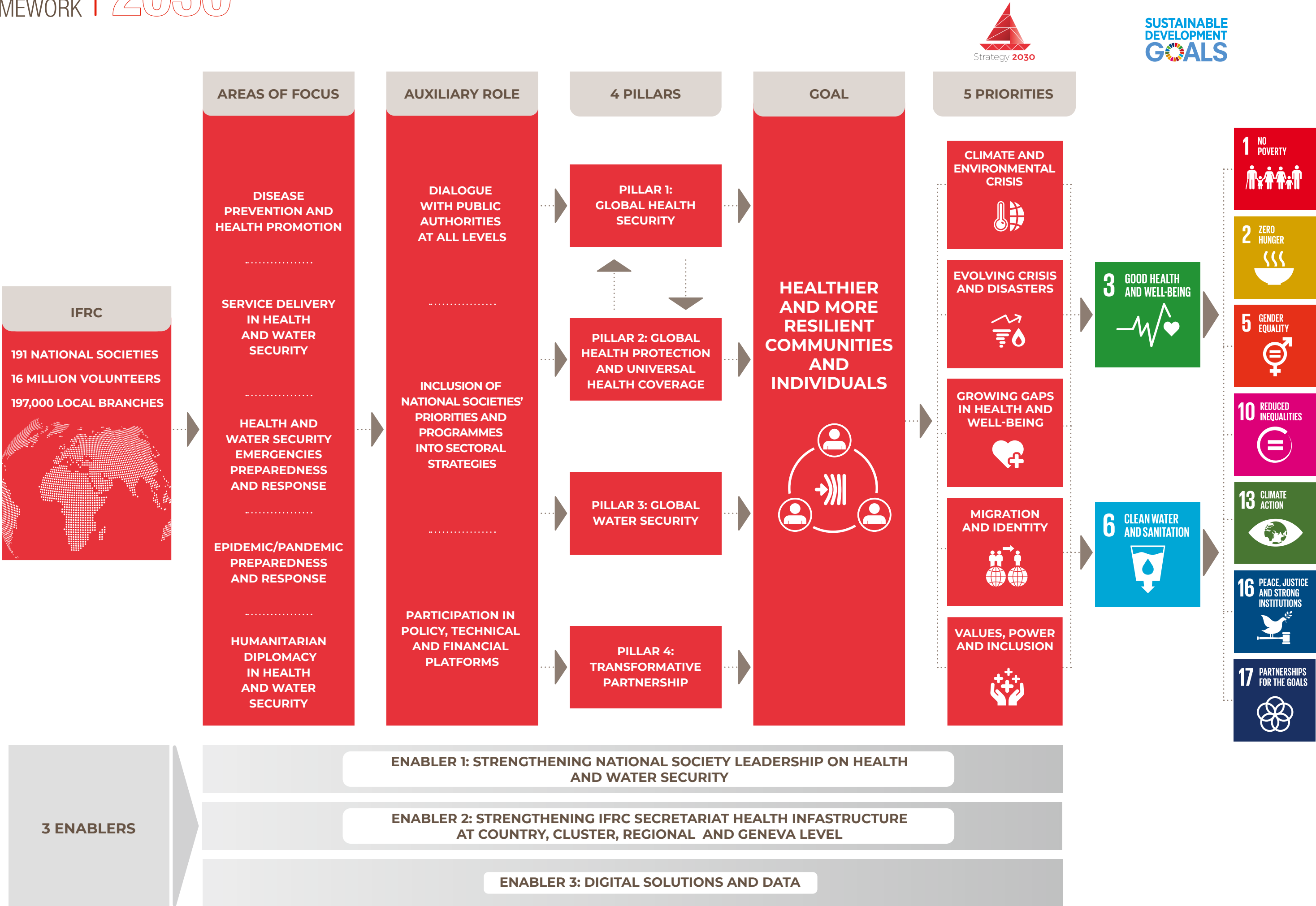


IFRC Health and Care Framework 2030

The IFRC's contribution
to healthier, more resilient
communities and individuals

Updated March 2023
with Operational
Redirection to 2030



PREAMBLE

In March 2023, an operational redirection of the Health and Care Framework was initiated. The operational redirection was informed by the outcomes of annual country-level planning exercises led by National Societies and emergency response activities supported by IFRC since 2021.

The operational redirection has been informed by the global health landscape including the global response to the COVID-19 pandemic, the escalating impacts of major crises including climate and health, and efforts to better prepare for and respond to the next epidemic and pandemic and lack of access to safe drinking water, sanitation and hygiene and increasing malnutrition.

The operational redirection of the Health and Care Framework recognizes the concurrent efforts and strategic recalibrations undertaken by national governments, the World Health Organization (WHO), and other health organizations in response to the evolving global health landscape. The unprecedented scale of the COVID-19 pandemic has not only strained healthcare systems worldwide but has also exposed vulnerabilities in preparedness and response mechanisms. The pandemic has revealed gaps in global health infrastructure and underscored the importance of robust, adaptive frameworks capable of addressing both acute and protracted health crises.

