Conflict and banditry have forced thousands of people to flee their homes. This camp for internally displaced people, on the outskirts of Obo, houses nearly 5,000 people — all of whom fled neighbouring villages that had been attacked by an armed group. Their arrival has doubled the population of Obo.



J A clash of cultures
In the northern province of Ouham, cattle herders in search of grazing land often clash with local farmers over land use.

I Drops of hope
The ICRC and the Central African Red Cross Society help villagers gain access to clean water — essential for good health. This is an aspect of the effort to resettle villages abandoned after attacks in 2007. Looted and largely destroyed by the attackers, the villages were deserted until recently, when residents returned from as far away as Chad.



I Four walls and a small humanitarian space

In the village of Ouogo, an introductory session on international humanitarian law conducted by the ICRC and the Central African Red Cross Society for members of the Popular Army for the Restoration of Democracy.





When the king tide

Global warming is leading to uncertain times for the ‘saltwater people’ in Langa Langa, a lagoon on the west coast of Malaita, Solomon Islands.



After six-and-a-half decades living on the sea, Desderio Johnson faces an uncertain future. Like many in his village, he may have to move inland and give up his way of life if seawaters continue to rise.

All photos: Josua Wainigasau Tuwere/ICRC

DESDERIO JOHNSON HAS lived in Luluagalo, a village built on man-made coral islands that stretch into the azure waters of Langa Langa lagoon, on the island of Malaita in the Solomon Islands, since 1945. Now after six-and-a-half decades living on the sea, he and his village face an uncertain future.

“Last December, we had a ‘king tide’ and it covered the whole village,” Johnson says of the abnormally high tidal surge that inundated his home with knee-deep water. “That’s not the only problem.”

Johnson shares Langa Langa lagoon with the rest of the ‘saltwater people’, who have mastered the art of building houses on man-made coral islands, put in place over years, sometimes after generations of labour. Like his neighbours’ homes, Johnson’s house is built with wood and thatching made with sago palm leaves.

Roughly 15 coral islands are spread across the long narrow lagoon, which stretches north–south along 20 kilometres of Malaita’s western coast. Some of the bigger islands host 10 to 15 families while on others, a lone house stands above the waves.

As sea levels rise and weather patterns change, the islanders are no longer safe in homes so intimate with the sea. As villagers build up the islands to stay above the water, the stones, which once covered the lagoon floor, have all been used

up. The villagers have limited options to adjust to the threat of the sea.

“We don’t like to move inland,” Johnson says, scratching his stubbled face. “There are too many disputes between the villagers on the artificial islands and those inland. This is causing so many problems.”

For saltwater people who move inland, the challenges include a higher cost of living, the lack of employment, uncertain access to health and educational facilities, as well as the potential for tensions between ethnic groups over limited jobs and resources.

Despite the problems, a growing number of saltwater people are moving to urban areas and some are now asking the provincial Malaita government for help in resettling. The most popular destination is Honiara, the capital of the Solomon Islands. It is half an hour away by plane and four hours by boat. The islands, and the unique culture they support, may soon disappear.

Since time immemorial

The islanders will need more than their island-building skills to counter these threats to their livelihoods and existence. Like many other inhabitants of Pacific island nations, the people of Malaita are searching for local solutions as they



comes

Life in Luluagalo is all about the sea. The village stretches across into the azure waters of Langa Langa lagoon, on the island of Malaita in the Solomon Islands.

Villagers build foundations and pathways by piling rocks and coral into small islands that rise just above sea level.

appeal for assistance and international action on global warming.

In North Malaita, the Solomon Islands Red Cross is working with islanders at Lau lagoon, which also has artificial islands, on various health programmes to help villagers adapt to change. Lack of access to usable water is a major problem due to increasing salinization of local water tables caused by rising sea levels.

After surveying the communities' needs, the Red Cross installed water tanks and provided hammers, nails and crowbars to help villagers fashion and craft rocks for building the artificial islands higher. The tools are also used to help villagers build latrines. Funded by the Australian Red Cross, the project covers eight communities and ends in 2011.

At an international level, the Solomon Islands government is trying to raise awareness and support. In September 2009, it made an urgent plea to the 64th session of the United Nations (UN) General Assembly.

"This year sea-level rise and king tides have hit various parts of the country [destroying] food gardens, dwellings and water sources," according to the government's report to the UN. "Those impacted are mostly populations residing in low lying islands (atolls), Malaita outer islands including those occupying Malaita artificial islands since time immemorial.

"The frequency of these weather events has drastically increased," the report continues, "and is becoming a daily phenomenon that these populations are coping with."

"Some fruit trees are no longer bearing fruit due to increased saltwater. Even in swampy areas there are changes. Muddy areas have become sandy, and it's diminishing the number of mud oysters, shellfish and mud crabs that we collect."

Pio Baenisia, disaster risk reduction officer for the Solomon Islands

Ruined crops and fruit

Mindful of these threats, Pio Baenisia, disaster risk reduction officer for the Solomon Islands, has made several trips to the island state's at-risk areas. Climate change is an issue close to the heart of this native of Abalolo village in Langa Langa.

Abalolo is on the mainland but it was built on mangrove swamp reclaimed by villagers who used rubble, coral and limestone as a foundation. The villagers have also raised their houses on stilts and piles as a precaution against the sea. It is accessible by road, half an hour's drive from Auki, the capital of Malaita island.

As we drive from Auki, he points out several places along the coast where the encroachment of salty seawater has ruined croplands. "Here, this is where they used to have plantations, growing sweet potatoes and other crops. Now the soil is too salty for anything to grow properly. Now there's just bush."

The lack of food from the natural surroundings means islanders now have to rely on imported rice, tinned meat and other foodstuffs. This is not easy for villagers whose lifestyle and economy are based mainly on subsistence farming and fishing.

