

# Global Health Security



**The International Federation of Red Cross and Red Crescent Societies (IFRC)** is the world's largest humanitarian network, with 192 National Red Cross and Red Crescent Societies and around 14 million volunteers. Our volunteers are present in communities before, during and after a crisis or disaster. We work in the most hard to reach and complex settings in the world, saving lives and promoting human dignity. We support communities to become stronger and more resilient places where people can live safe and healthy lives, and have opportunities to thrive.

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## A World Safe and Secure from Global Health Threats

In a safe and secure world, people anticipate, respond to, and quickly recover from crisis, lead safe, healthy and dignified lives, and have ample opportunities to thrive.

The IFRC promotes community action to strengthen resilience, reduce risks and better prepare for disasters and crises such as natural hazards, epidemics, technological accidents, or population movement. The multi-hazard approach is pivotal for managing risks that are becoming more frequent and severe due to climate change, urbanisation, and emerging and re-emerging infectious diseases.

Our National Red Cross Red Crescent Societies are present before, during and after a crisis. As part of the communities they serve, they are able to engage their communities fully. They are the trusted partner of choice for local humanitarian action within a global network. Through their branches, the National Societies support communities in preventing and controlling diseases, reducing disaster risk, establishing early warning and early action mechanisms, maintaining readiness for various emergencies, and helping communities respond to them.

The IFRC network works to reduce the current and future humanitarian impacts of climate and environmental crises and the threats posed by infectious diseases. It supports people to adapt in the face of them while at the same time reducing our environmental impact to enable more sustainable and effective programmes and operations.

Tunisian Red Crescent volunteers respond to COVID-19 by using bicycles to reach to different places safely, raise awareness about prevention measures, and distribute food and health items for vulnerable communities.

© Tunisian Red Crescent, 2021



## Global Health Security in Focus for the Red Cross and Red Crescent

The COVID-19 pandemic has spotlighted local action's critical role in pandemic preparedness, readiness, and response. Notably, the **ability to act fast, engage communities, adapt to local needs and realities, and maintain unfettered access to the most vulnerable** has become a litmus test on the humanitarian sector's ability to meet its Grand Bargain commitments.

Now is a seminal moment for examining the characteristics of being fit-for-purpose in the context of increasingly frequent, protracted and complex humanitarian emergencies. A critical window of opportunity opens itself to build an evidence base for amplifying the commitments to the localisation agenda. We must ensure that **empowered and engaged communities are at the forefront of preparing for and responding to public health emergencies.**

No other organisation is as well-situated as the International Federation of Red Cross and Red Crescent Societies (IFRC) to make the case on the global and national level for the comparative advantage of National Societies as a locus of preparedness, readiness, anticipatory and early action and response efforts. The 1918 Influenza pandemic, estimated to have killed 50 million people, is one of the main reasons why the IFRC first came into existence. *The resolution "Time to act: Tackling epidemics and pandemics together"*, adopted at the 33rd International Conference of the Red Cross and Red Crescent in December 2019, recognises the auxiliary role of National Societies in epidemic risk management. Central to this is how the IFRC and its member National Societies can **strengthen community systems to better prepare for and respond collectively to future crises.**

Epidemics are often symptoms of underlying weaknesses in the health system, water and sanitation infrastructure, and poverty and inequity. They can impact the stability and economy of affected communities and create long-lasting deficits in health services' capacity, and barriers to accessing health services. Recent outbreaks of Ebola across the African continent is just one example of the epidemics experienced so far in the 21st century that have had catastrophic impacts. Others are the outbreaks of Middle East respiratory syndrome (MERS) in Saudi Arabia and the Republic of Korea and the pandemics of H1N1 and H5N1 influenza and severe acute respiratory syndrome (SARS). In addition to these emerging threats, we see regional outbreaks of yellow fever, the ongoing cholera pandemic, continued polio transmission despite global eradication efforts, and significant increases in dengue and measles incidence. These all serve as a stark reminder of the threat to humanity posed by old and emerging infectious diseases. Habitat destruction, climate change, and the increasing interface between human and animal populations are critical drivers of the risk of emergence and re-emergence of diseases with epidemic potential. With over 75 per cent of new infectious diseases in humans originating in domestic animals and wildlife, it is fundamental to strengthen coordination utilising the One Health approach and improve the monitoring of ecosystem/animal/human health, including the community level where detection and preventative measures take place.

Community members are the first to know when an unusual health event has occurred in their community. Therefore, enabling, empowering and equipping local action: community structures, mechanisms, processes to recognise and respond to public health threats in their midst is essential.