Disease outbreaks beyond COVID-19, emerging pathogens, antimicrobial resistance, and the potential for zoonotic spillover necessitate a proactive approach. Through this operational redirection, the IFRC aims to integrate lessons learnt from recent outbreaks, fostering a framework that is resilient and capable of responding to the ever-changing landscape of global health threats.

Geo-political conflicts have added a layer of complexity to humanitarian response efforts. The consequences of conflict on healthcare infrastructure, access to essential services and the overall well-being of affected populations underscore the need for the IFRC to refine its health framework to ensure that no one is left behind in times of crisis.

Natural disasters, exacerbated by climate change, have become more frequent and severe, amplifying the humanitarian burden on communities worldwide. Floods, hurricanes, wildfires and other climate-related events pose direct threats to public health, disrupting healthcare systems and exacerbating existing vulnerabilities. This operational redirection will prioritize climate-resilient strategies, acknowledging the interconnectedness of health and climate change. By doing so, the IFRC aims to strengthen National Society capacity to address the compounding impacts of natural disasters on health outcomes.

The operational redirection will also embrace a forward-looking approach to the broader determinants of health. Climate change, social determinants, and structural inequalities significantly influence health outcomes. By acknowledging these factors and integrating a health equity lens, the IFRC aims to contribute to the global health agenda by addressing the root causes of health disparities and promoting inclusive, sustainable health solutions.

Governments worldwide have recognized the need to reassess and update their health strategies in light of the COVID-19 pandemic and recent global developments. Many countries have embraced a holistic approach, integrating lessons learned from the pandemic into their health policies. This includes bolstering public health systems, investing in research and development, and enhancing collaboration with international partners. By acknowledging and aligning with these national strategies, the IFRC seeks to complement and support the broader global health agenda.

This operational redirection reaffirms IFRC's commitment to public health, emphasizing preventive measures and harnessing innovation in healthcare delivery, fostering a harmonized and unified front in the pursuit of improved health outcomes globally.

The operational redirection aligns with the Agenda for Renewal and supports the implementation of Strategy 2030 by seeking to fortify National Societies' abilities to respond effectively to pandemics through strategies that address the evolving nature of infectious diseases and public health emergencies. At the same time, it ensures a coherent approach in the implementation of health and care activities by 191 National Societies globally in a cost-effective, innovative, transparent and accountable manner through community-based action.

The operational redirection focuses on four Pillars and three Enablers.

The four Pillars are:

Pillar 1: Global Health Security

Pillar 2: Global Health Protection and Universal Health Coverage

Pillar 3: Global Water Security

Pillar 4: Transformative Partnership

Three Enablers support the Framework's four Pillars.

The three Enablers are:

Enabler 1: Strengthening National Society Leadership on Health and Water Security

Enabler 2: Strengthening IFRC Secretariat Health Infrastructure at Country, Cluster, Regional and Geneva Level

Enabler 3: Digital Solutions and Data

© Brad Zerivitz/American Red Cross
The American Red Cross works alongside the Myanmar Red Cross
to prepare disaster-prone communities for cyclones, floods, tsunamis,
earthquakes and other emergencies.



PILLAR 1: Global Health Security

FOCUS AREAS



Epidemic and Pandemic Preparedness and Readiness

National Societies engage and train people worldwide in epidemic preparedness and response. The IFRC Secretariat supports them to prevent, detect, and quickly respond to outbreaks—saving countless lives and promoting healthier communities



Emergency Medicine Response, Pre-hospital Care

National Societies provide timely, high-quality clinical, public health, Water Security, and Mental Health and Psychosocial Support (MHPSS) response in emergencies and review existing emergency response mechanisms and how these can be optimized.



Community Health Workforce

National Societies are supported by the IFRC Secretariat to expand and strengthen the capacity, training and supervision of the community health workforce, as well as health systems globally.



Surveillance and Screening

National Societies are supported to strengthen public health surveillance focused on the following:

- 1) Expand community-based surveillance
- 2) Conduct integrated outbreak analytics
- 3) Expand risk and hazard mapping
- 4) Expand early detection and sharing of concerns



Health Policy

National Societies with support from the IFRC Secretariat regularly engage in relevant health and public health advocacy platforms with a focus on the annual World Health Assembly, UN General Assembly and World Health Summit.

PILLAR 2: Global Health Protection and Universal Health Coverage

FOCUS AREAS

1

Health Protection Programmes (cash or integrated delivery services)

National Societies are supported by the IFRC Secretariat to achieve Universal Health Coverage through health programming that is integrated and community-centred.

2

First Aid, Resuscitation

National Societies gain expertise, knowledge and practices to take a leading role in first aid through building their capacity at both branch and national level.

3

Nutrition

National Societies increase public awareness and build internal capacities to carry out nutrition-related interventions and to promote good nutrition principles and practices.