Baenisia has not been long on the job, just a few months. But he senses the urgency in the task. "Some fruit trees are no longer bearing fruit due to increased saltwater," he says. "Even in swampy areas there are changes. Muddy areas have become sandy, and it's diminishing the number of mud oysters, shellfish and mud crabs that we collect." n

Josua Wainigasau Tuwere is an ICRC delegate based in Fiji.

As the former communications director for the ICRC, Yves Daccord revels in a tough question and a complex challenge. That's a good thing because there's nothing simple and straightforward about the times in which Daccord takes the post of director general of the ICRC. Humanitarianism is being used by some governments to win hearts and minds and to build nations. The aid industry is proliferating and, at the same time, key principles of neutrality and independence are under attack. *Red Cross Red Crescent* magazine asked the former journalist how the ICRC will chart its course during these times of crisis, change and opportunity.

A thin red line

New Director General Yves Daccord says the ICRC needs to focus on core principles while adapting to change

Yves Daccord: I'm extremely honoured to be director general of the ICRC. It's a great organization with a fantastic mission; it's in really good health with key competencies in many areas which will guarantee continuity. It's critical to keep ourselves focused on the essentials, helping those who need us most.

This said, we live in a world where there is a lot of change so we also need to adapt, sometimes more quickly than we would like. When it comes to the scope of our action, the ICRC will continue to focus first and foremost on situations of violence: war and armed conflicts.

It's more and more difficult to draw a fine line between what is armed conflict and what is not. What is more striking is that if you look at our ten largest operations, you realize that we have been involved in most of them for more than a decade. We are confronted today with many acute needs but also lingering and chronic ones. We are also confronted with people who have to cope with a combination of pressures — whether war-related, climate change-related or

even migration-related. Afghanistan, Somalia, Sudan and Yemen are good examples of protracted armed conflicts.

Some of the questions we ask ourselves regularly are: "What kind of support should we offer? What needs should we address?" For us, there is a need to really look at the scope of our actions, to be clearer and invest more time and energy in what we call 'other situations of violence' [chronic urban violence and gang-related or tribal conflicts as examples]. Our ambition is not to intervene everywhere at all times. But to intervene where we can make a difference and develop clear and meaningful action that will improve the lives of people on the ground.

Is this where partnership comes in? You've spoken of the need for ICRC to increase its ability to partner.

We are an organization that does a lot by itself. That's great. But to increase the impact of our humanitarian response, we will have to partner more. Here, I'm really speaking about partnership with local Red Cross and Red Crescent Societies. The ICRC will have to develop a vision that is more long term, not year-by-year, because partners want to know what you can bring in. We as ICRC will have to find the right balance between our focus on emergency operations and how to work with partners in the mid to long run.

Why aren't there more partnerships? There are more partnerships than you

might think. Almost one-third of our activities are carried out with a Red Cross or Red Crescent partner. So it's already getting better. I think that in the past, ICRC felt that it could do it alone. Today, when you face a complex emergency, people expect you to think about relevance and speed — but they also expect you to think very quickly about sustainability. We don't want the ICRC to become a development agency but we want it to be able to bridge the gap between emergency and development phases. And to achieve that, it is important to work with local partners who understand local realities.

What's the difference between an emergency response based on that awareness and one that isn't?

When you start a humanitarian action, you immediately think from day one that you're not just there for a day or a month. From day one, you will also start to think about, for example, the problems of those who have gone missing or the contamination of weapons. In the past, that was something you thought about when the conflict was over.

We know now that when a war goes on for 20 years, these problems have to be addressed from the very beginning. Look at Afghanistan or Israel–Palestine. When does the emergency start or end? OK, there are moments of emergency. Take Gaza for example. There is a war and for one month, it's an extreme emergency. But what do you call 'before the war'?



Thierry Gassmann/ICRC

“For me, impartiality is a principle that we really need to push. Not so much in terms of teaching about it, but in terms of acting. To show these principles in our actions. And here I am not only talking about the ICRC but also about National Red Cross or Red Crescent Societies.”

lead very strongly on international humanitarian law issues.

But I also see us having a strong lead on the Fundamental Principles in action. It's really time to rediscover some of our core principles. It's also part of the IFRC's *Strategy 2020*. For me, impartiality is a principle that I think we really need to push. Not so much in terms of teaching about it, but in terms of acting. To show these principles in our actions. And here I am not only talking about the ICRC but also about National Red Cross or Red Crescent Societies.

If we look at where the humanitarian sector might go, I'm not sure that impartiality will be easy, with states being more and more involved in humanitarian action, and especially if they are supporting one faction over another. It will be difficult to have an impartial view of the needs and we should be leading in how to develop impartial needs assessments.

I'm also expecting us to lead the debate on health and medical issues as well as on the combined effects that problems such as climate change, migration and pandemics have on people. There are a lot of agencies that are very good at dealing with particular issues. But I think within the Red Cross Red Crescent, we have a unique and very strong understanding of the combination of pressures that all these issues have on specific populations. ■

and 'after the war' in Gaza? People are blocked there like in a prison, faced with a lot of mental health problems, a lot of health problems and basic security is not assured. How do we respond to that?

That is what I want people to be more aware of, to be more aware of the needs of the people. We as humanitarians are inclined to look at problems through the lenses of our competencies. We say: "I'm good at water so do you need water?" But maybe the main problem is displacement. Maybe your kids don't have access to their family on the other side of the bridge.

There has been a proliferation of humanitarian groups and agendas. Humanitarian action is being used by governments to win 'hearts and minds' and build nations. How should the ICRC and the Movement define themselves in this context?

We need to have a sense of where we want to be relevant and how we can influence the terms of the debate. Of course the ICRC will have to take the

Five quick questions for Yves Daccord

1 Who has most influenced or inspired you?

Nelson Mandela and, on a daily basis, my wife and my three daughters.