The overarching direction of improved epidemic response is grounded in **strengthening resilience and building capacity at all levels, including in communities, National Societies and governments, and humanitarian architecture.** Ultimately, we need to ensure that communities and local actors are equal partners and active participants across all prevention, preparedness, response, and recovery phases.

The Red Cross and Red Crescent network contributes significantly to individual, community, national, regional and global health and stability through effective epidemic prevention and control.



Over 175,000 people in Latin America were affected by Zika between 2015 and 2016. Brazilian Red Cross volunteers shared information with communities on how to prevent the spread of mosquitoes, avoid contracting the Zika virus, and recognize symptoms of this disease.

© Miguel Domingo García / IFRC, 2016



# Preparedness and readiness: prevent, detect and respond to global health threats

## 1 Resilient communities

Many outbreaks go unnoticed by health authorities until many people in the same community become gravely ill. All too often, communities lack the knowledge or skills to take preventive action. We work to change this by ensuring communities are informed about the spread of diseases and trust the recommended measures to prevent and control them. They have simple and effective systems to detect outbreaks and are supported to lead and shape sustainable, positive, and healthy changes in their own lives, community, and societies.

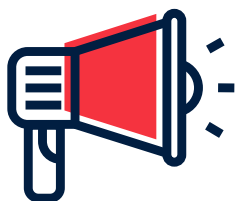
Engagement with key local stakeholders such as traditional leadership structures and religious leaders, traditional healers, teachers, private sector, media, among others, is essential to promote community health prevention understanding, carry out regular health and care activities (including WASH) and build trust at the local level. Identifying reliable sources of information and working with mass media during an epidemic helps curb rumours and provide trustworthy information to communities.

### Community capacities for epidemic risk management



- Organise **community-health promotion** activities, support immunization campaigns, set-up and maintain water and sanitation facilities.
- Establish **community-based surveillance** systems in coordination with human and animal health partners.
- Take measures to **respond early to outbreaks** (e.g. vector control, oral rehydration points, contact tracing, infection prevention control, safe and dignified burials, psychosocial support).
- **Train local stakeholders** (e.g. farmers, traditional healers, religious leaders, teachers) in epidemic prevention and control.
- **Strengthen community-based organisations** in charge of health, water and disaster management to prevent epidemics in humans and animals, detect and take early actions to limit the spread of outbreaks.
- **Technical support and advocacy:** develop training modules and tools for epidemic risk management, collect and share good practice, work with health and disaster management organizations, advocate for communities to be at the center of epidemic risk management.

### Risk communication and community engagement



- **Train** Red Cross/Red Crescent staff, volunteers and other partners (e.g. media, religious leaders) in risk communication and community engagement.
- **Share life-saving information** adapted to the local context through trusted channels including household visits, community meetings and radio/tv programmes, ensuring two-way communication and addressing rumours and perceptions.
- Establish systems to collect, analyse, and respond to **community feedback and rumours** so that preparedness and response actions are relevant and address the concerns of the communities they serve.
- **Technical support and advocacy:** develop training modules and tools for risk communication and community engagement, foster collaboration with health and media partners, collect and share good practice, advocate for community engagement and contextualisation of communication to control the spread of outbreaks.

Ultimately, community interventions will be most effective if they are contextually appropriate, co-designed and co-owned by affected people; and when two-way trust between stakeholders and communities is established and respected.





Uganda Red Cross has trained community-based volunteers to educate communities about Ebola while also recognize the signs of the virus to alert the authorities for follow up and care of people with such signs. Thanks to the community-based surveillance system set up by the Red Cross, suspect cases are instantly shared with local health authorities for rapid action.

© Corrie Butler / IFRC, 2019



## 2 Resilient National Societies

National Red Cross and Red Crescent Societies have extraordinary reach in communities the world over. In their supporting role to governments, they are often central to emergency responses amid outbreaks. To anticipate tomorrow's crises and to continue to meet the needs of those most affected, their disaster risk management capacity needs to be regularly reviewed and strengthened. Well-defined roles, sound risk analysis, procurement and coordination mechanisms are some of the elements that ensure high-quality humanitarian services. National Societies' regular programmes and services, including those providing essential health and care to the population, play a significant role during emergencies.

To prevent, prepare for, and respond to epidemics, the IFRC network trains staff and volunteers to support early detection and early action to contain and reduce the spread of infectious diseases and ultimately engage communities effectively. Health promotion and community engagement and accountability approaches help understand communities' capacities and context, engage local groups and leaders in meaningful two-way dialogue around prevention and response measures while ensuring community knowledge, feedback, and rumours are routinely collected to inform an agile response grounded on socio-behavioural data.