4

Immunization

National Societies are supported to reach the more than six-million zero dose children globally and to reinforce both polio eradication efforts and routine immunization strengthening in multiple countries..

5

Primary Health Care and Programmes: MHPSS, Malaria, HIV, TB, Noncommunicative diseases (NCDS), Ageing, Maternal Childcare, Blood Centres, Harm Reduction, Palliative Care, Quality/ Safety and Evidence Based Research

National Societies' Primary Health Care Programming is supported through health topic specific guidance documents, trainings and toolkits.

6

Risk Communication and Community Engagement

National Societies are supported to develop, implement and monitor effective communication programmes with the public, through engaging communities and local leaders to support communities to prepare for a response to ongoing and urgent health issues.

7

Climate Health Adaptation and Migration Health

National Societies are supported to establish community-based surveillance and early warning / early detection related to climate. The IFRC Secretariat supports National Societies in the provision of inclusive health services that respond to the health and access needs of migrants.

PILLAR 3: Global Water Security

FOCUS AREAS

1

Cholera

Preparedness and response, long-term planning, coordination, and advocacy. Housing Country Support Platform.

2

Emergency WASH

Preparedness, response, and coordination

3

Climate and Water Action

Climate resilient and environmentally sustainable Water security and WASH Systems.

4

Urban Water Action

Enabling urban communities to meet their health and basic socio-economic needs through Water Security and WASH

5

Water and Peace

Water Security for Peaceful Communities

APPROACHES

**WATER SYSTEMS STRENGTHENING, LOCALIZATION,
MARKET-BASED PROGRAMMING AND DIGITALIZATION**

PILLAR 4: Transformative Partnership

FOCUS AREAS



Donors

Support National Societies and work directly with the donor community to ensure the required funding is available to meet the health and water security needs of the most vulnerable.



Academia

Work with academic and research institutions to ensure that health and water security interventions are evidence-based, follow best practice and meet the needs of the most vulnerable. In addition, work with academic and research institutions to address evidence gaps.



Health Organizations, Societies, Foundations and Institutions

Collaborate with normative and technical agencies including WHO and CDC Atlanta to ensure alignment of IFRC guidance documents as well as effective adaptation at national level to comply with national health policy and guidance.



National Societies, Reference Centres, Communities and Governments

Support National Societies in their role as auxiliary to public authorities in the humanitarian field, and ensure Reference Centres provide evidence-based guidance that can be adapted at country level to support community-centred interventions.



Pharmaceutical: Medical Supplies (training, logistics)

Collaborate with private sector and pharmaceutical partners to provide National Societies with international and in-country logistics support, training in the roll-out of new health commodities, and understanding the national policy environment vis-à-vis the role community-based volunteers can play in supporting the implementation of health interventions from testing to treatment.



THREE ENABLERS

The Framework's four Pillars are supported by three Enablers.

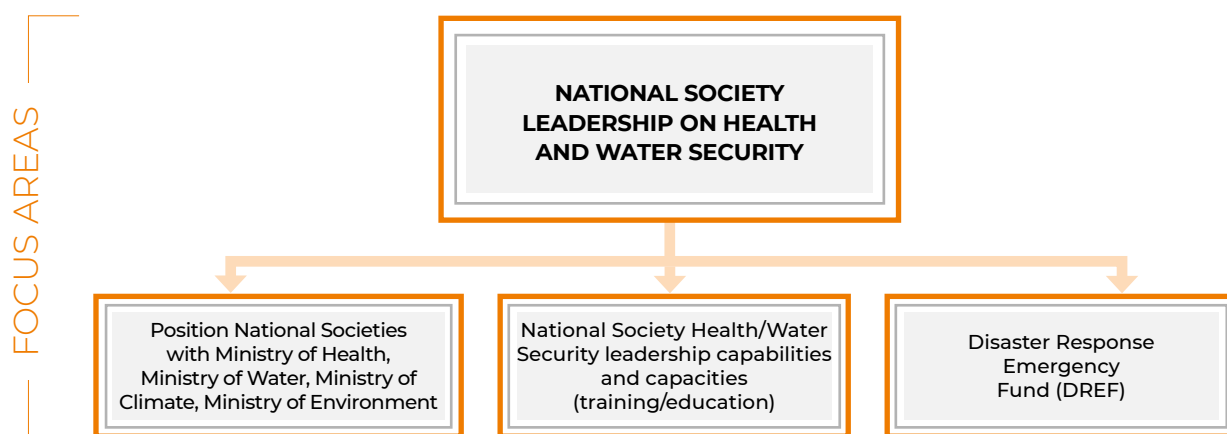
Three Enablers are:

- Enabler 1:** Strengthening National Society Leadership on Health and Water Security
- Enabler 2:** Strengthening IFRC Secretariat Health Infrastructure at Country, Cluster, Regional and Geneva Level
- Enabler 3:** Digital Solutions and Data