2 Which book or books that you have read recently that you found enjoyable or interesting.

The Road by Cormac Mc Carthy and *The Italian Shoes* by Henning Mankell. *The Road* is the kind of book that almost has a physical impact on you. It's an incredibly powerful story about a father and son trying to survive in a devastated world. *The Italian Shoes* portrays great characters who have a very original way of acting, thinking and reflecting about their lives.

3 What quote, poem, song or phrase particularly inspires you?

Hallelujah sung by Jeff Buckley. A very relevant quote for me is: "I prefer to be broadly right than precisely wrong."

4 Is there a blog or writer that you find particularly interesting?

TED [a non-profit dedicated to 'ideas worth spreading'], 10x10 [an internet news site], the Sartorialist [a blog dedicated to everyday fashion] and Paul Krugman's blog [on economic and social issues].

5 If you could ask a question of one person, who would it be and what would the question be?

To Nelson Mandela: where did you find the force to forgive?

Militaires blessés.

Berlin, 25 Avril, 1869

The dreamer and the builder

de divers côtés que vous avez pu employer pour votre entreprise, privée, un rare et précieux marque du Comité international dont vous êtes membre

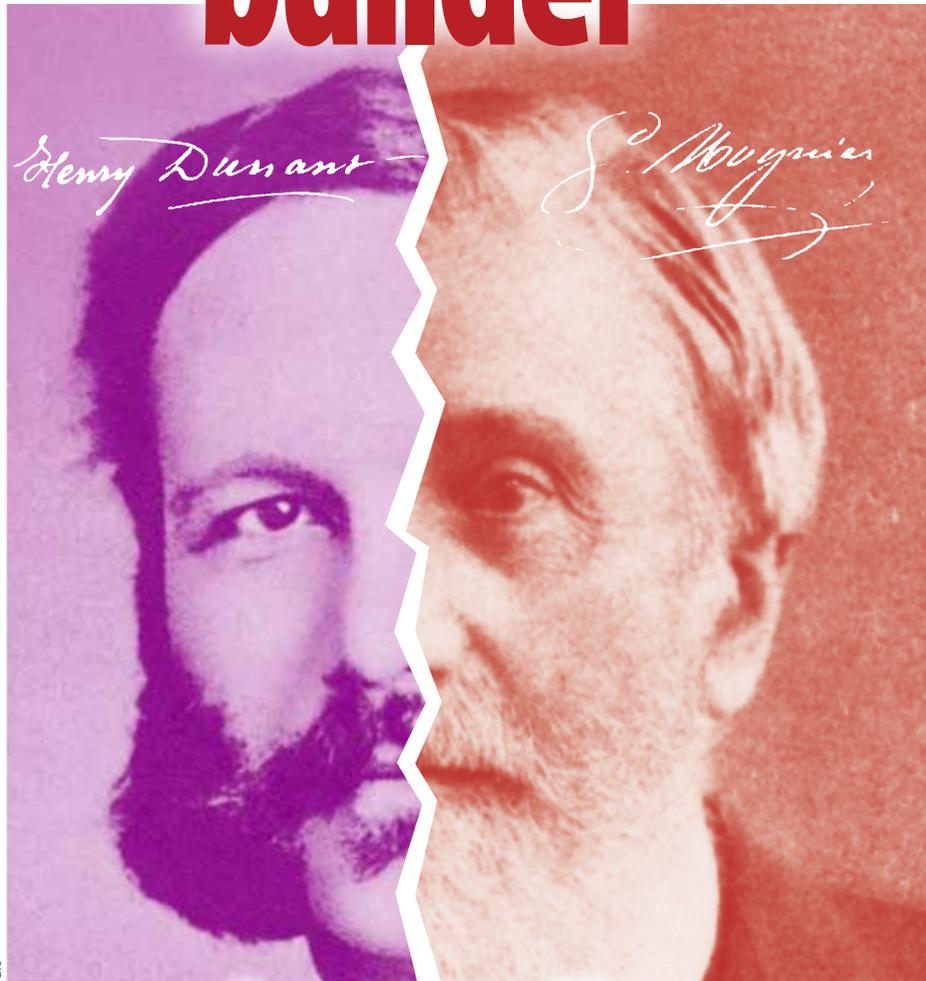
TUTTI FRATELLI, ALL BROTHERS. These are the words repeated by the women of Castiglione who worked alongside Henry Dunant as they helped the wounded on the battlefield of Solferino. It became one of the defining phrases of the early Red Cross. Yet irony had it that the two principal architects of what would become the largest humanitarian organization in the world felt anything but fraternal love for each other.

Much has been written about Solferino and its terrible casualties, and about Dunant's presence on the battlefield. But far less about the next steps in the Red Cross story. This year, the 100th anniversary of Dunant's death and that of Gustave Moynier, the co-founder of the Red Cross, provides an opportunity to re-examine their lives and question how accurate history has been when assessing the very different contributions each made.

Those next steps came after Dunant's battlefield memoirs, *A Memory of Solferino*, fell into the hands of the elderly hero of the Sonderbund war (Switzerland's 19th century civil conflict), General Dufour, and, more importantly, into those of a stocky, serious-minded, touchy and dogged lawyer named Gustave Moynier. The Protestant grandson of a master watchmaker, Moynier was an interesting figure. Trained as a lawyer, his marriage to the daughter of a rich banker had brought him enough money to devote his life to a wide range of philanthropic interests.

Unlike the impractical, impetuous Dunant, Moynier was shrewd, conscientious and very hard working. Before long, a working party to take Dunant's ideas forward had been set up, which soon called itself the International Committee for Relief to the Wounded, with Dufour as president, Moynier as vice president and Dunant as secretary. There were two other members, both men with medical backgrounds: Louis Appia, who was somewhat gloomy, and Théodore Maunoir, who was humorous and retiring. At 35, Dunant was the youngest. Both he and Moynier would say, at various times, that they had been inspired by God.