### Information and knowledge management



- **Work with partners to collect, share and use data effectively** to prevent and respond to outbreaks (e.g. risk analysis, hydrometeorological forecasts, scenario development, remote/community mapping, KAP surveys, rumour tracking, emergency needs assessment, relief distribution).
- **Strengthen Red Cross/Red Crescent network internal systems:** Emergency Operation Centers, capacity mapping, planning, monitoring, evaluation and reporting.
- **Technical support and advocacy:** develop training modules and tools for information management, ensure data protection, foster collaboration with humanitarian partners and interoperability of systems, collect and share good practice, advocate for open data and evidence-based action in humanitarian action.

### Health infrastructure and logistics



- **Preparedness of health services managed by National Societies**, including health facilities, blood banks, nursing schools, pre-hospital care, mental health and psychosocial support, care in the community, water and sanitation services, community health promotion and first aid. Regular infection prevention and control assessments of health facilities, training of frontline staff, development and testing of standard operating procedures, contribution to surveillance systems.
- **Logistics:** fleet and warehouse management, procurement and storage of PPE and other essential supplies.
- **Technical support and advocacy:** develop training packages and efficient systems, deliver procurement and supply chain management services to the Red Cross/Red Crescent Network and other government and humanitarian actors, coordinate with key partners, collect and share good practice, advocate for legal facilities for response.

### Human and financial resources



- **Preparedness for Effective Response:** regularly assess and continuously strengthen the National Societies' operational capacity to manage health emergencies.
- **Strengthen operational capacity of National Societies:** safety and security, resource mobilisation, business continuity, standard operational procedures, IFRC disaster response mechanisms (appeals, Disaster Relief Emergency Fund), emergency financial procedures, fraud and corruption prevention.
- **Train first response teams** in securing water and sanitation, promoting healthy behaviours and improving personal and environmental hygiene, providing psychosocial support to people dealing with grief or stigma, increasing vaccination coverage, setting-up community-based surveillance systems and cholera treatment centers, and containing disease vectors.
- **Technical support and advocacy:** develop training packages and management tools, coordinate with key external partners and IFRC reference centers (e.g. for first aid, MHPSS, voluntary blood donation), collect and share good practice, advocate for resource allocation to first-line responders.



The International Federation recognises data and information as critical resources in preparedness and emergency response. It is committed to making the Red Cross and Red Crescent a reliable, effective, and timely source of disaster-related information. Information systems are designed and implemented to maximise:

- The speed, efficiency and effectiveness of the emergency response
- The security and safety of affected people, staff, volunteers and fixed assets
- The timeliness, accuracy and clarity of reporting and accountability systems
- The involvement of affected people and local organisations

The IFRC supports National Societies in using data for epidemic risk management, promoting risk mapping, and sharing data across appropriate partners.



Thai Red Cross administering vaccinations in the Khlong Toey, the largest fresh market in the capital city of Bangkok. It is also one of the sites where COVID-19 clusters emerged rapidly given the cramped living conditions of residents.

© Nanai Damkliang / Thai Red Cross, 2021

## 3 Resilient Societies

Epidemics threaten lives and all aspects of society, including food production, trade, transportation, and education. When services and employment are disrupted, day-to-day life is turned upside down. Engagement with key stakeholders such as the private sector, media, and other stakeholders is essential to share lifesaving information, detect outbreaks early, take public health measures to avoid the spread of infectious diseases, and respond to large epidemics or pandemics.

### Policies, strategies and legislation



- Define the **mandate and role** of National Societies in epidemic preparedness and response.
- Develop long-term strategies and policies for the Red Cross/Red Crescent Network to **contribute to local and international health and disaster management frameworks**.
- **Technical support and advocacy:** legal and institutional frameworks for the management of public health emergencies, including the integration of public health emergencies with disaster risk management frameworks, whole-of-society and OneHealth approaches, safeguards and human rights during states of emergencies, human mobility and migration, protection of vulnerable groups and inclusion of people with all identities and abilities, and legal facilities for response.

### Planning and coordination



- Close **coordination** with emergency management, human, animal and environmental health partners.
- **Support and complement government initiatives** aimed at meeting obligations under the International Health Regulations (IHR).
- Adopt a **multi-hazard perspective** when working in fragile settings and responding to complex emergencies, factor in outbreak mitigation measures in disaster response operations as well as the broader socio-economic vulnerability of affected populations, develop anticipatory action mechanisms and contingency plans.
- **Cooperate with the private sector** (e.g. tourism industry, farmer associations, the media, traditional healers, private veterinarians, pharmacists, transportation companies).
- **Technical support and advocacy:** coordination between Red Cross Red Crescent partners and key stakeholders, implementation of IFRC global health security strategy, advocacy for epidemic preparedness and early detection/early action.