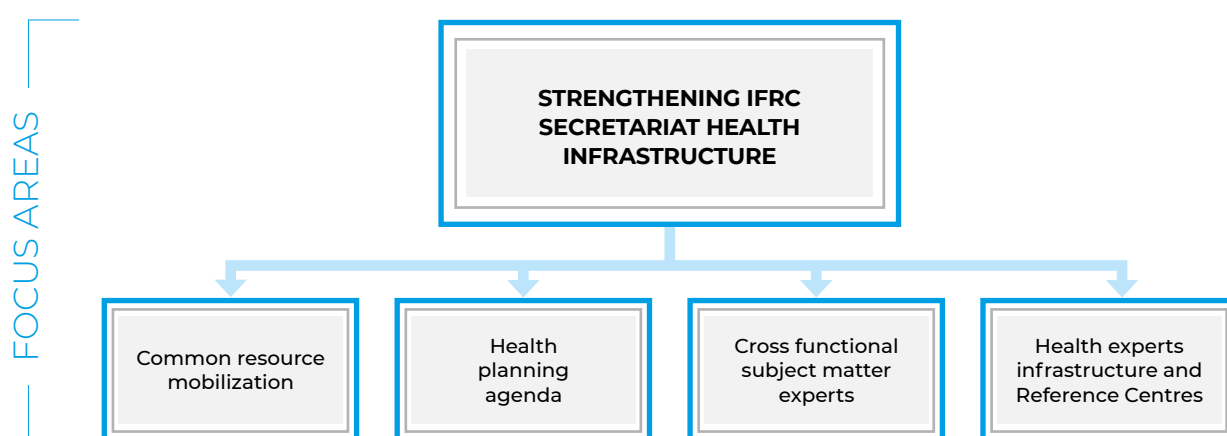


© Erika Pineors/Red Cross Red Crescent Magazine
A Colombian Red Cross health point across Simon Bolivar's Bridge in Cúcuta. Many families cross the bridge from Venezuela into Colombia every day looking for basic healthcare for their children.

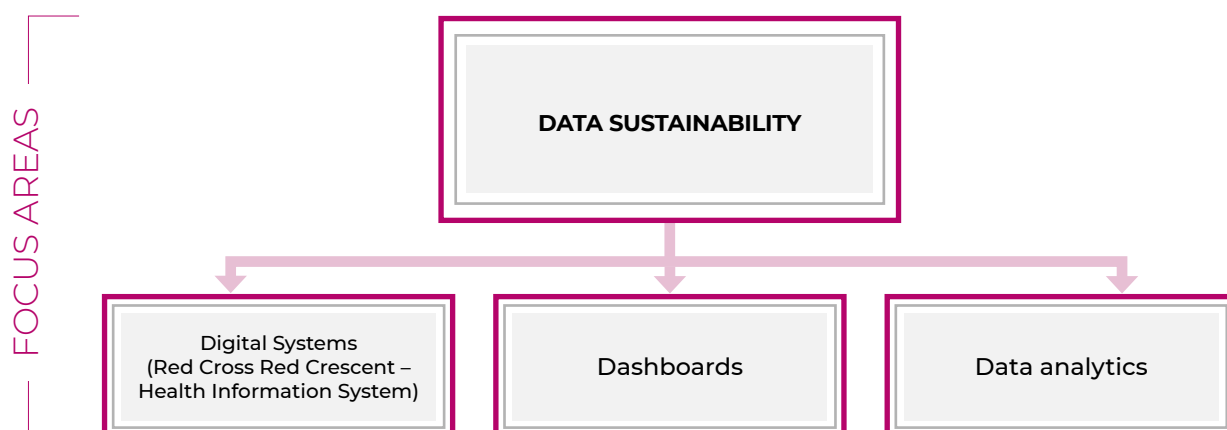
ENABLER 1: Strengthening National Society Leadership on Health and Water Security



ENABLER 2: Strengthening IFRC Secretariat Health Infrastructure at Country, Cluster, Regional and Geneva Level



ENABLER 3: Digital Solutions and Data





The Framework is described in the following sections:

- **Section 1** outlines the IFRC's contribution to global health and Water Security, highlighting the scale and reach of the work of National Red Cross Red Crescent Societies
- **Section 2** describes the Health and Care Framework
- **Section 3** details National Societies' contribution to global health and water security
- **Section 4** details IFRC's area of focus
- **Section 5** describes National Societies' auxiliary role in health and water security as an anchor to national strategies, policies, and platforms
- **Section 6** details the ultimate goal of the Health and Care Framework and links to Strategy 2030
- **Section 7** describes IFRC's contribution to the SDGs

1. HEALTH CHALLENGES

On average, global public health indicators continue to show significant improvements in the health and well-being of our communities. People are living longer than ever before; the development of new vaccines continues to save countless lives and maternal and child mortality rates show vast improvements when compared to previous decades. Yet progress remains uneven – key global health trends, including changing demographics and disease patterns, urbanization, emerging and re-emerging infectious diseases, climate change and the unprecedented number of people on the move are all exacerbating global health risks and adversely impacting on the well-being of individuals, families and communities.