Most crucially for the future of their idea, the times were propitious. Though it had never quite lost the stamp of Calvin's austerity, Geneva in the 1850s was awash with fermenting philanthropic ideas and there was a strong spirit of humanitarianism among people who regarded themselves as enlightened conservatives. Furthermore, Europe's ministers of



Separated by the birth of a humanitarian movement

Je n'ai pu que vous en remercier et vous adresser mes salutations. (salutations.)
(signé) G. Moynier Président

war had already expressed a desire to limit the evils of war and to discuss forms of arbitration. Dunant's suggestions, humane but not subversively pacifist, were perfectly in tune with the pious and utilitarian currents of the day.

A meeting on 23 October 1863 brought together statesmen from across Europe, who put their names to resolutions calling for a humanitarian code of conduct in warfare, the adoption of an emblem, the sending of volunteer medical personnel to the battlefield and the setting-up of national committees to assist the army medical services. As Pierre Boissier, official historian of the Red Cross, would later say, they did nothing to do away with war, but they had "reduced its empire over mankind".

But not before Dunant had alienated Moynier by his failure to consult his colleagues over the question of neutrality and by his cavalier attitude towards formal procedures. In the early papers of the Red Cross, it is hard to find anything that points to any kind of personal relationship between Moynier and Dunant. But one senses in Moynier a profound impatience with Dunant's haphazard ways. His upright, self-righteous soul can only have been maddened by Dunant's occasional slipperiness and inattention to detail.

In 1864, Dunant's business affairs foundered and he went bankrupt. He had no choice but to offer his resignation, which was accepted, with some alacrity, by Moynier. Neither he nor any other member of the committee showed any signs of charity or compassion towards Dunant who, though he paid off his debts, suffered the further humiliation of being judged by the court as having "knowingly swindled" his colleagues. He was also left penniless. Later, Dunant would write: "I was led astray through ardent imagination, a too excitable nature, and a too trusting character."

Dunant left Geneva and spent the next years haunting the fringes of the growing Red Cross movement, while Moynier set about pinning down their ideas in a coherent, precise and legally binding way, and doing his best to expunge Dunant's very name from its institutional history. For the next 40 years, as president, he convened meetings, transformed resolutions into conventions, worked on drafts and treaties and corresponded with nascent societies and statesmen from Washington to St Petersburg.

It has taken most of the century to bring rightful recognition to Moynier, a man without whose perseverance and determination Dunant's dream might have remained precisely what it was — a dream.

In 1887, Dunant found a haven in Heiden, a pretty spa town in the canton of Appenzell in eastern Switzerland, surrounded by orchards. Five years later he retired there permanently, to a small residential hospital where he spent his days writing his memoirs and brooding bitterly on the past. But then, as Moynier must long have dreaded, he was spotted by an enterprising young journalist. The story of the forgotten visionary hermit was picked up and spread around the world. Visitors arrived to pay Dunant homage; letters, honours, pensions poured in. Worse, for Moynier, was to come. In 1901, hailed as 'the founder of the Red Cross' Dunant shared the first Nobel Peace Prize with the pacifist Frédéric Passy; Moynier made some efforts to be included, but in vain. It was said that as he grew older, Moynier found it harder to accept that a man he considered unscrupulous could have had the inspiration for an idea he had come to think of as his own.

Dunant and Moynier both died in 1910, within months of each other. History has not been kind to the rigid Moynier, while Dunant, cast as a hero and a martyr, has been celebrated in innumerable biographies, memoirs, documentaries and even novels. Soon after his death, Moynier fell into oblivion. It has taken most of the century to bring rightful recognition to a man without whose perseverance and determination Dunant's dream might have remained precisely what it was — a dream. **n**

Caroline Moorehead is the author of *Dunant's Dream: War, Switzerland and the History of the Red Cross*. Her most recent book is *Dancing to the Precipice: The Life of Lucie de la Tour Du Pin, Eyewitness to an Era* (Harper, 2009).



MUSEE INTERNATIONAL
DE LA CROIX-ROUGE
ET DU CROISSANT-ROUGE
GENEVE

Making history

Numerous historical events and exhibitions this year delve into the relationship and roles of these two founders of the Movement. From 21 September 2010 to 23 January 2011, the International Red Cross and Red Crescent Museum will host:

Henry Dunant + Gustave Moynier — An Intense Combat

Curated by the Association Dunant + Moynier.

For information on other events, see www.dunant-moynier.org.



Beyond borders

“AM A WOMAN like all women with dreams that I would like to realize,” says Rougui, a 20-year-old Guinean. “I was a student and I’ve left everything behind me. I left my two children — my 3-year-old daughter and a 5-year-old boy.”

Now in Morocco, Rougui left her village in Guinea and travelled through Mali, Senegal and Mauritania before finally settling in the city of Oujda, on Morocco’s eastern border with Algeria, where she is still searching for work, trying to learn the language and fit in.

“My preparations for the voyage were made from one day to the next,” she says. “It’s not easy to survive. I still don’t have work, so I don’t have money to feed myself. There’s also the problem of communication. I don’t understand anyone and there’s no one to talk to.”

In today’s increasingly mobile world, Rougui’s story is the same as millions of others, as more and more people around the world flee poverty, war, drought or famine in search of a better life. Often paying exorbitant sums to take perilous routes, they face detention or live for years in legal limbo. They may also face exclusion and discrimination in their new communities while many are forcibly repatriated or just sent back across the nearest border.

The migrants’ stories defy the common perceptions held in many destination countries, where the migration issue is often described by the media as a one-time episode, usually at a border — a boat picked up by the Italian coastguard, migrants

“Because of public opinion and the financial crisis, destination states have become stricter and stricter. This has not diminished the number of migrants who try to make their way to richer countries. Rather it has pushed them to take greater risks.”