### Monitoring and evaluation



- **Regularly monitor and evaluate** response operations, quality of programmes and services, and capacity to deliver towards Red Cross Red Crescent mandate and take necessary corrective measures.
- Participate in **simulation exercises, Joint External Evaluations**, report towards national and international goals e.g. GHSA, SDGs, IFRC 2030 agenda.
- Develop **standard operating procedures** for community-based surveillance, contact tracing, risk communication, data management, EOC management, needs assessment, health care services, etc.
- **Technical support and advocacy:** develop training packages and management tools, coordinate with Red Cross Red Crescent Movement and external partners, collect and share good practice, advocate for quality and accountability in humanitarian action.

IFRC's efforts are also geared towards advising governments to establish robust disaster-related legal frameworks to address global challenges such as climate change, the increase in the magnitude and frequency of disasters, and high risks of pandemics.



Jesper is a Red Cross volunteer from Maasai community in Narok County, Kenya. He helps engage his community in preventing diseases. Kenya, in particular, is one of the "hotspots" for emerging infectious diseases, including Rift Valley fever, anthrax, avian influenza, African swine fever and rabies, among others. Yet, if diseases are detected and reported early, it can significantly prevent outbreaks from occurring. This can only be done with and through communities.

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## Resources

### Tools and Knowledge Hubs



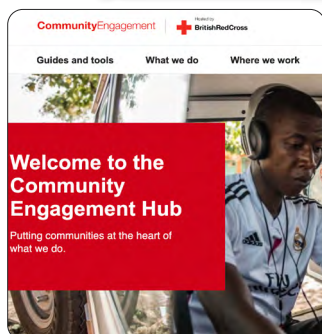
#### Community-based Health and First Aid Guides and Manuals

[Link](#)



#### Epidemic Control for Volunteers

- Training Manual [Link](#)
- Toolkit [Link](#)
- Online toolkit [Link](#)



#### Community Engagement and Accountability Hub

[Link](#)



#### Community-Based Surveillance (CBS) knowledge platform

[Link](#)



#### COVID-19 Health Help Desk

[Link](#)

### Case Studies



#### Community-Based Surveillance in Indonesia

[Link](#)



#### One-Health in action Kenya Red Cross

[Link](#)



#### Anthrax in Kenya

[Link](#)



#### Community cholera epidemic preparedness in DRC and Cameroon

[Link](#)

### Related reports & journal publications

- From Words to Action: Towards a community-centred approach to preparedness and response in health emergencies. Report commissioned by the Global Preparedness Monitoring Board. IFRC, 19 September 2019. [Link](#)
- Law and Public Health Emergency Preparedness and Response: Lessons from the COVID-19 Pandemic. IFRC, 2021. [Link](#)
- Community Engagement to Advance the GHSA: It's About Time. Lisa Natoli, Veronica Bell, Abbey Byrne, Tonje Tingberg, and Amanda McClelland. Health Security. Aug 2020.335-337. [Link](#)
- A community-centred approach to global health security: implementation experience of community-based surveillance (CBS) for epidemic preparedness. Abbey Byrne, Bronwyn Nichol. Global Security: Health, Science and Policy, VOL.5, 2020 – Issue 1. [Link](#)
- Schmidt-Sane, M., Hrynck, T., Niederberger, E., 'Community Resilience: Key Concepts and their Applications to Epidemic Shocks,' Brighton: Social Science in Humanitarian Action (SSHAP). [Link](#)
- Using Community Feedback to Guide the COVID-19 Response in Sub-Saharan Africa: Red Cross and Red Crescent Approach and Lessons Learned from Ebola, Health Security, Vol. 19, No. 1. Eva Erlach, Bronwyn Nichol, Sharon Reader, and Ombretta Baggio. Health Security. Feb 2021.13-20. [Link](#)
- Earle-Richardson G, Erlach E, Walz V, et al. New mixed methods approach for monitoring community perceptions of Ebola and response efforts in the Democratic Republic of the Congo. Global Health: Science and Practice June 2021, 9(2):332-343. [Link](#)





Since the launch of the COVID-19 mobile testing project in March, German Red Cross has trained more than 350 volunteers and carried out nearly 10,000 rapid tests. The initiative, ran in collaboration with the European Commission's Directorate-General for Health, aims to reinforce national capacities in fighting the pandemic.

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