As a result, underlying vulnerabilities, stigma and inequalities within and across communities are pushing already vulnerable and marginalized people into even more precarious states of poverty and ill health. These groups are “last mile” communities. They comprise the 700 million estimated to be living in extreme poverty, many of whom are unable to access healthcare because of the cost¹. They are also the two billion people without access to safe drinking water at home and the 3.6 billion without adequate sanitation in their homes². It is these sobering statistics that provide the context to this IFRC Health and Care Framework and which drive our collective work to ensure quality health and water security services for all.

1. World Bank (17 October 2023) Poverty Overview. <https://www.worldbank.org/en/topic/poverty/overview>

2. Centers for Disease Control and Prevention (31 May 2022). Global Water, Sanitation and Hygiene Fast Facts. https://www.cdc.gov/healthywater/global/wash_statistics.html

2. THE IFRC HEALTH AND CARE FRAMEWORK

The purpose of this IFRC Health and Care Framework, hereafter “the Framework”, is to (i) present the collective priorities and programming modalities that define the work of the IFRC³ in health and care⁴; (ii) illustrate a pathway for National Societies’ engagement with public health authorities in their auxiliary role around health and care; and (iii) link the work of the IFRC in health and care to the global agenda of the Sustainable Development Goals (SDGs).

The development of the Framework comes in response to three key global developments affecting the work of the IFRC. The first is the growing recognition of the significant contribution of the Red Cross Red Crescent to the global health agenda. National Societies are well-placed to position themselves as reliable and sustainable complementary implementing partners alongside public authorities, the UN system, local and international non-government organizations (NGOs), civil society, and other entities in ensuring everyone everywhere has quality access to health and Water Security services. Secondly, the growing emphasis on the humanitarian-development nexus supports National Societies as ideal players through community health and Water Security programs implemented in and outside emergencies. Thirdly, the growing challenges and opportunities posed by changing global health trends, climate change, and the continued threats of disasters and situations of conflict and violence call for renewed focus and prioritization of the IFRC’s work.

The Framework has been developed in alignment with the IFRC Strategy 2030. It represents a deeper analysis of how the technical sectors of health and Water Security can respond to the ambitious agenda of Strategy 2030. The Framework does so by providing clarity on collective priorities with the intention to develop a common understanding for collective action. The current Framework benefited from the review, discussion and revisions within the IFRC Reference Group on Global Health, which brings together representatives from more than 40 National Societies with specific interest in global health.

3. For the purposes of this document, the IFRC will refer to the 191 National Red Cross Red Crescent Societies and the IFRC Secretariat.

4. The term health and care is used as an umbrella term, intended to capture the broad spectrum of health, social care and WATER SECURITY activities of the 191 National Red Cross Red Crescent Societies.

The Framework was originally conceived as a first step to be followed by its operationalization through the adoption of a monitoring and evaluation framework and the preparation of technical tools and guidelines for implementation. The Framework began to be operationalized during 2020, to ensure that by 1 January 2021 (i.e. the beginning of Strategy 2030), National Societies were ready to start implementing Strategy 2030 within a coherent and fully-owned approach on health and care (the Framework), with the right tools (guidelines) and accountability mechanisms in place (monitoring and evaluation framework).

© Katie Wilkes/IFRC

Red Cross emergency medical professionals help local residents from Beira recover from injuries in the Red Cross field clinic in Beira, Mozambique after Cyclone Idai tore through the town.



3. THE IFRC'S CONTRIBUTION TO GLOBAL HEALTH AND WATER SECURITY: 191 NATIONAL SOCIETIES, 16 MILLION VOLUNTEERS AND 197,000 LOCAL BRANCHES