Jean-Christophe Sandoz, a migration specialist for the ICRC

scrambling to dry land on the Canary Islands, a freight wagon full of farm workers suffocating in the hot Texas sun.

But for the migrants themselves, these episodes are just one in a string along an arduous route that often seems without end. The journey of Kouamé Abaline, for example, began five years ago when she fled war in her native Côte d’Ivoire at the age of 15, spending two years in Mali, then three in Mauritania before settling in Morocco. “I didn’t have any stability or proper care in my country,” she says of her adolescent years. “My mother died during the war and my brothers and sisters had all gone to Mali.”

Now, in the post-9/11 security-driven political environment, the 2008 financial meltdown has made the migrant’s journey more dangerous than ever. “Because of public opinion and the financial crisis, destination states have become stricter and stricter,” says Jean-Christophe Sandoz, a migration specialist for the ICRC. “This has not diminished the number of migrants who try to make their way to richer countries. Rather it has pushed them to take greater risks.”

In West Africa, migrants taking boats to the Canary Islands go much further out to sea to avoid the marine patrols of Frontex, a security force set up to protect the external borders of the European Union.

“People are also taking more and more dangerous routes through the desert,” Sandoz adds. In the small, remote town of Tin Zaouatène, for



As frontiers close and migration is increasingly criminalized, the Red Cross Red Crescent Movement strives for a 'response without distinction' to legal status and relief along the perilous path.

example, near Mali's northern border with Algeria, nearly 1,000, often highly distressed migrants from various West African countries pass through every month, some heading north, others sent back from Algeria. The Mali Red Cross and the ICRC assist the stranded voyagers with medical care, shelter, food, transportation from insecure border areas or a phone call home.

New destinations

These stories also belie the myth — often held in Europe and the United States — that migration is only an issue of south-to-north. In fact, migration from southern countries to higher-income northern countries only accounts for one-third of the global migration picture.

The Middle East and Gulf states offer good examples of south-to-south migration. Each year in Yemen, the bodies of migrants from Somalia, Ethiopia and Eritrea wash up on the shores of the Gulf of Aden. They are often migrants whose overloaded boats capsized or were attacked by pirates. In some cases, they were pushed overboard when coastguard ships intercepted the smugglers. The migrants are fleeing warfare or looking for work on the Arabian Peninsula, a destination point for workers from West Africa to the Philippines.

In the south Pacific, Australia attracts migrants from as far away as Afghanistan, Burundi, Myanmar, Sri Lanka and the former Yugoslavia. The migrants' journeys may take years and the travellers may end

up staying in any of a dozen countries along the way. Many are granted refugee status while in camps abroad. Others who survive an arduous sea voyage might be placed in an immigration detention centre on Christmas Island, a territory of Australia located in the Indian Ocean south of Indonesia.

Meanwhile, nations that were traditionally transit countries are increasingly becoming destination countries. Heightened enforcement and fear of migration in Europe, the United States and Australia mean more migrants are staying longer in countries such as Mexico, Mali, Morocco or Indonesia.

For Red Cross and Red Crescent Societies, the challenge is how to assist migrants while at the same time neither alienating host communities nor becoming (or being perceived by migrating groups as) agents of the state during forced deportation or detention.

National Societies offer medical services, food and shelter assistance, various protection services in detention settings, and help with navigating the new societies in which they live.

The Spanish Red Cross, for example, recently began providing protection, health and psychosocial support in an administrative detention facility in Madrid, and (along with various partners) it helps operate 14 accommodation centres that provide shelter for

L The many faces of migration (from left to right): A man weeps after arriving in Spain's Canary Islands; Iranian migrants look out from behind bars at an immigration detention house in Indonesia's East Java province in March; one of 65 migrants who came by fishing boat to the Spanish island of Tenerife; a migrant worker looks on from behind a glass door as she waits for her documents to be processed in Jakarta, Indonesia. Photo credits, left to right: REUTERS/Borja Suarez; REUTERS/Sigit Pamungkas; REUTERS/Santiago Ferrero; REUTERS/Beawiharta. All photos courtesy www.alertnet.org

K A man walks near the border between Morocco and Algeria near Oujda. Photo: REUTERS/Rafael Marchante, courtesy www.alertnet.org



newly arrived migrants for up to six months. The Spanish Red Cross also has a variety of programmes to address xenophobia, help orient migrants in their new society and provide relief among the growing number of settlements created by unemployed agricultural workers.

In North Africa, the focus has also been on helping migrant communities cope with a wide range of hardships: unemployment, poverty, discrimination and a certain invisibility within their adopted societies.

“Migration in many North African countries has been perceived only under the framework of security,” says Ann Leclerc, head of the IFRC’s North Africa region office. “Civil society has an unclear role in dealing with migration and they (including the Red Cross Red Crescent) are looking at clarifying their role with local authorities to deliver effective services focusing on the vulnerability resulting from migration.”

Along with offering concrete services — transport, orientation, courses, community centres — the Moroccan Red Crescent and the Tunisian Red Crescent launched a campaign (called Live our humanity. It’s our move.) with IFRC support and funded by the European Union, to raise awareness and change mindsets towards the situation of migrants among host communities.

A two-year study, conducted by the Association for Moroccan Migration Studies and Research, on behalf of the campaign, found that sub-Saharan migrants feel marginalized by a Moroccan society

they feel is unwelcoming to migrants. By contrast, 86 per cent of Moroccans who live in contact with migrants feel that there is no real racism toward sub-Saharan migrants.

The stories of Rougui and Kouamé are just one part of the effort to bridge cultural gaps. Their stories, along with about a dozen others, have been put into a recipe book of Moroccan and West African cuisine. The book coincides with a community kitchen project that has Moroccan and migrant woman cooking, sharing recipes and breaking bread together. In the next two years, the Live our humanity campaign is expected to expand into Libya and Algeria.