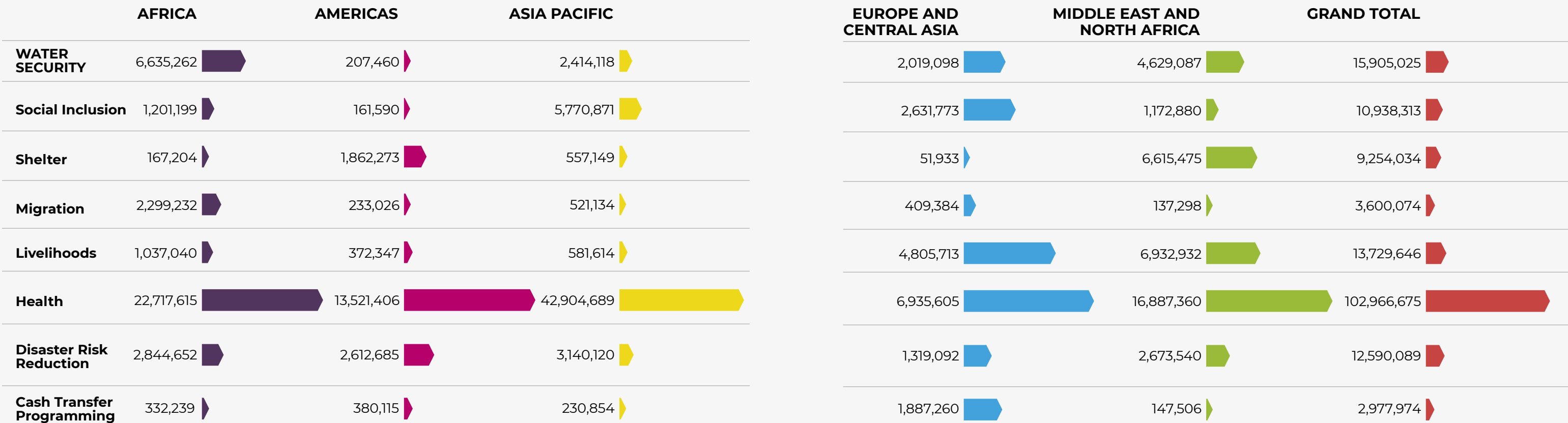
The IFRC recognizes that the ownership and responsibility for the provision of essential health and Water Security services lie with States, with varying levels of support provided by non-governmental actors, including the private sector, civil society, and communities themselves. As community-based organizations, acting as auxiliaries to public authorities, National Societies are well positioned to strengthen the link between public health policy, communities and the health systems that serve them.

The IFRC consists of 191 National Societies, with 16 million volunteers⁵ and 197,000 local branches. Latest available data indicate that, annually, some 103 million people are reached directly with health services, as well as another 15.9 million through Water Security. These numbers highlight the significant contribution of the IFRC to global health and Water Security outcomes. For many National Societies, long-term health and care programmes often form the foundation to their sustained presence in communities and to their ability to respond promptly and effectively during emergencies. It is this sustained presence that builds trust and a deep understanding of communities' health risks, vulnerabilities and inequities.

5. IFRC (January 2023) Everyone Counts Report 2023. <https://www.ifrc.org/document/everyone-counts-report-2023>



Figure 1. Numbers of people reached by programming in different thematic areas, 2017 (Everyone Counts Report 2019).



National Societies work across a wide spectrum of health and care service provision, ranging from promotion, prevention, diagnosis, treatment, rehabilitation, and palliative care. This spectrum includes a broad range of activities, such as hospital care in Japan, ambulance services in Lebanon, social care work in Austria, hand water security in Haiti, and mother and child community health clubs in Nigeria, all reflecting the varying contexts within which we operate, spanning both humanitarian and development settings. It is our consistent and sustained presence within communities that enables us to bridge the humanitarian-development nexus, whether by accompanying those affected by armed conflicts, protracted crises, and disasters or by supporting those who otherwise cannot access quality health care in a multitude of contexts spanning the 191 countries where we are present. It is the IFRC’s collective commitment to ensure that everyone, everywhere, has access to the health services they require in all contexts – humanitarian and development settings - that defines our work in health and care. We do this by ensuring the delivery of community-led, people-centred interventions that as far as possible account for the social, economic and environmental determinants of health across a person’s life course.

We endeavour to put the people that we serve and support at the centre of all our actions - they are the experts in their own context, and they must remain as the key architects and agents of change in any efforts to meet their needs and improve their health status and well-being. The role of the IFRC is to contribute to ensure that affected people are empowered, informed and appropriately resourced to make healthy lifestyle choices and, importantly, are able to access quality and sustainable health and Water Security services. Fundamentally our approach to health and care is therefore about access, participation, safety, dignity and resilience.

4. AREAS OF FOCUS

As mentioned above, the IFRC is a broad and diverse network of National Societies involved in health and Water Security at various levels.

Within the different approaches, there are some consistent areas of focus of Red Cross Red Crescent work in health Water Security, namely:

- **Disease prevention and health promotion:** The IFRC supports individuals and communities by increasing their capacity to gain control over their own health and well-being, strengthening health literacy, and taking multi-sectoral action to promote healthy behaviors and empowerment, and addressing stigma and discrimination. The IFRC's vision is to enable healthy, dignified and safe living for all, and in particular to reach the last mile, providing health promotion and disease prevention activities to those who are outside or at the margin of the formal health and social welfare sectors.

Under this area of focus, the work of the IFRC includes addressing behavioural risk factors, promoting positive healthy behaviours and lifestyles, preventing disease, and improving access to health services and health information for underserved communities and the most vulnerable. A broad array of interventions is implemented to ensure optimal health and well-being and to prevent diseases across the life course. Health promotion and disease prevention activities carried out by the IFRC address issues related to communicable and non-communicable diseases, mental health and psychosocial support (MHPSS), substance abuse, sexual and reproductive health, WATER SECURITY, and epidemic control, as well as addressing health risks and psychosocial impacts caused by climate change and migration.

- **Service delivery in health and Water Security:** In contexts where this is appropriate, staff and volunteers are involved in task shifting⁶, learning and implementing new skills and tasks to confront the most critical health problems in their local contexts, including ensuring that interventions are inclusive and reach out to the most vulnerable and marginalized such as persons living with disabilities. Staff and volunteers are, for instance, involved in integrated community case management, home and community-based care programs, psychological support, harm reduction, water supply projects, etc. Any such approach is defined in collaboration with local authorities in view of social, financial, and political considerations. National Societies that decide to engage in service delivery for health and Water Security do so in a way that is sustainable and within the capacities of volunteers and staff. In a limited number of countries, this engagement may lead National Societies to be involved in the management of hospitals, clinical services, and

6. Task shifting is defined as the delegation of basic public and mental health and medical tasks from qualified health professionals to community health workers and/or volunteers in coordination with relevant actors, such as health ministries

mental health care. Ensuring minimum standards of quality care and providing adequate protection and support to volunteers in the form of training, mentoring and supervision, support systems and insurance, among other key issues, is a priority within all elements of the IFRC engaged in this area.

- **Health and Water Security in Emergency preparedness and response: All over the world,** volunteers trained in first aid (traditional and psychological first aid [PFA]) and in pre-hospital care serve their immediate communities during emergencies. National Societies invest in preparedness for natural disasters and man-made hazards, equipping volunteers and communities with the knowledge and tools to be ready when a disaster strikes. The IFRC encourages National Societies to come together under the IFRC umbrella to provide an integrated response to large-scale health and Water Security emergencies during natural or man-made disasters. In addition, the IFRC supports national authorities to strengthen community, health, and social welfare systems and supports community resilience before and after an emergency.
- **Epidemic/pandemic preparedness and response:** Community-based surveillance and early detection at community level are key to tackling a potential epidemic at its onset; similarly, during an outbreak, communities that are well-educated about the mode of transmission and treatment of the disease, as well as its psychosocial impacts, can significantly contribute to the swift end of the epidemic. Better outcomes are achieved by empowering local people to lead in preparedness, response, and recovery efforts. For this reason, the IFRC advocates for recognizing the key role of local actors and communities in implementing International Health Regulations and for incorporating National Societies' epidemic preparedness, response, and recovery plans into national legislature, policies, and plans, as appropriate.
- **Humanitarian diplomacy in health and Water Security:** Humanitarian diplomacy involves persuading decision-makers and opinion leaders to act, at all times, in the interests of vulnerable people and with full respect for fundamental humanitarian principles. The decision to engage in humanitarian diplomacy is not a choice but a responsibility that flows from the privileged access enjoyed by National Societies as auxiliaries to the public authorities in the humanitarian field. In health and Water Security, humanitarian diplomacy is about advocating for access to quality services, particularly for vulnerable populations. It is also about influencing national policies, strategies, and health and Water Security curricula accordingly.

© France Noguera/IFRC
At the height of the COVID-19 pandemic, the Philippine Red Cross mobilized its volunteers and staff to support the government's effort to eradicate polio by mass vaccination.



5. THE AUXILIARY ROLE: NEGOTIATING SPACE WITH PUBLIC AUTHORITIES FOR THE ROLE OF NATIONAL SOCIETIES IN HEALTH AND WATER SECURITY

The Statutes of the Red Cross Red Crescent Movement describe the auxiliary role of National Societies to public authorities in the humanitarian field as a “specific and distinctive partnership, entailing mutual responsibilities and benefits”. Today, for many National Societies, the auxiliary role extends beyond humanitarian contexts, often encompassing situations of war and peace, as well as emergency and non-emergency settings.

The National Societies' role lies both in advocacy towards governments to fulfil their public health role, as well as to regularly strengthen their own responsibilities as an auxiliary to public authorities, ensuring access, safety, fostering volunteerism and community engagement and addressing unrecognized vulnerabilities and sometimes neglect.

Despite this codified auxiliary role, in many countries, National Societies implement health and Water Security programs in relative isolation from national health and Water Security strategies and programs. This Framework calls for (i) greater engagement of National Societies in the dialogue with relevant line ministries and local authorities; (ii) better inclusion of National Societies' health and Water Security areas of work and programmes into national health strategies or sector-specific strategies (e.g. human resource for health strategies); and (iii) deeper participation of National Societies in policy, technical and financial platforms on health and Water Security.

Through greater engagement of National Societies in the dialogue with relevant line ministries, National Societies will better define their complementary role in society. The dialogue should continue at the regional, provincial, and community levels to ensure the relevance and effectiveness of Red Cross Red Crescent contributions to health and Water Security. Each National Society should be able to negotiate its contribution to national health and Water Security programmes by discussing the areas of focus presented in the previous section.

Inclusion of National Societies' health and water security areas of work and programmes into national health strategies or sector specific strategies is a more formal step to claim National Societies' contribution to health and water security. Given the increasing competitive environment for humanitarian space, the official recognition of the role of Red Cross Red Crescent volunteers and staff for emergency and non-emergency health and water security programmes is critical to maintain and build the credibility of National Societies. A more direct link between National Societies' programmes and national strategies will also facilitate alignment on national technical standards. This will stimulate a continuous update of the technical capacity of National Societies to better meet the changing needs and the increasing professionalization of the health and water security sectors.