Regional approach

But the story doesn’t stop there. Several European and West and North African National Societies, along with the ICRC and the IFRC, are hoping to move towards a more systemic regional approach, creating bilateral and regional cooperation and knowledge-sharing around an issue that transcends national borders.

That was one goal of a regional meeting in Dakar, Senegal, in May, that brought together National Societies from West Africa (Côte d’Ivoire, Gambia, Mali, Niger and Senegal), North Africa (Libya, Morocco and Tunisia) and Europe (Belgium, France and Spain). Already confronted with poverty, conflict, desertification, drought and disease, National Societies in the region are doing more to deal with

“If you’re speaking with a migrant you have to talk about all the options. We want them to make the decision by themselves. We should not try to influence them.”

Catherine Stubbes, head of tracing and migration services for the Belgian Red Cross

Some 48 nautical miles off Malta, 115 migrants were picked up last year by the Maltese armed forces when their boat ran into trouble on its way to Europe from Africa.
Photo: REUTERS/Ho New, courtesy www.alertnet.org



a growing migration problem. The challenges are particularly acute in places such as Tin Zaouatène, where migrants are often stranded in the middle of the desert in a highly insecure environment.

“There is no sign that these expulsions at the Algerian border are going to stop anytime soon,” says Mamadou Traoré of the Mali Red Cross. “Hence the need to find a response adapted to the particular needs of migrants in this hostile zone.”

National Societies, the IFRC and the ICRC are providing a range of emergency services — from basic first aid to restoring family links — but it’s not enough. In the town of Rosso, Senegal, near the border with Mauritania, the Senegalese and Spanish Red Cross work together to provide basic assistance to migrants expelled across the border from Mauritania. “The actions are carried out on an emergency basis because the migrants received there never stay more than four or five hours, essentially to satisfy their basic needs,” says Ibrahima Fall of the Senegalese Red Cross.

These are just a few of the responses. Confronted with a lack of funding and a host of other issues to tackle, however, National Societies in the region face a long road before a concerted, sustainable regional approach can be scaled up.

A delicate line

Another key theme of the Dakar meeting was the delicate line that National Societies must walk to carry out their mandate impartially to assist migrants in distress, regardless of their legal status, while (in some cases) exercising their role as auxiliaries to state authorities.

Sometimes, assistance is requested by states during the expulsion of migrants, raising a difficult ethical and political choice. In June 2010, the IFRC released an advisory note counselling that “to avoid being perceived as supporting coercive action, National Societies should as a rule, refrain from providing assistance during removal operations”.

“If National Societies were to be part of policies to promote or encourage return,” the note read, “they would risk losing credibility and trust with migrant communities and end up incapable of assisting and protecting those in need. Moreover, in countries of return, the image of the [Red Cross Red Crescent] could be negatively affected.”

Only one European National Society offers relief on flights for forcible repatriations and it is under pressure from other National Societies to stop. But where should National Societies draw the line? What about voluntary return? European nations are now pushing this notion, in which migrants receive assistance and funds if they agree to go back to their country of origin. Some European National Societies assist in this process or feel pressure to do so.

The train that runs over dreams

Hugo Leonel (right) was 15 and already working on his own when he decided to leave Guatemala for better opportunities in Mexico. In order to avoid an immigration checkpoint, Leonel and his travel companions needed to board a moving train — commonly called ‘the train of death’.

After walking all day to find the train, the young men ran to catch it. “I was the last one,” Leonel says. “The others were far ahead. I grabbed the lower section of a ladder; the train was dragging me. My body was hanging from the train.

“I just prayed to God to have mercy on my soul if I was going to die. Then I just felt a strong pull that threw me to the ground.

“I did not feel what had happened to me. I lay next to the tracks. I could barely see the train. I stood up and when I tried to walk, I fell to the ground again. That’s when I realized the train had run over me. I looked down and my foot was smashed.”

Those who made it onto the train informed people at the next town of the accident and immigration officials took Leonel to a nearby hospital, where he was treated and taken to a shelter. Two years later, on leaving the shelter, he had to look for both a job and a new prosthesis because, according to Carlos Delgado, a specialist with the ICRC’s Special Fund for the Disabled, Leonel had outgrown his earlier prosthesis.

Since then, he has worked in agriculture, construction and cleaning a local cemetery. “Without it I cannot get around,” he says. “If you are missing anything, you cannot get a job. With my prosthesis, it’s more possible because people see you complete.”

One of a few such stories with a happy ending, Leonel’s story illustrates a chronic problem in Guatemala, where some 1.5 million people live with some kind of disability and, as a result, many of them live in extreme poverty.

The ICRC and the Special Fund for the Disabled have been active in the field of physical rehabilitation in Latin America since the 1980s and are well aware of the plight of migrant train victims, who are becoming increasingly common in Nicaragua, Honduras and El Salvador.

By **Catherine Godoy**, ICRC.



Catherine Godoy/ICRC

“If you are missing anything, you cannot get a job. With my prosthesis, it’s more possible because people see you complete.”



└ Jose Hernandez, 24, poses with a picture of himself taken in El Progreso before his accident. A migrant worker on his way to the United States, Hernandez was run over by a train in Mexico in 2004. He lost his right arm and leg, as well as three fingers on his left hand. Photo: REUTERS/Edgard Garrido, courtesy www.alertnet.org



L A migrant worker looks on as other workers from Myanmar sleep under the picture of Thailand's King Bhumibol Adulyadej in a crowded minority settlement near Bangkok. Photo: REUTERS/Damir Sagolj, courtesy www.alertnet.org

They should resist, says Catherine Stubbes, head of tracing and migration services for the Belgian Red Cross. "If you're speaking with a migrant you have to talk about all the options: voluntary return, asylum, irregular status," she says. "We should be working on the empowerment of migrants. We want them to make the decision by themselves. We should not try to influence them."