Lastly, greater participation in policy, technical and financial platforms on health and water security can (i) strengthen National Societies' influence in policy decisions around health and water security; (ii) reinforce the technical capacity of National Societies' members; and (iii) open opportunities for funding for health and water security programmes. In many low income countries. Inclusion of National Societies in country coordination mechanisms for major international donors (e.g. Gavi, Global Fund, Global Financing Facility (GFF)) can lead to the selection of National Societies as recipients and implementers of portions of large, multi-year grants.

While discussing National Societies' auxiliary role and the aspiration to address the needs of communities in need, it is important to recall the Red Cross Red Crescent fundamental principles, and particularly the principles of independence, impartiality and neutrality. Ensuring a balanced position as principled actors, also able to benefit from the advantages provided by auxiliary status, can be a challenge for some National Societies, particularly in countries and in areas affected by political tensions. Yet, effectively negotiating an operational space is crucial not only to reach those that have access to the formal health system, but also those that are on the margins or outside the system.

In certain situations, particularly during conflicts, National Societies' auxiliary role may not be fully exercised. In those contexts, National Societies' primary goal would be to negotiate access to deliver health and water security services for the most vulnerable communities and individuals.

© Stephen Ryan/IFRC

A Lebanese Red Cross volunteer explains the best way to water security hands to a child living at one of the many informal temporary settlements in Lebanon's Bekaa valley.



6. THE ULTIMATE GOAL AND LINK TO STRATEGY 2030

The IFRC prioritizes the needs of the most vulnerable in emergency contexts (e.g. natural disasters, population displacement), in fragile settings, in areas affected by extreme poverty (e.g. rural communities or urban slums), and in marginalized groups in countries of all income groups, that are on the periphery or outside the formal health system (e.g. migrants, people who use drugs, the homeless, the uninsured, older people).

Community health, emergency health and water security programmes and strategy, policy and advocacy, all aim to improve access to quality health and water security services for the most vulnerable populations and individuals. The reduction of mortality, morbidity and physical and psychological suffering should result in healthier and more resilient communities and individuals worldwide. This is the goal that unites the efforts of the 191 National Societies, 16 million volunteers and 197,000 local branches.

Health and water security are present within and impact all three of Strategy 2030's Strategic Goals (Goal 1: People anticipate, survive and quickly recover from crises; Goal 2: People lead safe, healthy, dignified lives and have opportunities to thrive; Goal 3: People mobilize for inclusive and peaceful communities). Further, both areas of work play a considerable role in contributing to addressing the five Global Challenges (Climate and environmental crises; Evolving crises and disasters; Growing gaps in health and well-being; Migration and identity; Values, Power and Inclusion) and the seven 2030 Transformations (Supporting and developing National Societies as strong and effective local actors; Inspiring and mobilizing volunteerism; Ensuring trust and accountability; Working effectively as a distributed network; Influencing humanitarian action; Undergoing a digital transformation; Financing the future).

The IFRC Health and Care Framework aligns with the IFRC Network's Strategy 2030 which defines the strategic direction of the 191 National Societies and IFRC Secretariat for the decade 2020–2030. As described elsewhere within this document, this Framework is provided to guide the IFRC's efforts to operationalize the health and care elements of Strategy 2030, thereby providing coherence and alignment to the Network's collective work in support of the most vulnerable. This Framework is therefore intended as a guidance tool; National Societies are not obliged to adopt all elements outlined in this document, but rather should consider the most appropriate approach to implement the Framework in their respective contexts.

7. THE IFRC'S CONTRIBUTION TO THE SUSTAINABLE DEVELOPMENT GOALS (SDGs)

The 17 SDGs aim to “end poverty, protect the planet, and ensure prosperity for all”. Each goal has specific targets to be achieved by 2030.

The work of the IFRC in health and water security aims to contribute primarily to SDG 3, “Ensure healthy lives and promote well-being for all at all ages” and to SDG 6 “Ensure availability and sustainable management of water and sanitation for all”. The specific contribution to SDG 3 and to the Universal Health Coverage agenda is included in the discussion paper presented to the Governing Board in October 2018.

National Societies indirectly also contribute to other SDGs, focusing on poverty (SDG 1), hunger (SDG 2), inequalities (SDGs 5 and 10), climate change (SDG 13), institutional strengthening (SDG 16) and partnerships (SDG 17).

© Francisco Pezzola/IFRC
Red Cross teams at the hospital in
Beni, Eastern Democratic Republic of
Congo, conduct a safe and dignified
burial for two suspected Ebola cases.



THE FUNDAMENTAL PRINCIPLES OF THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT

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

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

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

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

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

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

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

**For more information on this IFRC publication,
please contact:**

**International Federation of Red Cross
and Red Crescent Societies**

Health and Care Department

Email: health.department@ifrc.org