'Irrespective of status'

The IFRC's Global Policy on Migration calls for "an integrated and impartial approach, combining immediate action for migrants in urgent need with longer-term assistance and empowerment. It is therefore important that National Societies be permitted to work with all migrants, without discrimination and irrespective of their status."

It's a tricky balance, especially since many states have enacted laws to discourage Samaritans from helping irregular migrants — even requiring them to report irregular migrants to authorities. The ICRC's Sandoz would like to see more countries follow the lead of Norway, which recently enacted regulations that allow humanitarians to help irregular migrants without fear of prosecution.

And there's always the court of public opinion, which in an election year, often breeds misinformation. "We recently did a survey of public opinion which indicated that the public is much

more understanding and sympathetic towards the plight of refugees and asylum seekers than previously thought," says Steve Francis, national manager of Movement Relations and Advocacy for the Australian Red Cross.

Still, there are many misconceptions about migrants, he said. "We're intending to undertake a slow-build public education initiative over the years to raise awareness with the public about the true nature of the migration journey and to tackle discrimination and prejudice."

To muddy the waters further, there is no clear, universally accepted legal definition of what a migrant is. There's a tendency among human rights and humanitarian agencies — based on a long tradition of refugee and asylum law — to group migrants into categories. Most notably, between those who are 'forced' to migrate by natural disaster, conflict or persecution and those who are moving by 'choice'.

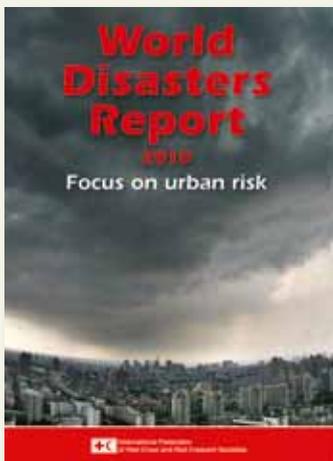
Increasingly, these distinctions are insufficient and inadequate to guide our humanitarian response, says Thomas Linde, special representative for migration at the IFRC, who argues for an "inclusive approach" in which "the needs and vulnerabilities of the migrants should prevail over the legal (or other) category to which they belong". n

"The needs and vulnerabilities of the migrants should prevail over the legal (or other) category to which they belong."

Thomas Linde, special representative for migration at the IFRC

Malcolm Lucard is the editor of *Red Cross Red Crescent*.

BOOKS



World Disasters Report 2010 IFRC, 2010

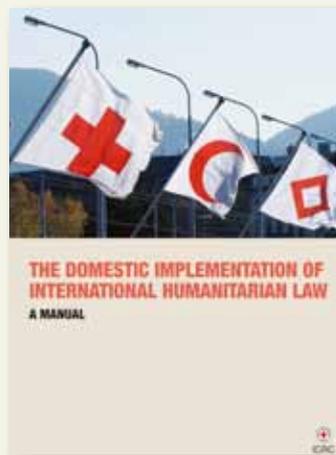
For the first time in human history, there are now more people living in cities and towns than in the countryside. To be released in September, the *World Disasters Reports 2010: Focus on urban risk* analyses the consequences of urbanization for humanitarian action. Has development aid kept pace with this dramatic shift? Why are almost a billion people worldwide living in slums? How can vulnerable cities protect themselves from climate change? What are the consequences for healthcare, for growing inner city violence? How should the Movement respond? Available in English with summaries in Arabic, French and Spanish

Customary IHL Database ICRC, 2010

Customary international humanitarian law (CIHL) is the basic standard of conduct in armed conflict accepted by the world community. Universally applicable, and independent of treaty law, respect for CIHL reduces the human cost of conflict. The ICRC launched a new database of Customary International Humanitarian Law Volume II in August 2010. The database includes new international case law and United Nations materials up until the end of 2007. Updates will be added twice yearly. The ICRC teamed up with the British Red Cross to initiate the project. www.icrc.org/customary-ihl

The Domestic Implementation of International Humanitarian Law Manual ICRC, 2010

The people most severely affected by armed conflict are increasingly those who are not or who are no longer taking part in the fighting. International humanitarian law (IHL) has been developed as a set of rules that aims at minimizing the effects of armed conflict on these groups. The *Manual on the Implementation of International Humanitarian Law* has been drafted mainly for policy-makers and legislators, and for those assisting them in their efforts to comply with their obligation to ensure respect for IHL. Available in English. Sfr. 40



Owner Driven Housing Reconstruction Guidelines IFRC, 2010

Within the relief sector, there is growing interest in approaches that allow disaster victims a role in rebuilding their homes. The *Owner Driven Housing Reconstruction Guidelines* are a significant contribution to institutionalizing this approach within the Movement. Intended for programme coordinators and field delegates to support participatory planning and decision-making, the guidelines include steps to

ensure quality control, appropriate technical supervision and financial management.

Available in English

ICRC materials are available from the International Committee of the Red Cross, 19 avenue de la Paix, CH-1202 Geneva, Switzerland. www.icrc.org.

ICRC materials are available from the International Federation of Red Cross and Red Crescent Societies, P.O. Box 372, CH-1211 Geneva 19, Switzerland. www.ifrc.org.

Not Gone, But Forgotten British Red Cross, 2010

Finding itself supporting a growing number of destitute people who have been refused asylum but remain in the UK, the British Red Cross has published a report on this unique and vulnerable population. Many asylum seekers have come to the British Red Cross as a last resort, according to the Red Cross report, which details the humanitarian situation faced by the asylum seekers and calls for a more humane asylum system. Available in English

Empowering communities to prepare for cyclones IFRC, 2010

The Cox's Bazar District, in the south-eastern corner of Bangladesh, is particularly vulnerable to tropical cyclones. The worst in recent years took place in 1991, resulting in 150,000 deaths – more than 90 per cent of whom were women and children. This briefing sets out the impact of the community-based disaster preparedness programme – a pioneering initiative to enable communities in the region to better prepare for cyclones and minimize their impact on their lives and livelihoods. Available in English



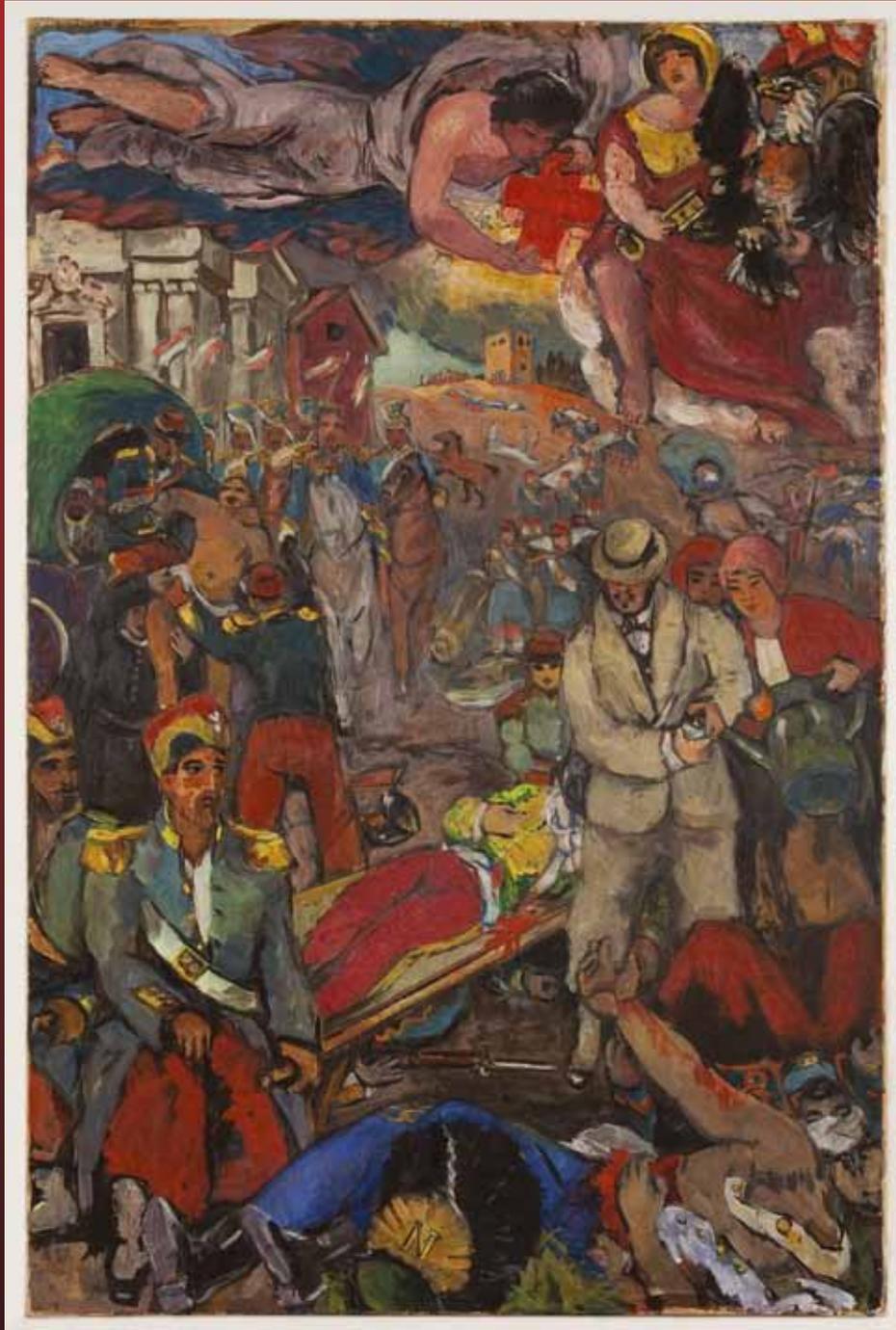
Exhibition: Missing lives ICRC, 2010

The wars that scarred the Balkans in the 1990s cost the lives of about 140,000 people, a quarter of whom simply vanished and were reported missing by their families. In 2010, almost 15,000 people remain unaccounted for. British photographer Nick Danziger and Canadian writer Rory MacLean have documented — in a book and an exhibition — the plight of 15 families selected among thousands still waiting for news of the fate of their loved ones. The exhibition also shows the work the ICRC has been doing since 1991 to trace missing persons in the Balkans. The exhibition opened in London in July and will visit cities across the western Balkans, and will also travel to other parts of Europe and to North America.

Looking for a few great nurses

Ever since Henry Dunant helped organize women in Castiglione, Italy during the battle of Solferino, nursing has been a core Movement activity. Today, nurses continue to perform exceptional acts in order to help the wounded and sick in armed conflict and natural disasters — as well as improve the quality of care and/or training.

The Florence Nightingale Medal, established in 1912, recognizes exceptional courage and devotion to the wounded, sick or disabled on the part of nurses working in the field. It is awarded every other year and the ICRC will invite the Central Committees of National Societies to propose candidates for the medal in early September 2010 (the deadline for submissions is in March 2011). All applications must go through National Societies.



"The founding of the Red Cross"

Alexandre Cingria, 1930.

The man in beige is Red Cross Red Crescent founder Henry Dunant. The eagle and the key in the top right corner are important symbols for the city of Geneva, where the Movement was formed. The lonely tower at the centre is an enduring symbol of the battle of Solferino, the Movement's inspiration.

From the collection of the International Red Cross Red Crescent Museum.

www.micr.ch